For	m 990											OMB No.	1545-0047
	r. January 20						xempt Fr ernal Revenue C						19
	artment of th nal Revenue			Go to www.i	rs.gov/Forn	urity numbers o n990 for inst	on this form as i ructions and	the latest	informati	on.		İnspe	o Public ection
	For the 2			x year begin	ning 7/	01	, 2019,	and endin	g 6∕:			, 2020	
в	Check if app	Silcable.	C									ification nur	nber
				M LAW PR							0847		
		τ		AIN STRE , OR 972		TE IUZ				E Telepho			
	Initial r	etuini		, 010 572	00					(50	3) 2	24-442	.4
		urn/terminated								•		Ċ	000 146
		led return	E Name and ad	duran of a directory					H(a) Is this	G Gross r a group retur			<u>920,146.</u>
	Applica	ation pending		dress of principa	ER:	IN ESPAR	ZA		• •			_	Yes X No Yes No
-	Tay over		SAME AS (X 501(c)(3)	501(c) () ব (insert no.)	4947(a)(1) or	527	lf "No,"	subordinates ' attach a list	. (see ins	structions)	
J	Websit			DOMLAW.OF			4347(a)(1) 01	JZI	H(a) Group	exemption n	umber	•	
ĸ					Association	Other ►		ear of formati				egal domicil	e' OR
		Summary		Hust	7135061411011	Other				-		egar dornien	
			e the organiz	ation's missi	on or most	significant a	ctivities:CLA	SSROOM	LAW P	ROJECT	(TH	E	
a)							RPORATIO						E
- Suc	C						ING OF T						
ü	<u>SC</u>						SCHOOLS '						<u>ON</u>
) 0	2 Ch	eck this box	► if the	e organizatio	n discontinu	ued its opera	tions or disp	osed of mo	ore than 2	5% of its		sets.	
ۍ هو	3 Nu 4 Nu						1a)				3		<u>38</u> 38
ies	5 Tot						art V, line 2a				5		8
Activities & Governance	6 Tot										6		673
Acl							ie 12				7a		0.
	b Ne	t unrelated l	ousiness taxa	able income	from Form	990-T, line 3	9				7b		0.
	• •									rior Year		Curr	ent Year
e										335,6			769,207.
Revenue										153,9)80.		<u>145,867.</u> 5,072.
Re)				-			nd 11e)			151,3			-8,774.
							olumn (A), lii			644,0			911,372.
	13 Gra	ants and sin	nilar amounts	s paid (Part I	X, column	(A), lines 1-3	j						
	14 Be	nefits paid t	o or for mem	nbers (Part I)	K, column (A	A), line 4)							
	15 Sa	laries, other	compensati	on, employee	e benefits (F	⊃art IX, colur	mn (A), lines	5-10)		471,9	977.		520,658.
ses	16a Pro	ofessional fu	Indraising fee	es (Part IX, d	olumn (A),	line 11e)							
Expens	b Tot	tal fundraisi	ng expenses	(Part IX, col	umn (D), lir	ne 25) ►	12	1,702.					
й	17 Oth					· · · · · · · · · · · · · · · · · · ·				258,1	95		227,375.
			•				A), line 25)			730,1			748,033.
	19 Re	venue less e	expenses. Si	ubtract line 1	8 from line	12				-86,1			163,339.
r số										ng of Currer		End	of Year
Net Assets or Fund Balances	20 Tot									478,5			714,335.
tAs dB	21 Tot	tal liabilities	(Part X, line	. 26)						40,3	366.		112,815.
				s. Subtract li	ne 21 from	line 20				438,1	.81.		601,520.
Pa	irt II	Signature	Block										
Unde com	er penalties o plete. Declar	of perjury, I decl ation of prepare	are that I have e r (other than officient	xamined this retu cer) is based on	rn, including ad all information	ccompanying sch of which prepare	edules and stater r has any knowled	ments, and to dge.	the best of m	ıy knowledge	and beli	ief, it is true,	correct, and
<u> </u>		Signature	of officer						Da	te			
Siç He	jn ro												
пе	16		ESPARZA rint name and tit						EXEC	DIREC	TOR		
		Print/Type pre			Preparer's sig	nature		Date		Check	X if	PTIN	
D-	: d		L. MORG	AN, CPA	.,			=		self-employ		P00168	3869
Pa Pre	id eparer	Firm's name		& THOMPS	SON ITC			1		3ch-employ	cu	100100	1007
Üs	e Only	Firm's address		SW FIRS		E, SUITE	410			Firm's EIN	► 93.	-11571	46
	,		PORTI		97201	-,	110			Phone no.	(503		-3338
May	the IRS	discuss this	return with			ve? (see ins	tructions)				,000	X Ye	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Forn	n 990 (2019)	CLASSROOM L	AW PROJECT			<u>9</u> 3-08	347940	Page 2
Par			m Service Accom					
				e to any line in this F	Part III			Χ
1	-	ibe the organization	's mission:					
	SEE SCHE	DULE_O						
2	Did the organ	ization undertake any	significant program ser	vices during the year w	hich were not listed on th	ne prior		
2	Form 990 or						Yes	X No
		ribe these new servic						A NO
3				cant changes in how i	it conducts, any progra	m services?	Yes	X No
		ribe these changes of		Ū				
4	Describe the	organization's prog	ram service accomplis	hments for each of its	s three largest program	services, as m	easured by	expenses.
	Section 501(c)(3) and 501(c)(4)	organizations are requ ogram service reported	ired to report the amo	ount of grants and alloc	ations to other	s, the total e	expenses,
		, in any, for each pro						
4 2	(Code:) (Expenses	\$ 182 547	including grants of	\$) (Revenue	\$ 12	26,072.)
	SEE SCHE		102,547.		•		·	.0,012.
		=	<u> </u>		<u>Å</u>	=	<u>^</u>	
4 k	(Code:) (Expenses	\$ 175,876.	_ including grants of	\$) (Revenue	\$ <u> </u>	.9,795.)
	<u>SEE_SCHE</u>	<u>DULE_O</u>						
				·				
4 0	: (Code:) (Expenses	\$ 104,593.	including grants of	\$) (Revenue	\$)
	OUTREACH				VES UNDERTAKEN	TO INCREA	SE AWAR	ENESS
	OF CLASS	SROOM LAW PRO	JECT PROGRAMS,	EVENTS, AND	RESOURCES IN O	RDER TO IN	ICREASE	THE
	NUMBER (F TEACHERS A	ND STUDENTS IM	PACTED; STAFF	PARTICIPATION	AND PROFE	SSIONAL	
	PRESENTA	TIONS AT CIV	IC EDUCATION-R	ELATED CONFER	ENCES, WORKGROU	JPS, AND I	ASK FOR	CES;
					MENTATION OF N			
				FOR ISSUES RE	LATED TO EXPAN	<u>SION OF AN</u>	ID INCRE	ASED
	FUNDING	FOR CIVIC ED	UCATION					
A -	Other press	m convisor (Decerit	o on Schodula ()					
40	(Expenses	m services (Describ \$	including grar	uts of S) (Revenue	\$)
۸.		ন n service expenses) (Revenue	γ)
46	a rotal prograf	ii service expenses	- 463	,016.				000 (0010)

Fo Pa

Par	t IV Checklist of Required Schedules		<u></u>	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		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? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	_	Х
BAA	TEEA0103L 07/31/19		990	(2019)

TEEA0103L 07/31/19

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*..... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*..... 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 11 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c

Form 990 (2019) CLASSROOM LAW PROJECT

93-0847940

Page 4

			CLASSRO																			93	-084	7940		F	Page	5
Part	t V	Sta	tements	Re	ga	rdin	ıg O	ther	r IR	SF	<u>ilin</u>	gs a	ind	Та	хС	om	plia	nce (cor	ntinu	ued)							
																										Yes	No	
2 a	Enter	r the num	ber of emp	olove	es	repo	orted	on Fr	orm	W-3	3. Tr:	ansn	ıittal	of	Wac	ie ar	nd Ta	ax State	e-									
24	ments	s, filed fo	ber of emp or the calen	dar	yea	ar en	ding	with	or w	vithir	n the	e yea	r cov	vere	ed b	y this	s reti	urn		2a				8				
b	If at I	least one	is reported	l on	line	e 2a,	did	the o	orgar	nizat	tion 1	file a	ll rea	quir	red f	eder	al er	nploym	nent	tax	return	s?			2b	Х		
	Note:	If the su	m of lines	1a a	and	2a is	s gre	ater t	than	ı 250	Э, уо	ou ma	ay be	e re	quire	ed to	o e-fi	<i>le</i> (see	ins	truct	ions)							
3 a	Did th	he organi	zation have	e unr	rela	ated I	busir	iess (gros	s ind	com	e of	\$1,0	00 (or m	ore	durin	ig the y	/ear	?					3a		Х	
b	lf 'Yes,	,' has it file	d a Form 990-	T for	this	; year?	? If 'No	o' to lir	ne 3b,	, prov	vide a	n expl	anatio	on or	n Sche	edule	0								3 b			
	finand	cial acco	ring the cale unt in a fore	eign	0 CO	untry	y (su	ch as	sab	ition bank	have	e an i ount,	ntere sec	est i :urit	n, or ies a	r a si acco	ignatı unt, (ure or o or othe	ther r fir	r auth nanc	nority o ial acc	over, a count)	?		4a		Х	
b			the name o			-		-																_				
			s for filing re	•								•			-									_				
		-	nization a p	-		•									-			-		-					5 a		X	
		-	le party not	-		-							•	-											5 b		Х	
С	If 'Ye	es,' to line	e 5a or 5b,	did t	the	orga	iniza	tion f	ile F	orm	1 888	36-T?												· · · ·	5 c			
6 a	Does solicit	the orga t any con	nization ha tributions t	ve a	annı wer	ual g re no	ross ot tax	recei dedu	ipts uctib	that ble a	: are is ch	norn arita	nally ble c	gre cont	eate tribu	r tha tions	an \$1 s?	00,000	, ar	nd di	d the o	organi	zation		6 a		Х	
b	lf 'Yes not ta	s,' did the ax deduct	organization ible?	n inc	clud	e witl	h eve	ery so	licita	ation	an e	expre	ss st	ater	ment	that	t such	n contril	outio	ons c	or gifts	were			6b			
7	Orgai	nizations	that may r	recei	ive	dedu	uctib	le co	ontril	butio	ons	unde	r se	ctic	on 17	70(c)).											
а	Did th	he organi	zation rece	ive a	a p;	avme	ent ir	י exc	ess	of \$	575 n	nade	part	tlv a	as a	cont	tribut	ion and	d pa	artlv	for ao	ods ai	nd					
-	servio	ces provi	ded to the p	payo	or?.																				7 a	Х		
b	If 'Ye	s,' did th	e organizat	ion r	noti	ify th	ie do	nor c	of the	e va	ilue	of the	e goo	ods	or s	servio	ces p	provide	d?.						7 b	Х		
С	Did th	ne organiz	ation sell, e	xcha	ange	e, or (other	wise	dispo	ose (of tar	ngible	e per	son	al pr	oper	ty for	which	it w	as re	equired	to file			7.		Х	
لم			te the num																					••••	7 c		л	-
			zation rece								-	-										tract2		-	7 e		X	_
		-	zation, duri		-			-	-			-		•				•						· · · · -	7e 7f		X	
		-	ion received	-		-						-			-		•							· · · · -	/1		21	-
g																	yanız 		Iе г 						7 g			
h		organiza 1098-C?	tion receive	ed a	1 CO	ntrib	utior) of c	ars,	boa	ats, a	airpla	nes,	, or	othe	er ve	hicle	s, did i	the	orga	nizatio	on file	a		7 h			_
8	Spons	soring or	ganizations	mair	ntai	ining	done	or ad\	vised	d fun	ıds.	Did a	ı don	or a	advis	ed fu	und m	naintain	ed I	by th	e spon	soring						
	organ	nization h	ave excess	; bus	sine	ess h	oldin	igs at	t any	y tim	ne di	uring	the	yea	ar?										8			
9	Spon	isoring o	rganization	ıs m	ain	taini	ng d	onor	adv	/ised	d fun	ıds.																
а	Did th	he sponse	oring organ	izati	ion	mak	e an	y taxa	able	: dist	tribu	tions	und	ler :	secti	ion 4	19663	?							9 a			
b	Did th	he sponse	oring organ	iizati	ion	mak	ie a d	distrib	outio	on to) a d	onor	, dor	nor	advi	sor,	or re	elated p	bers	on?.				[9 b			
10	Section	on 501(c)(7) organiz	zatio	ons.	. Ente	er:														_							
а	Initiat	tion fees	and capital	l cor	ntrit	outior	ns in	clude	ed or	n Pa	art V	III, li	ne 13	2						10 a				_				
b	Gross	s receipts	, included	on F	orn	n 990	0, Pa	art VII	II, lir	ne 1	2, fc	or pu	blic ı	use	of c	lub t	facili	ties	[10 b								
11	Section	on 501(c)(12) organ	izati	ions	s. En	iter:												i					_				
			from mem																· · L	11 a				_				
b	Gross again	s income ist amour	from other nts due or r	sou recei	irce ivec	s (Do d fror	o not m the	t net a em.).	amo	ounts	s due	e or	oaid	to .	othe	r sol	urces	5 		11 b								
12 a	Section	on 4947(a)(1) non-e	xem	ipt o	chari	itable	e trus	sts. I	ls th	e or	ganiz	atio	n fi	ling	Form	n 990) in lieu	l of	For	m 104	1?			12a			
b	If 'Ye	s,' enter	the amount	t of t	tax∙	-exer	mpt i	ntere	est re	eceiv	ved	or ac	crue	ed d	lurin	g the	e yea	ar		12b				_				
13	Section	on 501(c)(29) qualifi	ied r	non	prof	it he	alth i	nsu	ranc	ce is:	suer	5.															
а	Is the	e organiza	ation licens	ed to	o is	sue	qual	ified I	heal	ith p	lans	in m	ore	tha	n or	ie sta	ate?								13a			_
	Note:	: See the	instruction	s for	r ad	lditio	nal i	nform	natic	on th	ne or	rgani	zatio	n n	nust	repo	ort or	n Sche	dule	e 0.				_				
	which	n the orga	unt of rese anization is	lice	ense	ed to	issu	e qua	alifie	ed he	ealth	ı plar	IS							13b								
			ount of rese																_	13c								
			zation rece																						14a		Х	
b	If 'Ye	es,' has it	filed a Form	m 72	20 t	o rep	port f	these) pay	ymer	nts?	lf 'N	o,' p	orov	ide a	an e	xplar	nation	on S	Sche	dule C	D		[14b			
15	exces	ss parach	ation subje iute payme	nt(s)) dı	uring	the	year?	?				• •										r 	[15		Х	_
	If 'Yes	s,' see ins	tructions an	ıd file	e Fo	orm 4	1 720,	Sche	dule	э N.																		
16			ation an ed lete Form 4						subje	ect to	o the	e sec	tion	496	58 e>	cise	e tax	on net	inv	estri	nent in	icome	?		16		X	

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
F	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		Λ
/ 6	members of the governing body?	7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
I	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
I	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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
I	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE .SCHEDULE . Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ä	a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULE.0	15a	Х	
I	b Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
I	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?	16 b		
Sec	ction C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s on	ly)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year.	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	CLASSROOM LAW PROJECT 620 SW MAIN STREET, SUITE 102 PORTLAND OR 97205 (503) 22	4-44	124
BAA		/	990 (

Form 990 (2019) CLASSROOM LAW PROJECT

Section A. Governing Body and Management

Part VI 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 on Schedule O. See instructions.

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

1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

b Enter the number of voting members included on line 1a, above, who are independent.....

authority to an executive committee or similar committee, explain on Schedule O.

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38

38

1 a

1 b

Х

No

Yes

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Form 990 (2019) CLASSROOM LAW PROJECT	93-0847940	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	ompensated Employe	es, and								
Check if Schedule O contains a response or note to any line in this Part VII	· · · · · · · · · · · · · · · · · · ·									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wir organization's tax year.	th or within the									
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	is), regardless of amount of									

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(C))					
(A) Name and title	(B) Average hours	Pos thar is	s both a	an o	ot che unles officer /truste	e)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERIN ESPARZA	40									
EXECUTIVE DIR	0			Х				130,000.	0.	10,822.
(2) ROBERT ALDISERT	3									
BOARD CHAIR	0	Х		Х				0.	0.	0.
(3) STEVEN WILKER	3									
VICE CHAIR	0	Х		Х				0.	0.	0.
(4) MATT_PARK	3									
SECRETARY/TREAS	0	Х		Х				0.	0.	0.
(5) STEFFAN ALEXANDER	2									
BOARD MEMBER	0	Х						0.	0.	0.
(6) ROBB BALL	1									
BOARD MEMBER	0	Х						0.	0.	0.
(7) THOMAS BALMER	1									
BOARD MEMBER	0	Х						0.	0.	0.
(8) PAUL BERG	1									
BOARD MEMBER	0	Х						0.	0.	0.
(9) SAM BREYER	1									
BOARD MEMBER	0	Х						0.	0.	0.
(10) JIM CARTER	1									
BOARD MEMBER	0	Х						0.	0.	0.
(11) CRYSTAL CHASE	1									
BOARD MEMBER	0	Х						0.	0.	0.
(12) CHAD COLTON	1									
BOARD MEMBER	0	Х						0.	0.	0.
(13) LAURA DOMINIC	2									
BOARD MEMBER	0	Х						0.	0.	0.
(14) MARJORIE ELKEN	2									
BOARD MEMBER	0	Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F) (A) Average hours Reportable compensation from Reportable compensation from Name and title Estimated amount per week (list any of other compensation from the organization and related the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer Individual trustee Institutional Key Ormer lighest compensated nployee hours for employee related organiza - tions organizations I trustee below dotted line) (15) NOAH GLUSMAN 1 BOARD MEMBER 0 Х 0 0 0. (16) KARIN IMMERGUT 1 BOARD MEMBER 0 Х 0 0 0. (17) NOAH JARRETT 1 BOARD MEMBER 0 Х 0 0. 0. STEVE JOHANSEN (18) 1 BOARD MEMBER 0 Х 0 0 0. (19) RICHARD JOSEPHSON 1 BOARD MEMBER 0 Х 0 0 0. (20) SID KHANIJOU 1 BOARD MEMBER 0 Х 0 0. 0. (21) MARGARET KIRKPATRICK 2 BOARD MEMBER 0 Х 0 0. 0. (22) PETER KOEHLER 2 BOARD MEMBER 0 0 0. Х 0 (23) KATHERINE LAM 1 Х 0 BOARD MEMBER 0 0 0. (24) SHELLEY LARKINS 1 BOARD MEMBER 0 Х 0 0 0. (25) CRYSTAL LINDQUIST 1 BOARD MEMBER 0 Х 0 0 0. 1 b Subtotal 130,000 10,822. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. ► d Total (add lines 1b and 1c). 130,000 0 10,822 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation 2 from the organization **>** 1 Yes No Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*..... 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for* 4 4 Х such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) (B) Name and business address Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than

Continuation Sheet for Form 990

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the Organization

CLASSROOM LAW PROJECT

Employler Identification number 93-0847940

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and											
Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

	verage burs per week ist any ours for elated ganiza- tions below tted line)	Poindividual trustee X X X		(check Officer	Je Key employee	hat employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
KIM_MCGAIR BOARD_MEMBER JOHN_MCGRORY BOARD_MEMBER BETH_MERRILL BOARD_MEMBER DAVID_MORRISON BOARD_MEMBER JAY_NUSBAUM BOARD_MEMBER ANGELIQUE_OKEKE BOARD_MEMBER	erated ganiza- tions below ted line) 10 10 10 10 10	X X	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related
BOARD MEMBER JOHN MCGRORY BOARD MEMBER BETH MERRILL BOARD MEMBER DAVID MORRISON BOARD MEMBER JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	X								
JOHN MCGRORY BOARD MEMBER BETH MERRILL BOARD MEMBER DAVID MORRISON BOARD MEMBER JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	1 0 1 0 1 1	X								
BOARD MEMBER BETH MERRILL BOARD MEMBER DAVID MORRISON BOARD MEMBER JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	0 1 0 1 0 1 1	_						0.	0.	0.
BETH MERRILL BOARD MEMBER DAVID MORRISON BOARD MEMBER JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	1 0 1 0 1	_								
BOARD MEMBER DAVID MORRISON BOARD MEMBER JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	0 1 0 1	Х						0.	0.	0.
DAVID_MORRISON BOARD_MEMBER JAY_NUSBAUM BOARD_MEMBER ANGELIQUE_OKEKE BOARD_MEMBER	1 0 1	X						0	0	0
BOARD MEMBER JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	0							0.	0.	0.
JAY NUSBAUM BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	1	v						0	0	0
BOARD MEMBER ANGELIQUE OKEKE BOARD MEMBER	;	Х						0.	0.	0.
ANGELIQUE_OKEKE		Х						0.	0.	0.
BOARD MEMBER	0	л						0.	0.	0.
	0	Х						0.	0.	0.
	1							0.	0.	0.
BOARD MEMBER	0	Х						0.	0.	0.
DAVID REESE	1									
BOARD MEMBER	0	Х						0.	0.	0.
BRUCE RUBIN	1									
BOARD MEMBER	0	Х						0.	0.	0.
MARDILYN SAATHOFF	1									
BOARD MEMBER	0	Х						0.	0.	0.
DARIN_SANDS	2									
BOARD MEMBER	0	Х						0.	0.	0.
MICHAEL H. SIMON	_1									
BOARD MEMBER	0	Х						0.	0.	0.
KATE WILKINSON	1							-		
BOARD MEMBER	0	Х						0.	0.	0.
JENNIFER WILLIAMSON	1	.,							0	0
BOARD MEMBER	0	Х						0.	0.	0.
		-								
		-								
		-								
		ļ								

Form 990 (2019) CLASSROOM LAW PROJECT Part VIII Statement of Revenue

93-0847940

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Par	t V	Statement of Revenue Check if Schedule O contains a response or note to any	/ line in this Part VI	11		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1	a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f				
		g Noncash contributions included in lines 1a-1f. 1 g h Total. Add lines 1a-1f. >	769,207.			
Program Service Revenue		Business Code a FEES & CONTRACTS GOV AGEN 900099 b EDUCATION FEES 900099 c 900099	126,072. 19,795.	126,072. 19,795.		
Iram Servic		d e f All other program service revenue				
Prog		g Total. Add lines 2a-2f►	145,867.			
	3 4	other similar amounts)	5,072.			5,072.
	5	Royalties				
		a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c				
		d Net rental income or (loss)► a Gross amount from (i) Securities (ii) Other sales of assets				
		other than inventory 7a b Less: cost or other basis and sales expenses 7b				
		c Gain or (loss)► d Net gain or (loss)►				
Other Revenue	8	a Gross income from fundraising events (not including \$ <u>173,031.</u> of contributions reported on line 1c). See Part IV, line 18				
ther I		b Less: direct expenses 8b 8,774. c Net income or (loss) from fundraising events►	-8,774.			-8,774.
0		a Gross income from gaming activities. See Part IV, line 19	0,774.			0,774.
		b Less: direct expenses 9b c Net income or (loss) from gaming activities ►				
		a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b				
10		c Net income or (loss) from sales of inventory► Business Code				
aneour ue	11					
Miscellaneous Revenue	11	bcd All other revenue				
Mis		e Total. Add lines 11a-11d►			-	
	12	Total revenue. See instructions►	911,372.	145,867.	0.	-3,702.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. Х (D) (A) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 2 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 143,670 81,984 39,268 22,418. Compensation not included above to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages 297,719 81,593 168,581 47,545. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) 9,574 15,631 4,162 1,895. 9 Other employee benefits 28,674 17,562 7,635 3,477. Payroll taxes 10 34,964 19,919. 10,187 4,858. 11 Fees for services (nonemployees): a Management c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0,SCH. q 79,152. 106,652 6,831 20,669. Advertising and promotion. 12 13 Office expenses 23,372 9,580. 34,801 1,849 Information technology..... 14 15 Royalties..... 2,996. Occupancy..... 17,230. 2,600 16 11,634 17 Travel 11,416 10,739 481 196. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. Conferences, conventions, and meetings.... 19 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 3,168. 3,168. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). 32,722 5,520. a MATERIALS & SUPPLIES 23,848 3,354 b PRINTING AND PUBLICATIONS 21,386 16,651 2,548. 2,187 С d e All other expenses..... 121,702 25 Total functional expenses. Add lines 1 through 24e. . . 748,033. 463,016 163,315 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if following

SOP 98-2 (ASC 958-720).....

Form 990 (2019) CLASSROOM LAW PROJECT

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Part X Balance Sheet

Pa	irt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	127,250.	1	256,903.
	2	Savings and temporary cash investments.		2	126,512.
	3	Pledges and grants receivable, net	44,000.	3	179,500.
	4	Accounts receivable, net	. 21,708.	4	34,797.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	217.	9	4,800.
Ř	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b 34,45		10 c	4,790.
	11	Investments – publicly traded securities.		11	107,033.
	12	Investments – other securities. See Part IV, line 11		12	,
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	478,547.	16	714,335.
	17	Accounts payable and accrued expenses	40,366.	17	19,063.
	18	Grants payable		18	- /
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	93,752.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule I	D.	25	
	26	Total liabilities. Add lines 17 through 25	40,366.	26	112,815.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	247,181.	27	200 552
Bal	28	Net assets with donor restrictions.		28	<u>290,553.</u> 310,967.
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ►	191,000.	20	510,907.
Ľ,		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances		32	601,520.
Ž	33	Total liabilities and net assets/fund balances.	478,547.	33	714,335.

BAA

Form 990 (2019)

Forn	1 990 (2019) CLASSROOM LAW PROJECT 93-0	847940		Pa	ige 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	11,3	372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7.	48,0)33.
3	Revenue less expenses. Subtract line 2 from line 1	3			339.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	38,1	L81.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_		10	6	01,5	520.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	l on a			
1	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 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e			
(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?		2 c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
38	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 01/21/20		Form	99 0	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-F7 2019

OMB No. 1545-0047

Departi Interna	ment of the Treasury I Revenue Service	► (cn to Form 990 or Form rm990 for instructions			nformation.	Open to Public Inspection
Name	of the organization						Employer identific	ation number
CLA	SSROOM LAW	PROJECT					93-084794	0
Par	I Reason fo	r Public Cha	rity Status (All or	ganizations must o	comple	ete this	part.) See instruc	tions.
The c	<u> </u>	•	•	For lines 1 through 12,		-	,	
1				nurches described in sec			(i).	
2				Schedule E (Form 990 or				
3 4			1 0	ization described in sec unction with a hospital o				inter the hospital's
5	name, city, an		the benefit of a colle	ge or university owned	or oper		a governmental unit de	
6	section 170(b)(1)(A)(iv). (Co	mplete Part II.)	ental unit described in s	·	-	-	
0 7	X An organizatio	n that normally r	eceives a substantial p	part of its support from a				blic described
8	in section 17	0(b)(1)(A)(vi).(Complete Part II.)	A)(vi). (Complete Part I	-		. .	
9				tion 170(b)(1)(A)(ix) oper	,	oniuncti	on with a land-grant colle	200
9				(see instructions). Enter				
10	from activities investment in	s related to its e come and unre	exempt functions-sub	33-1/3% of its support fr pject to certain exceptic e income (less section Part III.)	ons, and	(2) no	more than 33-1/3% of i	ts support from gross
11	An organizati	on organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12 a	or more publi lines 12a thro	cly supported o ough 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to d in section 509(a)(1) of upporting organization d, or controlled by its sup	or sectio and com	on 509(a oplete li)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box in
	complete Par) the power to re t IV, Sections A	gularly appoint or elect and B.	a majority of the directo	rs or trus	stees of	the supporting organizati	on. You must
b	management	oporting organiz of the supporting te Part IV, Sect i	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
С	Type III function	onally integrated. s) (see instructi	. A supporting organizat ons). You must comp	ion operated in connectio plete Part IV, Sections	n with, ai A, D, an	nd functi d E.	onally integrated with, its	supported
d	functionally ir instructions).	inctionally integrated. The of You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see
e	Check this bo	x if the organiz	ation received a writte	en determination from supporting organization	the IRS			
			organizations					
-		-	n about the supported		1			l
	(i) Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Total

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

	11						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	400,698.	362,968.	374,962.	335,661.	756,707.	2,230,996.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	400,698.	362,968.	374,962.	335,661.	756,707.	2,230,996.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						344,852.
6	Public support. Subtract line 5 from line 4						1,886,144.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	400,698.	362,968.	374,962.	335,661.	756,707.	2,230,996.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	165.	165.	242.	3,080.	5,072.	8,724.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						2,239,720.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	1,866,118.
13	First five years. If the Form 990 is organization, check this box and	for the organizatior stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						84.21%
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	87.64%
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	< this box
b	33-1/3% support test-2018. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test. check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	re. Explain in Parl ed organization.	t VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions ►
BAA	-				Scl	hedule A (Form 9	90 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

~ ~	~ ~ · – ~ · ~	
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D. I.I.

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
-	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose Gross receipts from activities						
3	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						
	Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year.						
-	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010	(3) 2010		(4) 2010	(0) 2015	(i) rotai
	Gross income from interest, dividends,						
TUa	payments received on securities loans,						
	rents, royalties, and income from						
b	similar sources						
D	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 assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12.)		tion to final an an	al their al farmation a			
14	First five years. If the Form 990 organization, check this box and	Is for the organiza	ation's first, secor	na, thira, tourth, c	or fifth tax year as	a section 501(c)(3	⁵⁾ ►
Sec	tion C. Computation of Pu						
15	Public support percentage for 20			ne 13, column (f))		0/0
16	Public support percentage from	-					00
	tion D. Computation of Inv						0
	Investment income percentage f				umn (fl)	17	00
17				-			0 00
18	Investment income percentage f						
19a	33-1/3% support tests – 2019. If is not more than 33-1/3%, check						
h	33-1/3% support tests–2018. If f						
J	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization ►
20	Private foundation. If the organi						
	5			, .			

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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

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 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. 3a **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. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 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. 4a **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. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **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.* 9b 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*. 9c 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. 10a
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b

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		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c 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		

ction B. Type I Supporting Organizations

- 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 tax year? If No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section 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 or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

Section 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).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

1

2

No

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Yes

2a

2b

3a

3h

No

Page 6

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2019

ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	poses		
2 Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity	f supported organizatior	ns,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
ection E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

Schedule B
(Form 990, 990-EZ

Department of the Treasury

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2019

►	Attach to	Form 990,	Form	99 0-EZ ,	or Form	1 99 0-PF .	
G	o to www.	irs.gov/Fo	rm990	for the	latest in	formatior	ı.

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest inform	ation.			
Name of the organization		Employer identification number	_		
CLASSROOM LAW F	93-0847940				
Organization type (chec	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a pri	vate foundation			
Form 990-PF	527 political organization				
	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private	foundation			
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2019)
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Name of organization

CLASSROOM LAW PROJECT

1 Employer identification number

93-0847940

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	OREGON COMMUNITY FOUNDATION	\$ <u>35,000.</u>	Person X Payroll Noncash
	<u>1221 S.W. YAMHILL ST., #100</u> <u>PORTLAND, OR 97205</u>	· <u></u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAROL AND VELMA SAILING FOUNDATION	A	Person X Payroll
	6500 SW MACADAM AVE., STE 300 PORTLAND, OR 97239	\$25,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SPIRIT MOUNTAIN COMMUNITY FUND 9615 GRANDE RONDE ROAD CRAND RONDE, OR 97347	\$ <u>16,750.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	M. J. MURDOCK CHARITABLE TRUST 703 BROADWAY, SUITE 710 VANCOUVER, WA 98660	\$108,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BOB & MARILYN RIDGLEY 3550 SW BOND AVE., #1708 PORTLAND, OR 97239	\$26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	MAYBELLE CLARK MACDONALD PO BOX 1496 BEND, OR 97709	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	2	2 Page 2
Name of organization	Employer identification number	
CLASSROOM LAW PROJECT	93-0847940	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JAMES & MARION MILLER FOUNDATION	\$ 50,000.	Person X Payroll Noncash
	PORTLAND, OR 97204		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page 3
Name of organization	Employer iden	tification nur	nber
CLASSROOM LAW PROJECT	93-0847	940	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) EMV((or estimate)	(d) Date received
Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
N/	/A		
[-			
		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
<			()
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		^{\$}	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of honeasin property given	(See instructions.)	Bale received
		\$	
(a) No	/k\	(2)	۲۹/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
AA		Schedule B (Form 990, 990-E	

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4
Name of organ	nization DOM LAW PROJECT		Employer identification number 93-0847940
		he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
			+
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			+
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
BAA			

SCHE	EDL	JLI	Е	С	
(Form	99 0	or	99	90-	EZ)

Political Campaign and Lobbying Activities

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

If the	e organization answered 'Yes,' o	on Form 990, Part IV, line 3, or Form 990-EZ,	Part V, line 46 (Politica	l Campaign Activities), th	nen			
	• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.							
	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. 							
	-	on Form 990, Part IV, line 4, or Form 990-EZ,	Part VI, line 47 (Lobbyi	ng Activities), then				
		that have filed Form 5768 (election under sect			e Part II-B.			
• ;	Section 501(c)(3) organization	s that have NOT filed Form 5768 (election						
If the	Part II-A. e organization answered 'Yes xy Tax) (see separate instruc	,' on Form 990, Part IV, line 5 (Proxy Tax) tions), then	(see separate instruc	tions) or Form 990-EZ,	Part V, line 35c			
•		rganizations: Complete Part III.						
Name	of organization			Employer identifica	ation number			
	ASSROOM LAW PROJECT			93-084794				
Pa	-	rganization is exempt under secti	• •		zation.			
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.				
2	Political campaign activity ex	xpenditures (see instructions)		▶\$				
_		campaign activities (see instructions)						
Pa	rt I-B Complete if the or	rganization is exempt under secti	on 501(c)(3).					
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.			
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	▶\$	0.			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No			
4 :	Was a correction made?				Yes No			
	b If 'Yes,' describe in Part IV.							
Pa	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).				
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$				
2		g organization's funds contributed to other						
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POI					
5	line 17b		·····	▶\$				
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No			
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de il action committee (PAC). If additional spa	mount paid from the t livered to a separate po	filing organization's fund plitical organization, such	ds. Also enter the as a separate			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)	For Paparuork Poduction Act	Notice, see the Instructions for Form 990 or	990 57	Schodula C (Es	rm 990 or 990-EZ) 2019			
DAA	a i oi rapei work Reduction Act	nouce, see the monuchous for Form 330 of	JJU-LZ.		111 JJU 01 JJU-ELJ 2013			

Schedule C (Form 990 or 990-EZ) 2019	CLASSROOM	LAW	PROJECT
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93-0847940

Page 2

section 501(h)). A Check ► ☐ if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliat	ed group member's name,	
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobi (The term 'expenditures' me	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	oublic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a	a legislative body (direct lobbying)		
	and 1b)	0.	0.
d Other exempt purpose expenditures		748,033.	
e Total exempt purpose expenditures (add	748,033.	0.	
f Lobbying nontaxable amount. Enter the a both columns.	mount from the following table in	137,205.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
5	6 of line 1f)	34,301.	0.
h Subtract line 1g from line 1a. If zero or le	ss, enter -0	0.	0.
i Subtract line 1f from line 1c. If zero or les	ss, enter -0	0.	0.
j If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720 r	eporting	Yes No

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

	Lobbying	g Expenditures During	4-Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2 a Lobbying nontaxable amount			134,526.	137,205.	271,731.
b Lobbying ceiling amount (150% of line 2a, column (e))					407,597.
c Total lobbying expenditures			5,835.		5,835.
d Grassroots nontaxable amount			33,632.	34,301.	67,933.
e Grassroots ceiling amount (150% of line 2d, column (e))					101,900.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2019

	(a)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5)	. or			
section 501(c)(6).		/ -			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr	rior ye	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) P answered 'Yes.'	art I	, or s II-A, ∣	ection 50 line 3, is)1(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?		4			

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

Part IV Supplemental Information

Schedule C (Form 990 or 990-EZ) 2019 CLASSROOM LAW PROJECT

(election under section 501(h)).

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

5 Taxable amount of lobbying and political expenditures (see instructions)

5

93-0847940

Page 3

(Fo	SCHEDULE D Form 990) Pepartment of the Treasury Department of the Treasury Pepartment of the Treasury Department of the Treasury Pepartment of the Treasury Pepartme							
Intern	al Revenue Service			ind the latest mor	mation.	Employer id	Inspecti lentification nu	-
Par		A LAW PROJECT	or Advised Funds or Othe	r Similar Fund	s or Ac	93-084		
Far	Complete	if the organization ans	wered 'Yes' on Form 990,	Part IV, line 6.		Journs.		
			(a) Donor advised fu	inds	(b) F	unds and	other accou	nts
1		end of year						
2		ntributions to (during year)						
3 4		at end of year						
5	Did the organizati	ion inform all donors and do	L nor advisors in writing that the a organization's exclusive legal c				Yes	No
6	0		ors, and donor advisors in writing			L		
	for charitable pur	poses and not for the benefit	t of the donor or donor advisor,	or for any other pu	irpose coi	nferring _	Yes	No
Par	1 1	tion Easements.						
1 01			wered 'Yes' on Form 990,	Part IV, line 7.				
1			y the organization (check all tha	11 37				
		of land for public use (for exam	ple, recreation or education)	Preservation		5 1		area
		natural habitat of open space		Preservation	of a certi	fied histori	c structure	
2		through 2d if the organization I	held a qualified conservation contri	ibution in the form o	f a conser	vation ease	ment on the	
	5	5				Held at the	End of the	Tax Year
					2a			
	Ũ	,	ments.					
			fied historic structure included in		2 c			
(n (c) acquired after 7/25/06, and		2 d			
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished, or	r terminated by the	organizatio	on during th	e	
4		where property subject to conse						
5	and enforcement	of the conservation easement	garding the periodic monitoring, nts it holds?				Yes	No
6	▶		inspecting, handling of violations, a	-				r
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and e	enforcing conservati	on easem	ents during	the year	
8	Does each conser and section 170(h	rvation easement reported on n)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of sectio	on 170(h)	(4)(B)(i)	Yes	No
9	In Part XIII, descr include, if applica conservation ease	able, the text of the footnote	ports conservation easements in to the organization's financial st	its revenue and e atements that des	xpense st cribes the	tatement a organizati	nd balance on's accour	sheet, and nting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical T wered 'Yes' on Form 990,	reasures, or O Part IV, line 8.	ther Sir	nilar Ass	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report i Id for public exhibition, educatio al statements that describes the	on, or research in f	ment and urtheranc	l balance s e of public	heet works service, pro	of art, ovide in
ł	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or r	research in furtherar	nce of pub	lic service,	t works of a provide the	ırt,
			line 1					
2			nistorical treasures, or other simila ASC 958 relating to these items				owing	
ä	Revenue included	d on Form 990, Part VIII, line	+ 1			►\$		
BAA	For Paperwork R	eduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 8/2	22/19	Sched	ule D (Forn	1 99 0) 20 19

			,			
BAA	For Paperwork	Reduction A	ct Notice	see the	Instructions	s for Form 99

Schedule D (Form 990) 2019 CLASS			orical Treasures, or	93-084 [°] Other Similar Ass	
3 Using the organization's acquisition	•		· · ·		
items (check all that apply):		d 🗌 Loan	or exchange program		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organiz Part XIII.		ons and explain how the	y further the organization's	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the sold to rather the sold to raise funds rather the sold to rather the sold	tion solicit or r	eceive donations of a	t, historical treasures, or	other similar assets	
Part IV Escrow and Custodia					Yes No
line 9, or reported an	amount on l	Form 990, Part X,	line 21.		m 990, r art iv,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian	or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement				L	
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an a					
b If 'Yes,' explain the arrangement	in Part XIII. C	heck here if the explai	nation has been provided	I on Part XIII	
Part V Endowment Funds. C	omploto if t	ha arganization ar	sword 'Vas' on For	m 000 Part IV/ lin	no 10
Farty Endowment Funds. C	(a) Current y			(d) Three years back	(e) Four years back
1 a Beginning of year balance					(e) I bul years back
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the curren	t year end balance (lir	ne 1g, column (a)) held a	IS:	
a Board designated or quasi-endowm	ent 🕨	010			
b Permanent endowment	olo				
c Term endowment	010				
The percentages on lines 2a, 2b, a	nd 2c should eq	ual 100%.			
3a Are there endowment funds not in to organization by:	he possession of	of the organization that	are held and administered	for the	Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended					
Part VI Land, Buildings, and	Equipment.				
Complete if the organ	zation answ	vered 'Yes' on For	m 990, Part IV, line	11a. See Form 990	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment			39,241.	34,451.	4,790.
e Other					
Total. Add lines 1a through 1e. (Colum	nn (d) must equ	ual Form 990, Part X,	column (B), line 10c.)		4,790.
BAA				Schedu	ule D (Form 990) 2019

TEEA3302L 8/22/19

Schedule	D (Form 990) 2019 CLASSROOM LAW PRO	JECT	93-0	0847940	Page 3
	Investments – Other Securities.		N/A Nort IV/ Jine 11h See Form		(line 10
(a) Desc	Complete if the organization answere ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e		
	ial derivatives	.,			
. ,	y held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(<u>E)</u>					
(F) (C)					
<u>(G)</u> (H)					<u> </u>
(l)					
	nn (b) must equal Form 990, Part X, column (B) line 12.)	•			
	Investments – Program Related.		N/A		
	Complete if the organization answere				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year mar	ket value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. <i>(Colur</i> Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) • Other Assets.				
Partix	Other Assets. Complete if the organization answere	d 'Yes' on Form 990), Part IV, line 11d. See Forn	n 990, Part X	(, line 15.
		escription		(b) Bool	
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)					
	olumn (b) must equal Form 990, Part X, column	(B) line 15.)		. ►	
Part X	Other Liabilities.				
	Complete if the organization answered 'Yes' on		1e or 11f. See Form 990, Part X, line		
1.	· · ·	cription of liability		(b) Book	value
(1) Fede (2)	eral income taxes				
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(8)					
(10)					
(11)					
Total. (Colur	nn (b) must equal Form 990, Part X, column (B) line 25.)			. ►	

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

Schedule D (Form 990) 2019 CLASSROOM LAW PROJECT	93-0847940	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	911,372.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	911,372.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	911,372.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1	748,033.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		,
a Donated services and use of facilities		
b Prior year adjustments	_	
c Other losses.	_	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.		748,033.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		140,000.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	748,033.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G			-		undraising or Gami	-		OMB No. 1545-0047		
(Form 990 or 990-EZ)	Comple	Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service	► G	o to www.irs.g			or Form 990-EZ. ructions and the latest	informa	ition.	Open to Public Inspection		
Name of the organization	L	•					Employer identific			
CLASSROOM LAW							93-084794	0		
Fundraising Form 990-E	Activities. Comple Z filers are not re	te if the organiza quired to comp	ation answ lete this p	ered 'Yes' o part.	on Form 990, Part IV, line	e 17.				
1 Indicate whether	the organization i	raised funds thr	ough any	of the follo	owing activities. Check					
a Mail solicitati				е		-	-			
	email solicitations	5		f	Solicitation of gove		grants			
c Phone solicita d In-person sol				g	Special fundraising	j events				
		r oral agreement	with any	individual (i	including officers, directo	rs truste	es or kev			
employees listed	in Form 990, Par	t VII) or entity i	n connec	tion with p	rofessional fundraising	services	s?			
b If 'Yes,' list the 1 compensated at I	0 highest paid inc east \$5,000 by th	dividuals or entine organization.	ties (fund	raisers) pu	irsuant to agreements i	under w	nich the fundrai	iser is to be		
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	fundra	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
1										
2										
3										
4										
5										
6										
						ļ				
7										
• 										
0										
8										
9										
10										
Total								0.		
3 List all states in whor licensing.	hich the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified	t is exempt from	registration		
e. noonoing.										

Sche	edule	G (Form 990 or 990-EZ) 2019 CLASSRO	OM LAW PROJECT		93-084	47940 Page 2
		Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gree	he organization ar event contributions	nswered 'Yes' on Fo	rm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R			(a) Event #1 LEGAL CITIZEN (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
R E V E N U E	1	Gross receipts	173,031.			173,031.
Ē	2	Less: Contributions	173,031.			173,031.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
р	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	8,774.			8,774.
S	10		0 ()			•/ • • •
Par	11 + III	Net income summary. Subtract line 10 fro Gaming. Complete if the organiza				
	(III	\$15,000 on Form 990-EZ, line 6a.				
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E						
	1	Gross revenue				
		Gross revenue				
E D X I P R E						
D-RECT	2	Cash prizes				
EXPENSE DIRECT	2	Cash prizes				
D I RECSE	2 3 4	Cash prizes Noncash prizes Rent/facility costs	Yes% No	Yes% No	Yes 8	
DIRECT	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No	No No	No	
DIRECT	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No	No►	
DIPENSECT S	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three	No No Dugh 5 in column (d)	In (d)	No►	

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
b If 'Yes,' explain:		

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Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 CLASSROOM LAW PROJECT 9	ROJECT 93-0847940 Page 3	
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		0
a The organization's facilityb An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		olo
Name ►		
Address ►		
15 a Does the organization have a contract with a third party from whom the organization receives gaming reven	ue? Yes he amount	No
Name ►		
Address ►		1
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	<u> </u>
organization's own exempt activities during the tax year ► \$		<u></u>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.		(v);

SCHEDULE O (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CLASSROOM LAW PROJECT

Employer identification number 93 - 0847940

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CLASSROOM LAW PROJECT (THE ORGANIZATION) IS AN OREGON NONPROFIT CORPORATION WHOSE PURPOSE IS TO PROMOTE CITIZENSHIP EDUCATION AND AN UNDERSTANDING OF THE ROLE AND PURPOSE OF LAW AND SOCIETY, PRINCIPALLY THROUGH WORK WITH SCHOOLS THROUGHOUT THE STATE OF OREGON.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

TEACHER SUPPORT - INCLUDES THE OREGON CIVICS CONFERENCE FOR TEACHERS, HELD AT THE STATE CAPITOL BUILDING IN SALEM, DRAWING EDUCATORS FROM AROUND THE STATE OF OREGON AND PROVIDING THEM AN OPPORTUNITY TO INTERACT WITH REPRESENTATIVES FROM ALL THREE BRANCHES OF GOVERNMENT ALONG WITH WORKSHOPS ON A RANGE OF CIVICS AND LAW-RELATED TOPICS, AS WELL AS THE SUMMER INSTITUTE WHICH PROVIDES A MULTI-DAY EXPERIENCE FEATURING CONTENT, STRATEGIES, AND GRADE-LEVEL BREAKOUTS WITH LOCAL AND NATIONAL EXPERTS IN CIVIC EDUCATION, GOVERNMENT, AND SOCIAL STUDIES. CURRENT EVENTS PROVIDES A WEEKLY ONLINE RESOURCE OF INFORMATION AND SUPPORTING MATERIALS FOR TEACHERS TO USE IN THEIR CLASSROOMS, WITH CONNECTIONS TO THE CONSTITUTION, STATE STANDARDS AND WE THE PEOPLE CURRICULUM. IN ADDITION, A RANGE OF PROFESSIONAL DEVELOPMENT WORKSHOPS IS OFFERED AT VARIOUS LOCATIONS ACROSS THE STATE THROUGHOUT THE YEAR, AND STAFF MEMBERS SERVE AS GUEST LECTURERS IN SOCIAL STUDIES TEACHING METHODS COURSES IN MASTER OF ARTS IN TEACHING (MAT) DEGREE PROGRAMS AT UNIVERSITY SCHOOLS OF EDUCATION ACROSS THE STATE. THE ORGANIZATION ALSO PROVIDES PRIVATE CONSULTATIONS THROUGH WHICH TEACHERS CAN CONSULT WITH CIVIC EDUCATORS, ATTORNEYS, AND OTHER PROFESSIONALS WHO PROVIDE GUIDANCE IN LESSONS RANGING FROM CIVICS FOR KINDERGARTEN STUDENTS TO THE CONSTITUTION FOR ADVANCED PLACEMENT HIGH SCHOOL CLASSES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

STUDENT EDUCATION PROGRAMS - INCLUDES THE WE THE PEOPLE PROGRAM IN WHICH STUDENTS

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization	Employer identification number
CLASSROOM LAW PROJECT	93-0847940

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

SESSION, AS WELL AS MOCK TRIAL WHICH CHALLENGES STUDENTS TO ASSUME ROLES OF ATTORNEYS AND WITNESSES IN A FICTIONAL TRIAL. BOTH OF THESE PROGRAMS INCLUDE COMPETITIONS FOR HIGH SCHOOL STUDENTS AT REGIONAL, STATE, AND NATIONAL LEVELS WHICH BRING TOGETHER MORE THAN 2,000 STUDENTS FROM ACROSS OREGON. OTHER EXPERIENTIAL EDUCATION PROGRAMS INCLUDE PROJECT CITIZEN WHICH IS A CURRICULUM FOR GRADES 5-12 IN WHICH STUDENTS IDENTIFY A PUBLIC POLICY ISSUE AND DEVELOP AN ACTION PLAN TO ADDRESS IT; COURTHOUSE EXPERIENCE TOURS WHERE MORE THAN 4,000 STUDENTS EACH YEAR LEARN ABOUT THE JUSTICE SYSTEM AND WATCH THE LAW COME ALIVE THROUGH REAL CASES DURING A GUIDED TOUR OF COUNTY COURTS; AND THE LAW DAY CONFERENCE WHICH PROVIDES WORKSHOPS ON A VARIETY OF LEGAL, SOCIAL, AND POLITICAL ISSUES CONCERNING YOUTH AND TAUGHT BY SCHOLARS, ACTIVISTS AND OTHER EXPERTS. IN ADDITION, FOR MORE THAN 30 YEARS, THE ORGANIZATION'S STAFF MEMBERS HAVE PROVIDED INSTRUCTION FOR LAW STUDENTS FROM LEWIS & CLARK LAW SCHOOL, ENABLING THEM TO TEACH "STREET LAW" TO STUDENTS IN LOCAL HIGH SCHOOLS, COVERING A WIDE RANGE OF ISSUES AND EMPHASIS ON THE VERY REAL WAYS IN WHICH THE LAW APPLIES TO OUR EVERYDAY LIVES. THESE STUDENT PROGRAMS BENEFIT FROM THOUSANDS OF HOURS OF VOLUNTEER SUPPORT FROM CLOSE TO 700 ATTORNEYS, EDUCATORS, AND OTHER COMMUNITY REPRESENTATIVES AND CIVIC LEADERS FROM AROUND THE STATE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE COMMITTEE OF THE BOARD REVIEWED THE RETURN AND MET WITH THE EXECUTIVE DIRECTOR TO DISCUSS IT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BOARD MEMBERS ARE REQUIRED TO ANNUALLY CERTIFY TO THE ORGANIZATION THAT NO CONFLICTS OF INTEREST EXIST AND TO IMMEDIATELY NOTIFY THE ORGANIZATION IF A CONFLICT OF INTEREST ARISES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

AN ANNUAL REVIEW OF KEY EMPLOYEES IS CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BOARD, WITH ALL MEMBERS OF THE BOARD OF DIRECTORS AND ALL STAFF MEMBERS INVITED TO PROVIDE PERFORMANCE FEEDBACK. THE EXECUTIVE COMMITTEE CONDUCTS COMPARATIVE EXECUTIVE SALARY REVIEW BENCHMARKING PEER ORGANIZATIONS AND REVIEWING ORGANIZATIONAL SALARY HISTORY AS WELL AS PERFORMANCE REVIEW FINDINGS TO DEVELOP A COMPENSATION RECOMMENDATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE FURNISHED UPON REQUEST. THE ORGANIZATION'S DOCUMENTS ARE ALSO AVAILABLE ONLINE THROUGH GUIDESTAR.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
CONSULTANTS		106,652.	79,152.	6,831.	20,669.
	TOTAL <u>\$</u>	106,652.	<u>\$ </u>	<u>\$ 6,831.</u>	<u>\$ 20,669.</u>