# Form 990

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

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

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

2017 Open to Public Inspection

<u>A</u>	FOR (NO 2	017 calendar year, or tax year beginning	, а	nd ending					
B	Check if applic	table: C Name of organization				D Employer	identification number		
Ш	Address chang	Thomas Mo:	re Law Cent	er		_			
	Name change	Doing business as				38-34	48297		
Ħ	•	Number and street (or P.O. box if mail is not deliver	red to street address)		Room/suite	E Telephone			
닏	Initial return Final return/	PO Box 393  City or town, state or province, country, and ZIP or a	forming agent ands	<del></del> -		134-8	27-2001		
	terminaled					1			
П	Men bebrannA	Ann Anbor  F Name and address of principal officer.	MI 48106			G Gross recei	ots: 1,823,982		
Ħ		P (Yama and address of principal phice):			Huel le His a	group ratum for suit	oordinates? Yes X No		
ш	Application pa	ndny Richard Thompson							
		1			''	ubordinates includ			
		<u>i</u>			af "Ne	o," attach a list. (s	iee instructions)		
1	Tax-exempt a	status: X 501(c)(3) 501(c) ( ) ◀	(insert no.) 49	47(a)(1) or 527					
3	Webeite:	thomasmore.org	<del></del>		H(C) Group to	emption number	<b>&gt;</b>		
K	Form of organ	dization: X Corporation Trust Association	Other		L Year of formation:	1998 li	at State of legal domicite: MI		
F	art I	Summary							
		fly describe the organization's mission or most	significant activities	t:					
ø	S	ee Schedule O			· · · · · · · · · · · · · · · · · · ·		····· blace · · · · black blacks		
Governance			• • • • • • • • • • • • • • • • • • • •			*******	*** **********************************		
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2							**** **************		
ගි		ck this box 🕨 🔛 if the organization discontinue							
ంద	3 Nun	nber of voting members of the governing body (	Part VI, line 1a)			3	3		
8	4 Nun	nber of independent voting members of the gow	eming body (Part V	(I, line 1b)		4	2		
₹	5 Tota	l number of individuals employed in calendar ye	ear 2017 (Part V, li	ne 2a)	- Activities	5	17		
Activities	6 Tota	I number of volunteers (estimate if necessary)		- 111		6	786		
-	7a Tota	il unrelated business revenue from Part VIII, co	lumn (C), line 12		2691 10	7a	0		
	b Net	unrelated business taxable income from Form 9	990-T line 34	(6)	* (50)   * * *   * * * * * * * * * * * * * *	7b	Ö		
_	2110	CENTRAL DESCRIPTION AND AND AND AND AND AND AND AND AND AN	999-1, INIG 04		Prior Y		Current Year		
	8 Com	tributions and grants (Part VIII, line 1h)			4	9,092	1,782,482		
횰				25		3,913	1,702,402		
Revenue			n service revanue (Part VIII, line 2g) eent income (Part VIII, column (A), lines 3, 4, and 7d)						
æ	10 inve	stment income (Part VIII, column (A), lines 3, 4.	, and 7d)		- <del>-</del>	4,646	41,500		
		er revenue (Part VIII, column (A), lines 5, 6d, 8d					U		
		<u>il revenue – add lines 8 through 11 (must equal</u>				7,651	1,823,982		
	13 Gran	nts and similar amounts paid (Part IX, column (A	A), lines 1-3)				0		
	14 Bend	efits paid to or for members (Part IX, column (A	paid to or for members (Part IX, column (A), line 4)						
40	15 Sala	ries, other compensation, employee benefits (Pessional fundraising fees (Pert IX, column (A), if fundraising expenses (Pert IX, column (D), lines (A), if the process (Pert IX, column (D), inc.)	art IX, column (A),	lines 5-10)	85	6,823	1,027,006		
Expenses	16a Profe	essional fundraising fees (Part IX, column (A), i	line 11e)				0		
夏	b Tota	fundralsing expenses (Part IX, column (D), line	e 25) 🕨	158.819	DECEMBER 18	La basil a			
ă	17 Othe	er expenses (Part IX, column (A), lines 11a-11d	1 11f_24e)		67	3,896	772,453		
		l expenses. Add lines 13-17 (must equal Part II		26/		0,719	1,799,459		
		enue less expenses. Subtract line 18 from line 1		/		6,932	24,523		
<b>5</b> 8	I IS KEN	DINUC 1998 BAUSHBEB, SUDHALL MINE TO MONTHINE	16		Beginning of Cu		<u>∠4,0∠3</u> End of Year		
		I assets (Part X, line 16)				1,684	2,263,794		
Net Asset	24 Tota	I liabilities (Part X, line 26)				4,730	1,257,177		
3	20 Not	assets or fund balances. Subtract line 21 from li							
			me zu		1 91	6,954	1,006,617		
	art II	Signature Block							
U	nder penaltie	s of perjury, I declare that I have examined this return	n, including accompa	nying schedules and st	atements, and to the b	est of my know	vledge and belief, it is		
	ie, confect, a	and complete. Declaration of preparer (other than office	per) is based on all in	formation of which prej	parer has any knowled	ge.			
		- Guelait / May				61	11/201		
Sig	n 📗	Signature of officer			•	Date	/		
Hei	ne 👠	Richard Thompson		Pre	es & Chief	Counse	1		
		Type or print name and tide			on one	0041150	<del></del>		
	Prir	t/Type preparer's name	Preparer's signature		Dete	Ch	f P∏N		
Paid	.	** , .				Check	<b>⊸</b> "		
_		S Szczypka	1		1 - 1 - 1	/18 self-emplo			
		as name   Myler & Szczyp	ka PC	<del></del>		Firm's EIN	<u>38-3194639</u>		
U89	Only	PO Box 435			J				
		ma address   Ann Arbor, MI	48106-043		I	Phone no.	734-930-5500		
May	the IRS di	scuss this return with the preparer shown abov	e? (see instructions	()			X Yes No		

om 990 (2017) Thomas More Part III Statement of Progra	am Service Accomplishments	38-3448297	Page
	contains a response or note to any lin	e in this Dort III	X
t Briefly describe the organization's m	lesion	e in this Fatt in	<u>.</u> , <u>.</u> 2
Soo Schodula C			
			***************************************
			THE RESIDENCE OF THE PARTY OF T
Did the organization undertake any s	ignificant program services during the year whi	ich were not listed on the	
prior Form 990 or 990-EZ?	.,,,	The state of the s	Yes X N
If "Yes," describe these new services			
	ig, or make significant changes in how it condu	ucts, any program	
			Yes X N
If "Yes," describe these changes on			
Describe the organization's program	service accomplishments for each of its three	largest program services, as measured by	
	(c)(4) organizations are required to report the	amount of grants and allocations to others,	
the total expenses, and revenue, if a	ny, for each program service reported.		
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(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	oranamana, ana
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(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
		) (Revenue \$	
d Other program services (Describe in \$		) (Revenue \$	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? if "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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	<u> </u>	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	В		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		100	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes,"			
	complete Schedule D, Part VI	11a	_X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
q	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		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ.	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		٠,	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			٠,
	"Yes." and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	126		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? if "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
D	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			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.	į	v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا جد		v
	Part IX, column (A), Ilnes 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	$\dashv$	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مد		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	$\dashv$	X
. #		19	.	Х
_	If "Yes," complete Schedule G, Part III	<u>.7.</u>	. 000	27047

Form 990 (2017) Thomas More Law Center
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			•
	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25e	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ċ	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		- 1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25€		_X
	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?	' !		
	ff "Yes," complete Schedule L, Part !	25b		X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
	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		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	333	53	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		0,3	EP)
	A current or former officer, director, trustae, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		$\neg$	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c	х	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Pari I	31	- !	Х
	Old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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, Pert I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-	- 1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	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.			
	Pert VI	37	$\dashv$	<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	[	,,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38 [	X	

	Check if Schedule O contains a response or note to any line in this Part	V		T	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7	30.00	Yes	No
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			7)
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	DAME	250
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · · · · · · · · · · · · · · · ·	10	1531	15.97
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 17	-100		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reli	me?	2b	Х	Desc.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	se)	20	^	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	8)	3a	1222	x
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b		<del>- ^</del>
la	At any time during the calendar year, did the organization have an interest in, or a signature or other		30	<del>-</del>	$\vdash$
	over, a financial account in a foreign country (such as a bank account, securities account, or other faccount)?	mancial	48		x
b	If "Yes," enter the name of the foreign country; ▶		40		L^
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounte	WEST TO SERVICE		
	(FBAR).	ACCOUNTS		nê.	
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		E.	1000	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	crien?	5a 5b	-	x
C	If "Yes" to line 5a of 5b, did the omanization file Form 8886-T2		5c	_	-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		36	_	<del>  -</del>
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	One or	9.0		<u> </u>
	gifts were not tax deductible?	018 <b>0</b> 1	أمدأ		!
	Organizations that may receive deductible contributions under section 170(c).		6b	2.500	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	anada			16
	and services navided to the navor?	_	78	W.KM	MISTA
,	If Was a sid the commission said, the day of the	1000 000 000 000 000			-
	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it w		7b		_
-			1 - 1	'	1
1	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	<b>XULT</b>	550
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	Youtrast?	-	2001	
ŀ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ANKINGS	7e 7f	_	
,	If the organization received a contribution of qualified intellectual property, did the organization file Fo	AUIT	_		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		70		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	abon me a Form 1098-C?	7h	1000	1.7
	sponsoring organization have excess business holdings at any time during the year?	nd by (ne	(200	15610	111
	Sponsoring organizations maintaining donor advised funds.		8		
	Did the sponsoring organization make any taxable distributions under section 4966?		ALC:	110	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	PT(700) PE(HB) (8 (HB) + 400 + 4400 + 1	9a	-	
	Section 501(c)(7) organizations. Enter:	*****************************	9b		
	Initiation take and continue portributions included as That I W. Kee 42	1 40-1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	0.00		
	Section 501(c)(12) organizations. Enter:	10b			
	Gross income from members or shareholders	اسا			
	Gross income from other sources (Do not net amounts due or paid to other sources	11a	64		
	against amounts due or received from them :	l l	176	. E.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	116		37.70	
	SE MAY The same of the sam	1	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b i	1	dist.	
	is the organization licensed to issue qualified health plans in more than one state?				
	Note. See the instructions for additional information the organization must report on Schedule O.	····· IIII ···· III ···· II ···· II ···· II ···· III ···· III ···· II ··· II ·	13a		-
	Enter the amount of reserves the organization is required to maintain by the states in which		1027		
	the organization is licensed to issue qualified beath stees.	l and l	185	10	
	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	136			
	Did the organization receive any payments for indoor tanning services during the tax year?	13c	46	18/41	37
	f "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Scheduk		14a		<u>X</u>
<u>)                                    </u>	- 155, 165 to made a north 125 to report these payments? If 140, provide an expanation in Schedule	· U	14b	Į	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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? 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? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 88 b Each committee with authority to act on behalf of the governing body? 86 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Na 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Dld the organization have a written conflict of interest policy? If "No," go to fine 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 120 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approvel by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule C (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a lexable 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 George Forrest III PO Box 373 One Ave Maria Dr Ann Arbor MI 48106 734-930-3210

<u> Form 990 (2017) Thomas M</u>								38-344	8297	Page 7
Part VII Compensation	of Officers,	Dir	rect	ОГ\$,	Tr	uste	:05	, Key Employees, Hi	ghest Compensated	Employees, and
Independent										_
								<u>to any line in this Part</u>		<u></u>
Section A. Officers, Director	rs, Trustees, Ke	y En	nplo	<b>1988</b>	, an	<u>d</u> Hig	ghe	t Compensated Employe	96	
1a Complete this table for all personganization's tax year.	ous tednilen to b	e iisi	ea. I	kepc	ut co	mpe	пват	ion for the catendar year e	nding with or within the	
<ul> <li>List all of the organization's</li> </ul>	current officers,	direc	tors,	trus	lees	(whe	the	individuals er organization	s), regardless of amount o	of
compensation. Enter -0- in column:	s (D), (E), and (F	) if л	10 CO	mpe	nsati	ion w	ras p	oald.	· ·	
List all of the organization's a     List the organization's for a	cu <b>rrent</b> key empl	Ф	≽s,if	any.	Sec	inst	ructi	ons for definition of "key ex	mployee."	
<ul> <li>List the organization's five or who received reportable compensa</li> </ul>	urrentingnest co Biori (Box 5 of Fo	mmape om:∨	nsate V-2 :	ea ei and/a	mpio Ir Bo	yees x 7 a	(Off of Fo	ter than an officer, director orm 1099-MISC) of more th	. trustee, or key employee) Iso \$100 000 from the	1
organization and any related organ	nizations.									
<ul> <li>List all of the organization's t</li> <li>\$100,000 of reportable compensation</li> </ul>	former officers, k	ey e	mple	yee	, an	d hig	hesi	t compensated employees	who received more than	
<ul> <li>List all of the organization's t</li> </ul>									r director or tructee of the	
organization, more than \$10,000 o	f r <del>a</del> portable comp	ensa	ation	fron	1 the	orga	aniza	ation and any related organ	nizations.	
List persons in the following order: compensated employees; and form	individuai trustee	95 OV	dire	ctors	; ins	ittulio	Snai	trustees; officers; key emp	loyees; highest	
Check this box if neither the or	•		lakad		i					
· · · · · · · · · · · · · · · · · · ·	_	ly te	aalec			10011	СОЛ	1	1	
(A) Name and Tide	(B) Averege				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per			check	more	than dis both		compensation	compensation from	amount of
	(Het eny					omusi Omusi		from the	tedalen errotesinegro	oiher compensation
	hours for related	9 3	7	g	ङ	退	Ţ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations		Institutional		9		륗	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below dotted line)	2 2	1 2	ŀ	втрюуве	<b>"</b> §	ĺ			organizations
		individual arustes or director	trustee		•	Highest compensated employee				
(1) Thomas S Monagh		_	<u>"</u>			- 2				
(i) Inches 3 Monagn	1.00									
Director	0.00	$\mathbf{x}$			1			ا ا	n	0
(2) Robert L Buntin			$\vdash$	Н	-		-			0
	1.00		1	•						
Director	0.00	X						i o	0	0
(3) Richard Thompso	<u>ф</u>									
	62.00					1				
Pres & Chief Counsel	0.00	Х		X	_	Н		216,490	. 0	5,575
(4) Paul Roney	1 1 00		i							
Secretary/Treasurer	1.00			X				ړ		
(5) Brandon Bolling		┝		^		Н		0	0	0
(,)Dramaon Dorring	50.00									
Senior Trial Council						$ _{\mathbf{x}} $		110,222	o	1,890
(6)										27000
		Ш	Щ			Щ				
(7)										
**************************	• • • • • • • • • • • • • • • • • • • •									
(8)										<del></del>
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10)		.						ļ		
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1)	<del>                                     </del>			-	-	$\dashv$		<del></del>		
				j			İ			
	4-1-1				- 1	- 1	- 1		I	

Form **990** (2017)

DAA

	rt VA Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	(d bo af	o net e, unk licer s	Pos check eas pe	C) Hoan more	than this both	one n an	(D) Reportable compensation (from the organization	(E) Reportable compensation from related organizations (W-21099-MSC)	(F) Estimated amount of other compensation
		related crganizations below dotted line}	or director	institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(W-2/1099-MRSC)	(ANTA JOBANNIC)	from the organization and related organizations
 <del>-</del>											
										_	
								_			
1b c d	Sub-total  Total from continuation shee  Total (add lines 1b and 1c)		ecti		 L			* * *	326,712 326,712		7,465
2	Total number of individuals (in- reportable compensation from				thos	e list	ed a	bove		\$100,000 of	Yes No
3 4 5	Did the organization list any for employee on line 12? If "Yes," For any individual listed on line organization and related organ individual  Did any person listed on line 1	complete Schede 1a, is the sum izations greater	trie . of re than	J for sport \$15	<i>suci</i> able 60,00	com com 0? #	(Midu pens	ation s." c	n and other compensation omplete Schedule J for suc	from the	3 X
Secti	for services rendered to the or on B. Independent Contracto	ganization? // "Y									<u></u> 5 X
1	Complete this table for your five compensation from the organization	ation, Report co	ensa mpe	ted i nsati	ndep on fo	end or th	ento e cal	ontri lend:	ar year ending with or withi	n the organization's tax ye	
	Name and	(A) business address							Descripti	(B) on of services	(C) Compensation
						•				· · · · · · · · · · · · · · · · · · ·	
									-		
2	Total number of independent of received more than \$100,000 c	ontractors (included compensation	Jing <u>from</u>	ibut:	not li orga	mute aniza	d to	thos •	e listed above) who	_0	Farm 900 (2012

		Check if Schedule (	O contains a response of	or note to any line	in this Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrekaled business revenue	(D) Revenue excluded from tax under sections 512-514
발범 1:	a	Federated campaigns	1a 16,472		THE RESERVE	17037 127003	hrdafijen <i>i</i> sk
흕히		Membership dues	1b				<b>计算数据</b>
, E	c	Fundraising events	to				
		Related organizations	fd		Section 1		
		Government grants (contributions)	1e				
50	f	All other contributions, gifts, grants,					
<b>E</b>		and similar amounts not included above	1,766,010				
	a	Noncash contributions included in lines 1a					
눌러	•		<b>&gt;</b>	1,782,482		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	-		Buen. Code		NEW YORK DEN		80 4 7 7 1 3
Ē 2	e.						
윤   조	b	· I reliance de la constante d					
8	c	) +((()))(((+(+-2))((+2+(+))(-4))	No december 1				
€	ď	The instrumental control of the cont					
S							
	ï	All other program service reve					
e 1		Total. Add lines 2a-2f					
3		investment income (including				Γ'''	
١,	•			41,500			41,500
١.		and other similar amounts)		41/300			12,000
1 4		Income from investment of tax		-			
5	5	Royalties	1	Allerand Commission			
		(i) Real	(ii) Personal			CREASE REPORT	
1 -							
'	b	Less: rental exps.					
- 1 3	C	Rental inc. or (loss)					INEXTRACTORS.
	d	Net rental income or (loss)	<b>.</b>				
-   '	a	Gross amount from (I) Securities sales of assets	(II) Other				
		other than inventory					
	b	Less: cost or other					
		basis & sales exps.					All the second
	C	Gain or (loss)					mayinta an indus
- 1 -	d	Net gain or (loss)					
_ 8		Gross income from fundralsing eve		THE WAR TON			The Contract
Revenue		(not Including \$					
8		of contributions reported on line 1c					
2		See Part IV. line 18	a				the strong room
	b	Less: direct expenses	ь				
<b>~</b>		Net income or (loss) from fund	draising events				
		Gress income from garning activities				Edwin Dail No.	
*		See Part IV, ine 19					
- 1	ь	Less: direct expenses	b				
		Net income or (loss) from gan					•
		Gross sales of inventory, less		EN OUS IMPLEMENT	Ball Milleri David	Day Steel Steel	ENDER WEST
۱۳	70	arkana and allaumnan	4				
.	<b>.</b>	returns and allowances	. 6			set of	
- 1		Less: cost of goods sold	of inventors				4.7
H	C	Net income or (loss) from sale Miscelleneous Revenue	Bush. Code		1 - V2 / 1 - V2   V   1	ALEGERIA DE DEC	
-		Miscellations Heveline	BUSIL COOP	A STATE OF THE STA		A CHARLES	de de de la composição
11	_		*C01*G31*D3*			<del></del>	
	þ		D1111000([2938]				
1	C		al • 11111111111111111111111111111111111				
- 1 3	đ	All other revenue	ANTIGORIA				
- [ -	0	Total. Add lines 11a-11d	anneaght community				
12	ж.	Total revenue. See instructio	ne.	1,823,982	. 0	l0	41,500

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralaing expenses
1	Grants and other assistance to domestic organizations				Man Makes
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, Ilnes 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	216,490	184,017	32,473	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	669,710	493,040	91,595	85,075
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			. <u></u>	
9	Other employee benefits	80,619	61,593	11,287	7,739 5,778
10	Payroll taxes	60,187	45,983	8,426	5,778
11	Fees for services (non-employees);				
a		12,603	9,629	1,764	1,210
ь					
c		24,823		24,823	
d		•			
0	Professional fundraising services. See Part IV, line 17				
f	investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule (J.)	9,297	7,800	1,497	
12	Advertising and promotion	29,763	29,763		
13	Office expenses	31,782	29,424	1,821	537
14	Information technology	26,368	23,731	2,637	
15	Royalties				
16	Occupancy	126,990	113,021	12,699	1,270
17	Travel	22,626	22,626		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	48,068	48,068		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,030	12,487	1,403	140
23	Insurance	25,114	18,519	5,824	771
24	Other expenses, Itemize expenses not covered	A COST CONTRACTOR	INCOME TO SERVICE TO		
•	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Development	288,997	235,729		53,268
ь	Court Expenses	49,291	49,291		00,200
c	Equipment/Software	28,890	27,974	916	
d	Other	15,811	15, 435	223	153
	All other expenses	18,000	14,403	719	2,878
		1,799,459	1,442,533	198,107	158,819
2 <u>6</u> 26	Total functional expenses. Add tines 1 through 24e  Joint costs. Complete this line only if the	1,122,432	1,744,000	730, 701	100,019
L D	organization reported in column (B) joint costs	ŀ			
	from a combined educational campaign and	ļ			
	fundraising solicitation. Check here ▶ ☐ if	200	035 700		20 264
	following SOP 98-2 (ASC 958-720)	264,093	235,729		28,364 Form <b>990</b> (2017

	(2017) Thomas More Law Center	38-	-3448297		Page 11
Part X		1 . H 1 . Br . 44			· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line	e in this Part X	461		·······
			(A) Beginning of year		(B) End of year
Ta	Cook noninterest bassing		1,481,293	1	1,375,513
1 1	Cash—non-interest bearing Savings and temporary cash investments		1/101/225	2	2,0.0,0
				3	
	Pledges and grants receivable, net		-	4	
4	Accounts receivable, net  Loans and other receivables from current and former officers, dire	ectors		1792	
1	trustees, key employees, and highest compensated employees.	,			
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as d	efined under section		002	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contri			- 2	
	sponsoring organizations of section 501(c)(9) voluntary employee				
1	organizations (see instructions). Complete Part II of Schedule L	o bonenous		6	
	Notes and loans receivable, net			7	- <u></u> -
[ ]	Inventories for sale or use			8	_
. 6			10,546		
	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D 10a	219,043		3	
۱.	Less: accumulated depreciation 10b	186,469	35,522	10c	32,574
11	Investments—publicly traded securities		734.323		855,707
	Investments—other securities. See Part IV, line 11			12	
	Investments—program-related. See Part IV, line 11			13	······································
	Intangible assets			14	
	Other assets. See Part IV, line 11			16	
16	Total assets. Add lines 1 through 15 (must equal line 34)	Transport Contract Co	2,261,684	16	2,263,794
	Accounts payable and accrued expenses		70,664	17	72,259
	Grants payable			18	
	Deferred revenue			19	
	Tax-exempt bond Rabilities			20	
	Escrow or custodial account liability. Complete Part IV of Schedul			21	
22	Loans and other payables to current and former officers, directors				
	trustees, key employees, highest compensated employees, and	`			
	disqualified persons. Complete Part II of Schedule L		1,274,066	22	1,184,918
23	Secured mortgages and notes payable to unrelated third parties			23	
	Unsecured notes and loans payable to unrelated third parties			24	
	Other liabilities (including federal income tax, payables to related				
	parties, and other liabilities not included on lines 17-24). Complete				
- 1	of Schedule D			25	
	Total liabilities. Add lines 17 through 25		1,344,730	26	1,257,177
	Organizations that follow SFAS 117 (ASC 958), check here	X and			Barrier Control
	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets	post in the mark	916,954	27	1,006,617
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets	(5/6)/2		29	
27 28 29	Organizations that do not follow SFAS 117 (ASC 958), check	here ▶ and		18	
	complete lines 30 through 34.	_	A Land		To an artist to the second
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	Retained earnings, endowment, accumulated income, or other fur			32	
33	Total net assets or fund balances		916,954	33	1,006,617
34	Total liabilities and net assets/fund balances		2,261,684	34	2,263,794

Form	n 990 (2017) Thomas More Law Center 38-3448297				Pa	ge 12
Pa	art XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI			,	<del>.</del> <u></u>	╌
1	Total revenue (must equal Part VIII, column (A), line 12)	L	1		23,	
2	Total expenses (must equal Part IX, column (A), line 25)	L	2			<u>459</u>
3	Revenue less expenses. Subtract line 2 from line 1		3			<u>523</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	V	4			954
5	Net unrealized gains (losses) on investments		5		65,	140
6	Donated services and use of facilities	L	8			
7	Investment expenses	0.000	7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund batances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	,,,,,,,	10	1,0	06,0	<u>617</u>
Pa	art XII / Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other	<u>.</u>		.000	+ 1	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			369	6	2
	Schedule O.			1.00		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1.84	32	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			4.451	2840	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		•		.50%	
	separate basis, consolidated basis, or both:			11.00	1255	
	X Separate basis Consolidated basis Both consolidated and separate basis			10.24	183	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					Of the S
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	are men		3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				For	990	(2017)

# 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.

2017

Cepariment of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of #1	e organization						ification number		
_		_	Thomas More				38-344			
_	irt !			Status (All organizations				ns.		
	orga			e it is: (For lines 1 through 12,						
1	Н			ociation of churches described			(A)(I)-			
2	Н			A)(ii). (Attach Schedule E (For			7k			
3	$\vdash$	-		ce organization described in s			·	conitalia name		
4	Ш	city, and stat		i in conjunction with a hospita	i nescriben	NI SOCIOI	COULTINATION COME OF	ospitai e Harric,		
5		An organizat	ion operated for the benefit of	of a college or university owner	d or operat	ed by a go	vernmental unit described in			
	_		(b)(1)(A)(iv). (Complete Part							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
7	X		ion (nat normally receives a section 170(b)(1)(A)(vi). (C		rom a gove	ernmenta) (	unit or from the general public	i		
8	Ц	A community	r trust described in section	170(b)(1)(A)(vI). (Complete Pa	irt II.)					
9	Ш	•	•	cribed in section 170(b)(1)(A) of agriculture (see instructions)		-	<del>-</del>	ge		
10		receipts from support from	activities related to its exem gross investment income ar	) more than 33 1/3% of its suppl functions—subject to certain of unretated business taxable 0, 1975. See section 509(a)(3)	n exception Income (le:	ns, and (2) ss section	no more than 33 1/3% of its 511 tax) from businesses	<b>)</b> \$5		
11	П		_	exclusively to test for public sa						
12	П			exclusively for the benefit of, to						
	_	of one or mo Check the bo	ore publicly supported organiz ox in lines 12a through 12d t	zations described in <b>section</b> 5 hat describes the type of supp	i <b>09(a)(1)</b> or orting orgal	section 59 nization an	09(a)(2). See section 509(a)( dicomplete lines 12e, 12f, an	3). d 12g.		
	a	Type I. A	supporting organization op-	erated, supervised, or controlle	ed by its su	pported or	ganization(s), typically by givi			
				ver to regularly appoint or elec- omplete Part IV, Sections A		of the dire	ectors or trustees of the			
	ь		v v	pervised or controlled in conn		its support	ed organization(s), by having			
		control o	r management of the suppor	ting organization vested in the						
			• •	Part IV, Sections A and C.						
	C	ils suppo	functionally integrated. A sorted granization(s) (see ins	supporting organization operate structions). You must complet	ed in conne te Part IV. :	ection with, Sections A	and functionally integrated w I, D, and E.	ith,		
	d			i. A supporting organization or				n(s)		
		that is no	ot functionally integrated. The	organization generally must	satisfy a di	stribution n	equirement and an attentiven			
				nust complete Part IV, Section						
	e			eived a written determination f			a Type I, Type II, Type III			
	f		mber of supported organizati	n-functionally integrated suppo	arang organ	AZQUUII.				
	ġ			ne supported organization(s).				10.00		
		a of supported	(A) EIN	(III) Type of organization	fivi is the	organization	(v) Amount of monetary	(vi) Amount of		
		anization	177-	(described on lines 1~10	listed in you	n. donewyd	support (see	other support (see		
				above (see instructions))		nent?	instructions)	matructions)		
					Yes	No				
(A)						]				
(B)					1					
						<del>                                     </del>	• •			
(C)										
(D)										
(E)										
			a del como de la como					- <b></b>		
				ELECTION OF THE LEGISLEY	10000			1		

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

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

Section A. Public Support				iease complete		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,783,107	1,924,985	1,894,352	1,559,092	1,782,482	8,944,018
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the arrount shown on line 11, column (f)	1,793,107	1,924,985	1,994,352	1,559,092	1,782,482	8,944,018
6 Public support. Subtract line 5 from line 4.		Algeria La		de a le		8,944,018
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,783,107	1,924,985	1,894,352	1,559,692	1,782,482	8,944,018
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,141	52,245	13,766	24,646	41,500	153,298
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Parl VI.)	95,273		405,306	43,913	n en samen	544,692 9,642,009
12 Gross receipts from related activities, etc.	(see instructions)			· · · · · · · · · · · · · · · · · · ·	12	
13 First five years. If the Form 990 is for the	organization's first.	second, third, four	th, or fifth tax year	as a section 501(	and the same of th	· · · · · ·
organization, check this box and stop here	<b>)</b>		-			▶ [
Section C. Computation of Public Su						
14 Public support percentage for 2017 (line 6,	column (f) divided	by line 11, column	(f)		14	92.76%
15 Public support percentage from 2016 Sche	dule A, Part II, line					90.31 %
16a 33 1/3% support test—2017. If the organi	zation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, ch	eck this	
box and stop here. The organization quali						<b>▶</b> X
b 33 1/3% support test—2016. If the organi						
this box and stop here. The organization of						101770000
17a 10%-facts-and-circumstances test—201	_			•		
10% or more, and if the organization meet						
Part VI how the organization meets the "fa					rted	<b>.</b> □
organization	A If the second offer			485 4754		
b 10%-facta-and-circumstances test—201	-				line	
15 is 10% or more, and if the organization			-	•	E-4.	
Explain in Part VI how the organization me			•	• •		<b>⊾</b> [**
supported organization  Private foundation. If the organization did	not check a box on					denies is
instructions			· · · · · · · · · · · · · · · · · · ·			▶ 🗌
					hedule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Thomas More Law Center

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

_	Public Support
	If the organization fails to qualify under the tests listed below, please complete Part il.)
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
	ampliant antitalism and an design and an antitalism and antitalism and an antitalism

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2018	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any funusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Grass receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	_				1	
7 <b>a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	leterical						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cater	idar year (or fiscal year beginning in) 🕒 🕨	(a) 2013	(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		-				_
¢	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income, Do not include gain or loss from the sale of capital easets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fou	ith, or fifth tax ye	ar as a section 50	21(0)(3)	
	organization, check this box and stop here			<u> </u>			<u></u>
	tion C. Computation of Public Su						
16	Public support percentage for 2017 (line 8,						<u>%</u>
16	Public support percentage from 2016 Sche						%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (ii	ne 10c, column (f)	aivided by line 13,	column (f))		17	<u>%</u>
18	Investment income percentage from 2016						
l9a	33 1/3% support tests—2017. If the organ						⊾ □
	17 is not more than 33 1/3%, check this bo	•		•			
þ	33 1/3% support tests—2016. If the organ						
10	line 18 is not more than 33 1/3%, check this	•	•	-	• ••	•	arradan 🖺
20	Private foundation. If the organization did	HOT CHECK & DOX	OH RIDE 14, 198, OF	ISO, CHECK THIS DO	x and see instruc	:uO/18	maximus 💆 📙

Page 4

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.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "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?
- 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part 1 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b		
3c		
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4b	115 1161	1,000
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4c		
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5b		
5c	5 B.A. 1	
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9c	1000	
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10b		- 1411

Schedule A (Form 990 or 990-EZ) 2017

Sched	de A (Form \$90 or 990-EZ) 2017 Thomas More Law Center	38-3448297		Page :
Pa	rt IV Supporting Organizations (continued)		<del></del>	Т.,
11	Here the proprietion appealed a gift or contribution from any of the following appeared	50/07	Yes	No
''a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		437
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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. 11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1.77	Shire	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	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	1	DE TANKS AND	HISS.Y
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	17. 量		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		No.
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		201	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		185	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	l
Sect	on D. All Type III Supporting Organizations			
		1,729	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		H. E. S.	100
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			330
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		2000	NO.
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	F1600	200	
_	organization(s) or (ii) serving on the governing body of a supported organization? if "No," explain in Part VI he	Nu.	E.C. 8:	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	100000	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		3730	
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 Instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity, Describe in Part VI how you supported a government	entity (see instructions).		
	activities Took Anguar (a) and (b) helaw		Van	Al-
2 /	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 12	Yes	No
•	the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI Identify	10-		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		¢	DE .
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		138	Marie I
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.		9	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	14.5		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	1 1	14.1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	) 3b i		

Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount, Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

emergency temporary reduction (see instructions).

7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
	instructions).
	 Schedule A (Form 990 or 990-EZ) 2017

3

4 5

Schedule A (Form 990 or 990-EZ) 2017

Breakdown of line 7:

a Excess from 2013

b Excess from 2014 ...

c Excess from 2015

d Excess from 2016

Excess from 2017

Schedule A (Fo	III, fine 12; Part (\ B, lines 1 and 2;	nformation. Prov /, Section A, line Part IV, Section /, line 1; Part V,	vide the expl is 1, 2, 3b, 3 C, line 1; Pa Section B, lir	anations requ c, 4b, 4c, 5a, int IV, Section ne 1e; Part V	uired by Part II, I , 6, 9a, 9b, 9c, 1 i D, lines 2 and 3 ', Section D, lines	38-3448297 ine 10; Part II, line 17a or 1 1a, 11b, and 11c; Part IV, 5 3; Part IV, Section E, lines 1 s 5, 6, and 8; and Part V, S ee instructions.)	Section ic. 2a. 2b.
Part I	I, Line 10	- Other In	come De	tail		Company of the same of the sam	23
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Part I	I, Section	3, Line 10	, Other	Income		Marie Ma	)
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## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete If the organization enswered "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 2017

Open to Public Inspection

Name of the org	anization		Employer Identification number
Thoma	s More Law Center		38-3448297
Part I	Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on F		
		(a) Donor advised funds	(b) Funds and other accounts
1 Total n	umber at end of year		
	ate value of contributions to (during year)		
3 Aggreg	ate value of grants from (during year)		
<ul> <li>4 Aggreg</li> </ul>	ate value at end of year		<u></u>
	e organization inform all donors and donor advisors in writing that		
	are the organization's property, subject to the organization's exc		Yes No
	e organization inform all grantees, donors, and donor advisors in		
•	r charitable purposes and not for the benefit of the donor or donor		
	ing impermissible private benefit?		Yes No
Part II	Conservation Easements.  Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1 Purpos	e(s) of conservation easements held by the organization (check		
	eservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
-	plection of natural habitat	Preservation of a certified historic	
$\rightarrow$	eservation of open space		
	ete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation
*	ent on the last day of the tax year.		Held at the End of the Tax Year
a Total n	number of conservation easements		2a
	creage restricted by conservation easements		1 ;
	er of conservation easements on a certified historic structure incl		
	er of conservation easements included in (c) acquired after 7/25/4		
	structure listed in the National Register		
3 Numbe	er of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during the
	ar ▶		
	er of states where property subject to conservation easement is	located >	
	he organization have a written policy regarding the periodic mor		
	ns, and enforcement of the conservation easements it holds?		Yes No
6 Staff a	nd volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation ea	asements during the year
	it of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easem	nents during the year
4.4	each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/hV4VBV(i)	1
	ection 170(h)(4)(B)(ii)?		Yes No
	XIII, describe how the organization reports conservation easem		at and
	e sheet, and include, if applicable, the text of the footnote to the		
	tation's accounting for conservation easements.		
Part III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I	Historical Treasures, or Other 5	Similar Assets.
	· · · · · · · · · · · · · · · · · · ·		halana ahari
	organization elected, as permitted under SFAS 116 (ASC 958), n		
	of art, historical treasures, or other similar assets held for public		eagilice 01
	service, provide, in Part XIII, the text of the footnote to its finance organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheel
	of art, historical treasures, or other similar assets held for public		
	of art, historical freasures, or other similar assets neto for public service, provide the following amounts relating to these items:	CAMBRIGUIT, EQUIDATION, OF 1695 STORY III TO BE	01 to 100 01
			<b>▶</b> \$
(II) K6	wenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
(II) A8	sets included in Form 990, Part X organization received or held works of art, historical treasures, or	other similar assets for financial pain are	
			THE UID
	ng amounts required to be reported under SFAS 116 (ASC 958)		<b>&gt; \$</b> 200000000000000000000000000000000000
	ue included on Form 990, Part VIII, line t included in Form 990, Part X		
- Wastels	ing angraphage and it will be the wild of the control of the contr		

	<b>-1</b>			20.0			
	dule D (Form 990) 2017 Thomas Mo			38-3			Page 2
_	rt. III Organizations Maintaining Using the organization's acquisition, accession collection items (check all that apply):					(continue	ea)
а	Public exhibition		oan or exchange prog				
b	<u></u>	<b>.</b>	Other				
C	Preservation for future generations						
4	Provide a description of the organization's coll	ections and explain	how they further the o	organization's exempt	purpose in Part		
	XIII.						
5	During the year, did the organization solicit or	receive donations o	f art, historical freasur	es, or other similar		_	
	assets to be sold to raise funds rather than to		art of the organization	s collection?		Yes	No
Pa	rt IV Escrow and Custodial Arra Complete if the organization a 990, Part X, line 21.		on Form 990, Par	t IV, line 9, or rep	orted an amount	on Form	
1a	Is the organization an agent, trustee, custodial	n or other intermedia	ary for contributions or	other assets not			
	included on Form 990, Part X?			0.444900 0.000000446		Yes	☐ No
b	if "Yes," explain the arrangement in Part XIII a	and complete the following	owing table:				
						Amount	
C	Beginning balance				1c		
d	Additions during the year	A			1d		
	Distributions during the year						
f	Ending balance		090.0(900nm	004.148159-0911.168190000			
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for escrow or cust	odial account liability?	) 	Y96	No.
_	If "Yes," explain the arrangement in Part XIII. (	Check here if the exp	planation has been pro	ovided on Part XIII			<u> </u>
Pa	rt V Endowment Funds.						
	Complete if the organization a	answered "Yes" :	on Form 990, Par			<del></del>	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	
	Beginning of year balance	734,323	667,498	721,211	702,759	<u>3 57</u>	9,849
	Contributions					+	
c	Net investment earnings, gains, and						
	losses	106,640	66,824	-53,713	18,45	2 12	<u>2,910</u>
	Grants or scholarships	<del></del>				<del> </del>	
9	Other expenditures for facilities and	ļ	ĺ				
	programs			··			_
	Administrative expenses	040 070	724 202	667 100	701 014	1	0 750
	End of year balance	840,912	734,323	667,498	721,211	.1 /0	2,759
	Provide the estimated percentage of the current and the state of the state of the current and the state of the state		(line 1g, column (a)) f	neld as:			
	Board designated or quasi-endowment ▶ 10						
	Permanent endowment > %						
C	Temporarily restricted endowment ►						
۸.	The percentages on lines 2a, 2b, and 2c should	•					
49	Are there endowment funds not in the possess	aon orthe organizati	ion that are need and a	eaministered for the		Ye	n Na
	organization by:					3a(l)	SS No
	(ii) unrelated organizations						X
h	(II) related organizations  If "Yes" on line 3a(ii), are the related organizations.	ione lietad as camin	vi on Schodula D2	a de la compania del compania del compania de la compania del la compania de la c		3a(ii)	+^
	Describe in Part XIII the intended uses of the				1000	- JU (	_
	rt VI Land, Buildings, and Equip		erregrit italitadi,			<del></del>	
	Complete if the organization a		on Form 990, Part	IV, line 11a. Sec	Form 990, Part	X, line 10.	
	Description of property	(a) Cost of other ba (Investment)		her basis (c)	Accumulated apreciation	(d) Book velu	
1a	Land			152.5112			
b	Buildings	1					

32,574

32,574

186,469

219,043

c Leasehold improvements

d Equipment

6 Other

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

(including name of security)  i) Financial derivatives  2) Closely-held equity interests  3) Other  (A)  (B)  (C)  (C)  (C)  (F)  (G)  (H)  Total. (Column (a) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related.  Complete if the organization answered "Yes" on Form 990, 100 (B)  (a) Description of investment (b) Box  (b) Description of investment (c) Box  (c)  (d)  (e)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	Cost or end-of-year market value
Closely-held equity interests Closely-held equity interests Characteristics Characteristics Closely-held equity interests Complete if the organization answered "Yes" on Form 990, interest interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, interests Complete if the organization answered "Yes" on Form 990, i	
Other (A) (B) (C) (C) (C) (C) (E) (F) (G) (H)  Stat. (Column (B) must equal Form 930, Part X, cot. (B) line 12.)  Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 930, Part X, cot. (B) line 12.)  (a) Description of Investment (b) Book 11.  21.  33. 44. 55. 68. 77. 88. 99.  Stat. (Column (b) must equal Form 990, Part X, cot. (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, I (a) Description  11. 22. 33. 44. 55. 69. 77. 88. 99.  Stat. (Column (b) must equal Form 990, Part X, cot. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description answered "Yes" on Form 990, I line 25.  (b) Description answered "Yes" on Form 990, I line 25.  (c) Description of Institute. (c) Description answered "Yes" on Form 990, I line 25.  (a) Description of Institute. (b) Description Institute. (c) Description of Institute. (c) Description of Institute. (c) Description of Institute. (c) Description of Institute. (d) Description of Institute. (e) Description of Institute. (e) Description of Institute. (e) Description of Institute. (e) Description of Institute. (f) Description of Institute. (f	
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(C) (D) (E) (E) (F) (F) (G) (H) tat. (Column (a) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments—Program Related.  Complete if the organization answered "Yes" on Form 990, (a) Description of Investment (b) Bot 11.  22.  33.  44.  55.  68.  77.  88.  99.  Mail. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, 1.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, 1.  [ine 25.  (a) Description of liability (b) Bot 15.  (b) Bot 17.  (c) Description of liability (b) Bot 19.  (d) Description of liability (b) Bot 19.  (e) Description of liability (b) Bot 19.  (b) Description to 19.  (c) Description of liability (b) Bot 19.  (d) Description of liability (b) Bot 19.  (e) Description of liability (b) Bot 19.  (e) Description of liability (b) Bot 19.  (e) Description of liability (b) Bot 19.  (f) Federal income taxes	
(C) (E) (F) (G) (H)  Deal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments—Program Related.  Complete if the organization answered "Yes" on Form 990, 100 (b) Description of Investment (c) Description (c) Desc	
(F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	
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(H)  tat. (Column (a) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments—Program Related.  Complete if the organization answered "Yes" on Form 990, (b) Box (c) Description of Investment (c) Box (c) Description of Investment (c) Box	
otal. (Column (a) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments—Program Related.  Complete if the organization answered "Yes" on Form 990, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	
Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990,  (a) Description of Investment  (b) Box  (c) Description of Investment  (c) Box  (d) Description  (e) Box  (e) Description  (f) Box  (f) Box  (g) Description  (h) Box	
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2) 3) 4) 5) 6) 7) 8) 9) 1st. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, I (a) Description  1) 2) 3) 6) 1st. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of flability (b) Boo (b) Federal income taxes	Cost or end-of-year market value
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Complete if the organization answered "Yes" on Form 990,    (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (h) Booth (in the income taxes  (h) Booth (in the income taxes  (in the organization answered "Yes" on Form 990, In the income taxes  (in the organization answered "Yes" on Form 990, In the income taxes  (in the organization answered "Yes" on Form 990, In the income taxes  (in the organization answered "Yes" on Form 990, In the o	
(a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (e) Description  (e) Description  (e) Description  (f) Federal income taxes  (e) Description  (f) Description  (e) Description  (f) Descriptio	art IV line 11d See Form 990 Part X line 15
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of liability (b) Boots  1) Federal income taxes 2) 3)	(b) Book vali
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of liability (b) Boots  1) Federal income taxes 2) 3)	
3) 4) 5) 6) 7) 8) 9) stat. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of fieldity (b) Boot 1) Federal income taxes 2) 3)	
5) 6) 7) 8) 8) Stat. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of fieldlity (b) Boot 1) Federal income taxes 2) 3)	
6) 7) 8) 9) Stat. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of flability (b) Boot 1) Federal income taxes 2) 3)	
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8)  8)  10)  11)  12)  13)  14)  15)  16)  16)  17)  18)  18)  18)  18)  18)  18)  18	
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htal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of liability (b) Boot 1) Federal income taxes  (b) Boot 1) Federal income taxes	
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of liability (b) Boot 1) Federal income taxes  (2) 3)	•
Complete if the organization answered "Yes" on Form 990, I line 25.  (a) Description of liability (b) Boo  1) Federal income taxes 2) 3)	
line 25.  (a) Description of flability (b) Boo (1) Federal income taxes (2) (3)	art IV. line 11e or 11f. See Form 990. Part X.
(a) Dascription of fishbility (b) Boo  1) Federal income taxes  2)  3)	
2) 3)	vákie
3)	
4)	
5)	
6)	
7)	
8)	
9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

Pa	art XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 9			
1	Total revenue, gains, and other support per audited financial statements		1	1,889,122
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		570	1,003,122
	Net unrealized gains (losses) on investments	2a	65,140	
- a	Departed partiess and use of facilities	26	00,110	
	Donated services and use of facilities	25	5.0	
c	\$1 (\$10 Percent   10 Percent	(200 · 10 d d d d d d d d d d d d d d d d d d	1.1	
d		24	(AFECH	CE 140
	Add lines 2a through 2d			65,140
3		§ 20 September 1990	3	1,823,982
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIII.)	4b		
¢	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,823,982
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 9			ı <b>.</b>
_				1,799,459
	Total expenses and losses per audited financial statements	0.000		1,/99,409
	Amounts included on line 1 but not on Form 990, Part IX, line 25;	1.1		
	Donaled services and use of facilities			
b	Prior year adjustments	2b		
c	Other losses	2c	186	
d	Other (Describe in Part XIII.)	2d	1651	
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	1,799,459
4		T		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	N TEN	
	Other (Describe in Part XIII.)	323-22	(25.05)	
	Add lines 4a and 4b	Marie 10	4c	1,799,459
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	<i>! ,,.,.,</i>	3	1, 195, 405
Pa	art XIII Supplemental Information.			<del></del>
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			ne e
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		nformation.	
P	art V, Line 4 - Intended Uses for Endow	ment Funds		, in the second second
T	he Board designated funds are set aside	to provide	a reserve to	cover a
g	eriod of unexpected operating deficits	of the orga	anization.	
3.45	\$ 75.75. \$ ± \$2 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		3500	100 H 182 1551-157
Sit.	The state of the s	Galesiana (1854) aan	THE PROPERTY OF THE PARTY OF TH	
P	art X - FIN 48 Footnote			
8				The state of the s
T	he Organization is a not-for-profit org	anization e	exempt from fo	ederal
- 5	;;;;	**************************************	mane.aa.a.a.	
i	ncome taxes as described in Section 501	(c)(3) of t	he Internal	Revenue
			-£ Blob 300 3	7.40 10
<u>C</u>	ode. The Organization has adopted the	provisions	OF FASE ASC	740-10. The
	destina of Phop 300 740 10 has not ween	14-3 da ana		
a	doption of FASB ASC 740-10 has not resu	rted in any	changes in	ax
Į.	rovisions. There are no known federal	or state ta	ax contingenc	Les.
	and the second s			
	**************************************	E 10,000 - 10 - 10 - 10 - 10 - 10 - 10 -		
P	art XIII - Supplemental Financial Infor	mation		

Part XIII Supplemental Information (continued)
The Organization's federal Return of Organization Exempt From Income Tax
(FORM 990) for years 2016, 2015, and 2014 remain open to examiniation by
the IRS. In evaluating the Organization's tax provisions, the Organization
believes that its estimates are appropriate based on current facts and
circumstances.
A STATE OF THE ACT OF THE PARTY
rational designation of the state of the sta
es aleja karlesa estatua (m. 1900). A contributo antik ekonomia antik minis storia interes entre (m. 1901).
A DESCRIPTION OF THE PROPERTY
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PROBLEM FOR THE RESIDENCE AND ADMINISTRATION OF THE PROPERTY O
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# SCHEDULE J (Form 990)

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 2017

Open to Public Inspection

Department of the Tressury Internal Revenue Service Neme of the organization

Dod I

Thomas More Law Center

Employer Identification number 38-3448297

	art I desdons Regarding Compensation	<u></u>		Yes	No
18	Check the appropriate box(es) if the organization provided an	ny of the following to or for a person listed on Form	1		3531
	990, Part VII, Section A, line 1a. Complete Part III to provide		京島		
	First-class or charter travel	Housing allowance or residence for personal use		0 11	
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			051
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)	383		
	ordered harry discharing blackering		1		10
	If any of the boxes on line 1a are checked, did the organizati	ion follow a written noticy reparting payment	1		Mes.
•	or reimbursement or provision of all of the expenses describe		10000	Section 18	
	a. unlalu.		16		
	explain		· · ·	636	X-3 Y
_			0.510.0	KENNE.	SERVICE S
2	,	• • •			
	directors, trustees, and officers, including the CEO/Executive	·			
	1a?	p Silling	2	LATE AND	EXA
			100	-	
3	Indicate which, if any, of the following the filing organization	used to establish the compensation of the	1	1	
	organization's CEO/Executive Director. Check all that apply.	Do not check any boxes for methods used by a			333
	related organization to establish compensation of the CEO/E	Executive Director, but explain in Part III.			
	Compensation committee	Written employment contract	200		
	Independent compensation consultant	Compensation survey or study	TAX TO S	34.5	
	Form 990 of other organizations	Approval by the board or compensation committee	Mark.	130	
				1	
4	Ouring 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:				
a	Receive a severance payment or change-of-control payment	1?	4a		Х
	Participate in, or receive payment from, a supplemental non-		4b		Х
	Participate in, or receive payment from, an equity-based con		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the		1000	1013	203
	11 165 to any or higher that one persons and promote are	dipprocess direction of order result in the re-	1504		
	Only another 504/5//2) 505/6//4) and 504/6//20) connected	tions must comulate lines E_0			Mar.
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizate				550
5	For persons listed on Form 990, Part VII, Section A, line 1a,	die the organization pay of accrue any			144
	compensation contingent on the revenues of:		N.C.		32
8	The organization?	· grammillannamaggangi · managamana agai ya aya ka	5a		X
t		and the second control of the second control	. 5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.		68.7		
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any			200
	compensation contingent on the net earnings of:			_11 :	
a	The organization?	COL WALLEST HERE THE PARTY OF T	6a		X
t	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.		1.00		
			(a. 20)	A .	3.0
7	For persons listed on Form 990, Part VII, Section A, line 1s,	did the organization provide any nonfixed			
		in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or a				
-	to the initial contract exception described in Regulations section	The state of the s			
			8		х
	HI I BIL 114		11 (2) (2) (2)	8.6	100
D	If "Yes" on line 8, did the organization also follow the rebutta	ship execumenting procedure described in	MARCH I		100000000000000000000000000000000000000
9	Regulations section 53.4958-6(c)?		. 9		1
	REQUIATIONS SECTION 33.4830*0(C)Y				

vm 990) 2017 Thomas More Law Center 38-3448297
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017 Thomas More Law Center 38–3448297

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needer reach individual whose compensation must be reported on Schedule J, report compensation from the aganization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. Section A, line 1a, applicable columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable columns (B)(I)—and (E) amounts for that individual notes.

						ı	
(A) Name and Title	(b) Dieakoowii (d)	Diseasonami or VV-z. angrat 1059-Mich Congenisation  (ii) Base (iii) Bonus Aircentee (iii) Ciner reportable reportable compensation	(B) Chier (B) Cilier reportable compensation	(C) Refrement and other defensed compensation	(D) Nortaxable benefits	(E) Total of columns (B)(()-(D)	(F) Compensation in column (B) reported as deterned on prior Form 990
Richard Thompson	# 216,490	0 0	00	5,365	210	222,065	0
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	(B)						
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12	(a)						
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15							
16	(10)						

Schedule J (Form 990) 2017

:

# SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Pert 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.frs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

(1) (2) (3) (4) (5) (6)  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 900.EZ, Part V, line 38a or Form 900, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (9) Name of interested person  (9) Realization (9) Rea	-	Thomas More Law Ce						38-3		97				
1 (e) Normal diseasified person  (f) Cascription of trestaction  (g) Cascription of trestaction of trestaction of trestaction of trestaction  (g) Cascription of trestaction o	Part I									nh.				
1   (a) Norre of disspanded person   Greateston   Great		Complete if the organization answer						1990-EZ, Part V.	MINE 4	UD.		(d)	Corre	cled?
(2) 39. 49. 49. 59. 69. 69. 69. First the amount of tax incurred by the organization managers or disqualified persons during the year under section 4858.  Entire the amount of tax incurred by the organization managers or disqualified persons during the year under section 4858.  Entire the amount of tax incurred by the organization    ***  Part III	1	(a) Name of disqualified person	(5)	•		a par	,	(c) Description of the	msactio	NT-			$\overline{}$	No
23	(1)											1	$\top$	
Signature   Sign												$\vdash$	$\top$	
49   55   56   57   58   58   58   58   58   58   58												$\vdash$	$\top$	
Social Series   Social Serie												$\vdash$	$\top$	
S   Enter the amount of tax incurred by the organization managers of disqualified persons during the year under section 4858   S   S   S   S   S   S   S   S   S												$\top$	_	_
2 Enter the amount of tax incurred by the organization managers of disqualified persons during the year under section 4988  3 Enter the amount of tax in any on line 2, above, reimbursed by the organization		<del></del>								_		<del>                                     </del>	_	
Loans to and/or From Interested Persons.   Complete if the organization answered "Yes" on Form 990-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.   (8) Name of interested person   (9) Neithform   (9) Neithform   (9) Neithform   (9) Neithform   (10) Neithform   (10	2 Enter th under s	ection 4958		-			* * * * * * * * * * * * * * * * * * * *		<b>&gt;</b> 3	<u> </u>				
Complete if the organization answered *Yes* on Form 990, Part X, line 5.6, or 22.  (a) Name of interested person  (b) Name of interested person  (c) Name of interested person  (d) Name of interested person  (e) Name of interested person  (f) Name of interested person  (e) Name of interested person  (f) Name of interested person  (f) Name of interested person  (f) Name of interested person  (g) Name o		e arricum or lax, ii any, on iine 2, acc	ve, reimpulseum	by the organiza		••••	•••••••			<u>'                                    </u>				
(a) Name of interested person   (b) Relationship (with organization   (c) Person of a pe	Part If	Complete if the organization answer	red "Yes" on Fo	rm 990-EZ, Par		line	38a or Form 990,	Part IV, line 26;	or if t	he				
With Organization   Earn   Prior the   principal amount   Series						non t	V Ent Original	at Colores due	Leas In	الله مطاعداء	الم نمارا	ppmund	Lens	Meillan
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Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between Interested person and the	(c) Amount of transaction	(d) Description of transaction		) Sharing of org. evenues?	
	organization			Yes	No	
(1) Domino's Farms Corp	Owner		Thomas Monaghan		X	
(2) Domino's Farms Office Park	Owner		Thomas Monaghan		X	
(3) The Ave Maria Foundation	Director		Thomas Monaghan		X	
<del>(4</del> )					$\top$	
(5)					1	
(6)					$\vdash$	
(7)					$\vdash$	
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(9)		-		$\vdash$	+	
10)			<u> </u>	+-	$\vdash$	

Part V Supplemental Information

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

Schedule L, Part V - Additional Information

Thomas S Monaghan is an unpaid director of Thomas More Law Center. Thomas S Monaghan is also the owner of Domino's Farms Corporation EIN 38-2689370.

Paul Roney is an officer of both TMLC and Domino's Farms Corporation. TMLC paid Domino's Farms Corporation for postage, shipping, telephone and other direct expenses.

Thomas S Monaghan is an unpaid director of Thomas More Law Center. Thomas S Monaghan is also the owner of Domino's Farms Office Park, LLC, EIN 38-2766214. TMLC leases office space from Domino's Farms Office Park at or below fair market value. Paul Roney is an employee of Domino's Farms Office Park, LLC and unpaid officer of TMLC.

Thomas S Monaghan is an unpaid director of Thomas More Law Center. Paul Roney is an unpaid officer of TMLC. Mr Monaghan and Mr. Roney are directors and officers of the Ave Maria Foundation, EIN 38-2514364. The Foundation provides accounting and human resource services to TMLC for a fee. TMLC and The Foundation have a line of credit agreement at an interest rate at or below market rates.

### SCHEDULE M (Form 990)

Department of the Treesury

Internal Revenue Service Name of the organization

### Noncash Contributions

Complete if the organizations enswered "Yes" on Form 990, Part IV, lines 29 or 30,

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open To Public Inspection
Employer Identification number

Thomas More Law Center 38-3448297 Types of Property Part I (c) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncesh contribution amounts Form 990, Part VIII, fine 1g Art -- Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property В Securities — Publicly traded 9 Securities — Closely held stock 10 Securities --- Partnership, LLC, or trust Interests 12 Securities — Miscellaneous Qualified conservation contribution - Historic structures .... Qualified conservation contribution - Other 16 Real estate - Residential Real estate — Commercial 18 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidemny ..... 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 26.729 FMV and actual costs 164 25 Other ▶ ( Pro Bono Legal ) 26 Other ▶( \_\_\_\_\_) Other ►( 27 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No 30a. During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b. If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a. Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

32a

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Name of the organization Employer identification number Thomas More Law Center 38-3448297 Form 990 - Organization's Mission or Most Significant Activities The mission of Thomas More Law Center is to: Preserve America's Judeo-Christian heritage; Defend the religious freedom of Christians; Restore time-honored moral and family values; Protect the sanctity of human life; Promote a strong national defense and a free sovereign United States of America. The Law Center accomplishes its mission through litigation, education, and related activities. Form 990 - Organization's Mission Public interest law firm dedicated to educate and defend the citizens of the United States with respect to their constitutional rights and liberties and, in furtherance thereof, to conduct scholarly research, and publish writings. Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization is organized under a stock basis. All stock is owned by Richard Thompson who is a board member and officer of the corporation. Form 990, Part VI, Line 7a - Election of Members and Their Rights The existing board members may elect other board members not to exceed nine members in total.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

Thomas S Monaghan

Compensation for all staff and key employees is reviewed annually and approved as a budget line item by an officer and the CEO.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Maine, Michigan, Minnesota, Mississippi, North Carolina, North Dakota,

Thomas More Law Center	38-3448297
New Hampshire, New Jersey, New Mexico, Nevada, New York	, Ohio, Oklahoma,
Oregon, Pennsylvania, Rhode Island, South Carolina, Ten	nessee, Texas,
Utah, Virginia, Washington, Wisconsin, West Virginia	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
Governing documents that are required to be made available	ole to the general
public are available upon request.	
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