Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	2020 calendar year, or tax year beginning and end	ding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	LIFE LEGAL DEFENSE FOUNDATION			
	Name change			68-01914	88
L	Initial return	,	om/suite	E Telephone number (707)224	
L	Final return/ termin	P.O. BOX 2105		-	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code  NAPA, CA 94558	-	G Gross receipts \$	2,623,507.
F	return Applic tion			<b>H(a)</b> Is this a group re for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Тах-ехе	empt status: X 501(c)(3)	527		list. See instructions
		e: ► WWW.LLDF.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶	L Year o		State of legal domicile: CA
	art I	Summary		•	
—	1	Briefly describe the organization's mission or most significant activities: ${ t PROMOT}$	ring	CIVIL AND H	UMAN
Governance		RIGHTS.			
ern		Check this box $lacktriangledown$ if the organization discontinued its operations or disposed		1 1	_
Š		Number of voting members of the governing body (Part VI, line 1a)			7
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b) $$			7
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			7
Ęï		Total number of volunteers (estimate if necessary)			100
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		
	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year 2,038,346.	Current Year 2,048,763.
une				0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		69,926.	48,267.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,984.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,135,256.	2,097,030.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		213,989.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		563,679.	389,115.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)  98,647			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		618,184.	737,479.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,395,852.	1,126,594.
	19	Revenue less expenses. Subtract line 18 from line 12		739,404.	970,436.
Net Assets or Fund Balances		T		ginning of Current Year 2,408,577.	End of Year 3,582,978.
Asse Bals	20	Total assets (Part X, line 16)		48,539.	13,595.
Net /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		2,360,038.	3,569,383.
P	art II	Signature Block		2/300/0301	3/303/3031
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			
		Mary Riley		6/17/2	2021
Sig	ın	Signature of officer		Date	
He	re	MARY RILEY, CHIEF OPERATIONS/FINANCIAL	OFFI	CER	
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	I .	ate Check	PTIN
Pai		TRACY TEALE	0	6/17/21 if self-employe	P01290862
		Firm's name RINA ACCOUNTANCY LLP		Firm's EIN	84-1980623
USE	Only	Firm's address 201 NORTH CIVIC DR., STE 220		Dha / 0.9	25\210 2100
_		WALNUT CREEK, CA 94596		Phone no. (9	25)210-2180
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF LIFE LEGAL DEFENSE FOUNDATION (LLDF) IS TO GIVE
	INNOCENT AND HELPLESS HUMAN BEINGS OF ANY AGE, PARTICULARLY UNBORN
	CHILDREN, A TRAINED AND COMMITTED DEFENSE AGAINST THE THREAT OF DEATH, AND TO SUPPORT THEIR ADVOCATES IN THE NATION'S COURTROOMS. LLDF WILL
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 617,687. including grants of \$ ) (Revenue \$ )
	LIFE LEGAL DEFENSE FOUNDATION PROVIDED OVER 10,000 HOURS OF PRO BONO
	LEGAL ASSISTANCE TO A DIVERSE GROUP OF CLIENTS ACROSS THE NATION IN
	2020. WE PROVIDE A TRAINED AND COMMITTED DEFENSE OF LIFE IN THE
	NATION'S COURTROOM. LIFE LEGAL WORKS WITH INDIVIDUALS AND ORGANIZATIONS
	THAT HAVE PRO-LIFE RELATED LEGAL CONCERNS, INCLUDING FREE SPEECH,
	END-OF-LIFE ISSUES, FREEDOM OF CONSCIENCE, AND EMPLOYMENT MATTERS. WE ALSO PROVIDE EDUCATION ON PRO-LIFE RELATED LEGAL ISSUES THROUGH TALKS,
	·
	WEBCASTS, VIDEOS, SOCIAL MEDIA, OUR WEBSITE, AND CONTINUING LEGAL EDUCATION ACTIVITIES.
	EDUCATION ACTIVITIES.
41-	(Code:) (Expenses \$
4b	(Code:) (Expenses \$133,008. including grants of \$) (Revenue \$)  LLDF PRODUCES A QUARTERLY PUBLICATION ADDRESSING CIVIL AND HUMAN RIGHTS
	ISSUES.
	100000.
4c	(Code: ) (Expenses \$ 147,714 • including grants of \$ ) (Revenue \$
	LLDF PRODUCES PERIODIC PUBLICATIONS PROVIDING INFORMATION ON CASES
	CURRENTLY INVOLVED IN LITIGATION AND SIMULTANEOUSLY SOLICITS FUNDS TO
	FINANCE SUCH LITIGATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 898,409.
	Form <b>990</b> (2020)

LIFE LEGAL DEFENSE FOUNDATION

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

Form 990 (	2020)	LIFE	LEGAL	DEFENSE	FOUNDATION
Part IV	Checklist of	Required	Schedule	<b>es</b> (continued)	

	office that of frequency contained (contained)			
22	Did the ergenization report more than \$5,000 of grants or other assistance to or for demostic individuals on		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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			. v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEh		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		22
20	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
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Schodulo N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	
4	Check if Schedule O contains a response or note to any line in this Part V			
	Series and Series and Series of Hoto to daily into in the Country		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
''	Gross income from members or shareholders							
h	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
		Form	990	(2020				

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 response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_7						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other							
	officer, director, trustee, or key employee?			L	2		X			
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	[	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		L	5		X			
6	Did the organization have members or stockholders?			[	6		X			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?			L	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or							
	persons other than the governing body?			L	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:							
а	The governing body?			L	8a	X				
b	Each committee with authority to act on behalf of the governing body?			L	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)							
				_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl									
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot\cdot\cdot}$			L	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form	?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			L	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done			L	12c	X				
13	Did the organization have a written whistleblower policy?			L	13	X				
14	Did the organization have a written document retention and destruction policy?			L	14	X				
15	Did the process for determining compensation of the following persons include a review and approve		ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			L	15a	X				
b	Other officers or key employees of the organization			[	15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a							
	taxable entity during the year?			[	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· · ·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's							
	exempt status with respect to such arrangements?	<u></u>			16b					
	tion C. Disclosure	<u>τα τ</u> .	77 70 00	TT T	тт	ΤZ C	72.72			
17	List the states with which a copy of this Form 990 is required to be filed CA, UT, PA, FL, N									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	U-1 (Section 501)	(c)(3)	s only	) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	0	ala a di da O'							
40	X Own website X Another's website X Upon request Other (explain		*		ı.e.					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	or interest policy	, and	ı tınar	ıcıal				
00	statements available to the public during the tax year.	- جدام	ad raa=::-!= <b>&gt;</b>							
20	State the name, address, and telephone number of the person who possesses the organization's boundary RILEY $-$ ( $707$ ) $224-6675$	iuks ai	iu records -							
	P.O. BOX 2105, NAPA, CA 94558									
032006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2020)			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	111120		C)	прсі	iioai	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		a.	bensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal t		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY RILEY	50.00									
CHIEF OPERATIONS/FINANCIAL OFFICER				Х				126,910.	0.	3,292.
(2) ALEXANDRA SNYDER	53.00									
CHIEF EXECUTIVE OFFICER				Х				100,000.	0.	2,775.
(3) CATHERINE SHORT	40.00								_	
CHIEF LITIGATION OFFICER				Х				55,228.	0.	1,383.
(4) JOHN R. STREETT	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) TERRY THOMPSON	2.00	l							•	•
VICE CHAIRMAN/TREASURER	1 00	Х		Х				0.	0.	0.
(6) CHRISTIAN HON	1.00								•	0
DIRECTOR	2 00	Х						0.	0.	0.
(7) COLETTE WILSON	3.00	X							0	0
DIRECTOR (8) JUDE DAVID	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(9) DAVID SHANEYFELT	1.00	<u> </u>						0.	0.	
DIRECTOR	1.00	х						0.	0.	0.
(10) GELLERT DORNAY	2.00									
DIRECTOR		x						0.	0.	0.
	<u> </u>							•		
			L_	L	<u> </u>	<u> </u>				
										- 000

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Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	c) sition more erson		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MIS	on d s	com fr orga	(F) timate nount o other pensa om the anizatio	of tion e ion ed
С	Subtotal  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization	I, Section A			· · · · · · · · · · · · · · · · · · ·			<u> </u>	282,138. 0. 282,138. eceived more than \$100	0,000 of reportab	0. 0. 0.		7,4	0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest contractors.  Complete this table for your five highest contractors.  (A)	uch individual um of reportab 0,000? If "Yes, accrue compet plete Schedul mpensated inc the calendar y	le co " co nsat e J f	omp mple ion f for se	ensa ete S from uch ent c	ation Sche any pers	n and edul y uni son	d ot e <i>J</i> relat	that received more than the organization's tax  (B)	the organization idual for services \$100,000 of con year.	npens	(C	;)	X X X
	Name and business  Total number of independent contractors (i			mite		tho	ose li	steo	Description of s		C	comper	nsation	n
_	\$100,000 of compensation from the organi		iot III	ше	u 10	(110	0	აi <b>e</b> (	above, who received n	IOIC HIAH		_	000 //	

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		$\overline{}$	2020) LIFE LEGAL DE	FENSE FO	UNDATION		68-0191	488 Page <b>9</b>
Pai	τV	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A)	(B)	(C) Unrelated	<b>(D)</b> Revenue excluded
					Total revenue	Related or exempt function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1	а	Federated campaigns1a					
ara our		b	Membership dues1b					
S, (		С	Fundraising events1c					
Giff		d	Related organizations1d					
ini		е	Government grants (contributions) 1e	91,200.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
ig (			similar amounts not included above $\dots$ 1f 1,	957,563.				
d of		g	Noncash contributions included in lines 1a-1f <b>1g</b> \$					
<u>2 g</u>		h	Total. Add lines 1a-1f	<b></b>	2,048,763.			
				Business Code				
ce	2	а						
ervi Ie		b						
n St		С						
ran ev		d						
Program Service Revenue		е						
۵ ا		f	All other program service revenue					
$\Box$			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest		42 500			42 500
			other similar amounts)		43,729.			43,729.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
		c Rental income or (loss) 6c						
			Net rental income or (loss)  Gross amount from sales of (i) Securities					
	7	а	E 24 04 E	(ii) Other				
ø			Less: cost or other basis and sales expenses 76 526, 477.					
evenue								
Şe (			· /		4,538.			4,538.
er R			Net gain or (loss)  Gross income from fundraising events (not		4,550.			4,550.
Other	0	а						
			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	-		Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	·····				
s				Business Code				
e son	11	а						
ane		b						
Miscellaneous Revenue		С						
Νįς H		d	All other revenue					
			Total. Add lines 11a-11d	<b>&gt;</b>				
	12		Total revenue. See instructions	<b>&gt;</b>	2,097,030.	0.	0.	48,267.

#### 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 respon	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	289,856.	266,393.	20,422.	3,041
6	trustees, and key employees  Compensation not included above to disqualified	200,000	200,333.	20,422.	3,041
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		51,758.	46,241.	6,147.	-630
7 8	Other salaries and wages  Pension plan accruals and contributions (include	31,7300	40, 441.	0,11,0	0.50
o	section 401(k) and 403(b) employer contributions)	9,525.	8,675.	770.	80
9	Other employee benefits	8,573.	7,907.	599.	67
10	Payroll taxes	29,403.	26,730.	2,421.	252
11	Fees for services (nonemployees):	23,1001	2077000		
''					
b		103,825.	103,825.		
C		41,172.	200,0201	41,172.	
d		,		,	
e	B ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
f	Investment management fees	18,284.		18,284.	
g		., .		,	
3	column (A) amount, list line 11g expenses on Sch O.)	91,665.	76,637.	1,373.	13,655
12	Advertising and promotion	5,941.	5,941.		·
13	Office expenses	33,782.	25,649.	7,404.	729
14	Information technology	48,932.	44,695.	4,237.	
15	Royalties		-	-	
16	Occupancy	24,636.	22,172.	2,464.	
17	Travel	2,207.	2,207.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,948.	12,948.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,483.	3,890.	2,593.	
23	Insurance	17,610.	16,862.	748.	
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 0.)				
а		113,595.	74,289.		39,306
b	POSTAGE - MAILING&SHIPP	94,891.	67,484.	1,822.	25,585
С	PUBLICATIONS	36,428.	36,428.		
d	MAILHOUSE SEVICE	36,088.	23,457.		12,631
е	All other expenses	48,992.	25,979.	19,082.	3,931
25	Total functional expenses. Add lines 1 through 24e	1,126,594.	898,409.	129,538.	98,647
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 X if following SOP 98-2 (ASC 958-720)	434,129.	322,708.	12,102.	99,319

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			575,224.	1	545,703
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		50,827.	4	69,697	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
ş	7	Notes and loans receivable, net	<b>F</b>		7		
Assets	8	Inventories for sale or use			8		
ĕ	9	Donate of the control of the control of the control			18,554.	9	10,898
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		58,717.			
	b	Less: accumulated depreciation		46,261.	15,928.	10c	12,456
	11	Investments - publicly traded securities		1,748,044.	11	12,456 2,944,224	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e		ı	2,408,577.	16	3,582,978
	17	Accounts payable and accrued expenses			48,539.	17	13,595
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo	ormer offic	er, director,			
≝		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
_	23	Secured mortgages and notes payable to uni	elated thin	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	oarties		24	
	25	Other liabilities (including federal income tax,	payables t	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			48,539.	26	13,595
"		Organizations that follow FASB ASC 958, o	heck here	e ▶ X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,360,038.	27	3,569,383
B	28	Net assets with donor restrictions		<u></u>		28	
Ľ,		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔲			
Ē		and complete lines 29 through 33.					
ls o	29	Capital stock or trust principal, or current fund			29		
se.	30	Paid-in or capital surplus, or land, building, or			30		
t As	31	Retained earnings, endowment, accumulated	l income, d	or other funds		31	
Se-	32	Total net assets or fund balances			2,360,038.	32	3,569,383
	33	Total liabilities and net assets/fund balances		ı	2,408,577.	33	3,582,978

Form **990** (2020)

Pa	rt 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	2,09	7,0	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12	6,5	94.
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,36	0,0	38.
5	Net unrealized gains (losses) on investments	5			09.
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,				
	column (B))	10	3,56	9,3	83.
Pa	rt 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.			
2a	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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or guidte, explain why an Schodule O and describe any stone taken to undergo such guidte		26		1

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LIFE LEGAL DEFENSE FOUNDATION **Employer identification number** 68-0191488

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.			
Γhe	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch					I)(A)(i).			
2		A school described in <b>sect</b> i								
3		A hospital or a cooperative					i).			
4		A medical research organiz						the hospital's name.		
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,		
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in		
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III		
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)			
6	X	A federal, state, or local gov						nublic described in		
′	21	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
			. ,	(4)(A)(vi) (Commisto Dom	L II \					
8		A community trust describe						a alla ma		
9		An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or		
40		university:	. (4)							
10		An organization that norma								
		activities related to its exen								
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	•				201 1141			
11		An organization organized	•	•	-					
12		An organization organized a		•	=		•			
		more publicly supported or	~					neck the box in		
_		lines 12a through 12d that	* *			-	<del>_</del>	. at ta		
а		☐ <b>Type I.</b> A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•				
		the supported organization			a majority (	of the aire	ctors or trustees of the s	supporting		
		organization. You must o								
b			•					•		
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea		
		organization(s). You mus	-					1 20		
С		☐ Type III functionally inte					• •	ed with,		
		its supported organization		•						
d		☐ Type III non-functionally						` '		
		that is not functionally int	•	•	•		•	iveness		
		requirement (see instruct	· ·	-						
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III			
	<b></b>	functionally integrated, or	* *	nally integrated support	ing organiz	zation.				
Т		er the number of supported o	•							
<u>g</u>		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	`	organization	(-,	(described on lines 1-10	in your governi <b>Yes</b>	ng document? <b>No</b>	support (see instructions)	support (see instructions)		
				above (see instructions))						
Γ∩t:	al									

#### 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,802,963.	2,151,635.	1,829,818.	2,038,346.	2,048,763.	10,871,525.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2,802,963.	2,151,635.	1,829,818.	2,038,346.	2,048,763.	10,871,525.	
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,						E21 E60	
	column (f)						731,769.	
							10,139,756.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	2,802,963.	2,151,635.	1,829,818.	2,038,346.	2,048,763.	10,871,525.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	9,091.	1,935.	3,914.	37,813.	43,729.	96,482.	
_	and income from similar sources	9,091.	1,933.	3,914.	37,013.	43,129.	90,402.	
9	Net income from unrelated business							
	activities, whether or not the							
10	Other income. Do not include gain							
10	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)		2,196.		44,520.		46,716.	
11			2,150.		11,520.		11,014,723.	
12	Gross receipts from related activities,	etc (see instruction	one)			12	80,170.	
13	First 5 years. If the Form 990 is for the	=		iourth or fifth tax v			00,2700	
.0	organization, check this box and <b>stor</b>			•			<b>▶</b> □	
Sec	etion C. Computation of Publ							
	Public support percentage for 2020 (			column (f))		14	92.06 %	
15	Public support percentage from 2019					15	93.81 %	
16a	33 1/3% support test - 2020. If the						x and	
	stop here. The organization qualifies	as a publicly supp	orted organization	,			<b>▶</b> X	
b	33 1/3% support test - 2019. If the						nis box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		▶□	
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or	
	more, and if the organization meets tl	ne facts-and-circur	nstances test, che	ck this box and <b>st</b> o	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶□	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	Part IV Supporting Organizations (continued)			
	( Community		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
	detail in <b>Part VI.</b>	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or n	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	<u> </u>		
2	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 open	erated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
800	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations		1	·
	4 8:11	£11	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
•	organization's governing documents in effect on the date of notification, to the extent not previously			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
2	the organization maintained a close and continuous working relationship with the supported organization.			
3				
	significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1		he veaksee instructions)		
' a		re yea(see man denoms).		
b				
c		overnmental entity (see instruction	ns).	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а		poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's invo	lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	<b>a</b> 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? If "Yes" or "No" provide details in Part VI.	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activi	ities of each		

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	v intear	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	ion D - Distributions		•	-	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
•	(provide details in Part VI). See instructions.	ne organization to respondi	-	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Eine o amount arrada by into o amount	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>u</u>	LACCOS HOTH ZOTO				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LIFE LEGAL DEFENSE FOUNDATION

**Employer identification number** 68-0191488

Pai	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the
ı aı			3 Of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Total worsh on at and of our su	(a) Bonor advised fands	(b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		·
Do			
Pai		· · · · · · · · · · · · · · · · · · ·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes  No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining Co	ollections of A	t, Hist	orical Tr	easures, c	or Othe	r Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following tha	t make si	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	L	oan or exc	hange progra	ım				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ey further t	he organization	on's exen	npt purpo:	se in Par	t XIII.	
5	During the year, did the organization solicit or	•		•	-					
	to be sold to raise funds rather than to be mai				•			$\square$	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	X, line 21.		-						
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, 1		3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on For								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	* *								
	t V Endowment Funds. Complete if						<u></u> n			
		(a) Current year		rior year	(c) Two year			are hack	(e) Four y	eare hack
10	Beginning of year balance	(a) Current year	(6) 1 1	ioi yeai	(C) Two year	3 Daon (	uj miloo ye	ars back	(C) roury	cars back
	T-									
	Contributions									
	Net investment earnings, gains, and losses				+					
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses				-					
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >%	Ď								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	and administe	red for th	e organiza	ation	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati									
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
•	Complete if the organization answered	"Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value
	,	basis (investn			(other)		reciation		` '	
	Land	<u> </u>	•							
	Buildings									
	Leasehold improvements									
	Equipment			5	8,717.		46,26	1.	12	,456.
	Other				×, · = · •					,
	Add lines 1a through 1a (Column (d) must ea		V ook:	n (D) line i	100)				12	456.

Schedule D (Form 990) 2020

Sched	ule D (Form 990) 2020 I	LIFE LEGAL	DEFENSE	FOUNDA	TION	68-	0191488	Page 3
Parl	VII Investments - Other							
	Complete if the organiza							
	escription of security or category <sub>(ir</sub>	ncluding name of security)	(b) Book v	/alue	(c) Method of valuation	on: Cost or end-	of-year market v	/alue
	osely held equity interests							
(3) Of	her							
(A)								
(B) (C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total.	(Col. (b) must equal Form 990, Part	X, col. (B) line 12.)						
Part	VIII Investments - Prog	gram Related.						
	Complete if the organiza							
	(a) Description of inves	stment	(b) Book v	/alue	(c) Method of valuation	on: Cost or end-	of-year market v	/alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
<u>(8)</u> (9)								
	(Col. (b) must equal Form 990, Part	X col (B) line 13 ) ▶						
Parl		7, 001. (b) iiii0 10.)						
	Complete if the organiza	tion answered "Yes"	on Form 990, P	art IV, line 11	d. See Form 990, Part >	K, line 15.		
			Description	·	•		(b) Book va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	(Oaliman (b) mont a mont Fame O	00 Dart V and (D) lin	- 15)					
Par	(Column (b) must equal Form 9: X Other Liabilities.	90, Part X, col. (B) III	e 15.)			<b>P</b>		
ı ar	Complete if the organiza	tion answered "Ves"	on Form 990 P	art IV line 11	e or 11f See Form 990	Part X line 25		
1.		tion of liability	0111 01111 000,11	artiv, mic ii	C 01 111. OCC 1 0111 330,	, 1 art X, iii ic 23.	(b) Book va	lue
(1)		· · · · · · · · · · · · · · · · · · ·					(-,	
(2)	r odorar moonne taxee							
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

Total. (Column (b) must equal Form 990, Part X, col. (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....

[Insert Part III | Part III |

Schedule D (Form 990) 2020

Pai	rt XI Reconciliation of Revenue per Audited Financial St		ith Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, I				4 262 222
1	Total revenue, gains, and other support per audited financial statements			1	4,363,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		000 000		
а	Net unrealized gains (losses) on investments		238,909.		
b	Donated services and use of facilities		2,046,354.		
С	Recoveries of prior year grants		700		
d	Other (Describe in Part XIII.)	2d	-729.		0 004 504
е	Add lines 2a through 2d			2e	2,284,534.
3	Subtract line 2e from line 1			3	2,078,746.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	10 204		
а	Investment expenses not included on Form 990, Part VIII, line 7b		18,284.		
b	Other (Describe in Part XIII.)	4b			10 004
С	Add lines <b>4a</b> and <b>4b</b>			4c	18,284.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	2,097,030.
Pai	rt XII Reconciliation of Expenses per Audited Financial S		vitn Expenses per	Ketu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I				2 152 025
1	Total expenses and losses per audited financial statements			1	3,153,935.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	2 046 254		
а	Donated services and use of facilities		2,046,354.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	·			2 046 254
е	Add lines 2a through 2d			2e	2,046,354. 1,107,581.
3	Subtract line 2e from line 1			3	1,107,381.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	10 204		
а	Investment expenses not included on Form 990, Part VIII, line 7b		18,284. 729.		
b	Other (Describe in Part XIII.)	4b	749.		10 012
	Add lines 4a and 4b			4c	19,013.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line in the state of the	18.)		5	1,126,594.
			41 101 5 177 "	4.5.	V " 0 D 1 VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part	X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional in	Tormation.		
РΔΙ	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	MI, DING 2D CHIER IDOUGHERID.				
EV.	ENT EXPENSES				-729.
					, 254
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
	,				
EVI	ENT EXPENSES				729.
					, _ , _ ,

Schedule D (Form 990) 2020

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

Employer identification number

	ىل	TER P	EGA	L DEFENS	EF	'OUN	DAT	TON			68	-0T	914	88				
Part I	Excess Bene	fit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and se	ctio	n 501(c)(29) orga	anizati	ons o	nly).					
	Complete if the o																	
1			(b) Relationship between disqualified											(q)	(d) Corrected?			
(a) Name of disqualified person			person and organization				(c) Description of tran				n			Yes No				
			1 3				<del> </del>						+ ''	-3	NU			
														+-				
														_				
														_				
2 Enter	the amount of tax in	ncurred by	the o	rganization man	agers	or disc	qualifie	ed persons du	ring	the year under								
section 4958 <b>&gt;</b> \$																		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$																		
	•	• •	,	,	,	·	•											
Part II	Loans to and	/or Fror	n Int	erested Pers	sons	·												
	Complete if the o						Dart \	V line 382 or F	=orn	a QQO Part IV lin	26.	or if th	ne oraș	nizati	nn -			
	reported an amou	-					., rait	v, iii le 30a 0i i	OIII	1990, Fait IV, III	l <del>e</del> 20,	טו וו נו	ie orga	ıııızatı	JII			
								) Ovinin al	(f) Delegation of the		(a) la		(h) Approved (i) W			ritton		
(a) Name of interested person (b) Relation with organ			(c) Purpose of loan	from the			) Original ipal amount	(f) Balance due		(g) In default?		(h) Approve by board o committee		(i) Written agreement?				
		Lation	oriouri	<u> </u>	ization?	Pilite	npar amount											
					То	From					Yes	No	Yes	No	Yes	No		
F - 4 - 1								•										
Fotal Part III	Grants or As	oiotopoo		ofiting Into	costo	d Do	roon	<u></u> ▶ \$										
rait III	l .			_														
	Complete if the o		n ansv	vered "Yes" on I	Form §	990, Pa												
(a) Name of interested person			(b) Relationship between				( (	(c) Amount of		(d) Type					Purpose of			
			interested person and the organization					assistance		assistano		ce			assistance			
				trie Organiza	111011													
			1															
			+															
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			+									$\dashv$						
			+									+						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

# Schedule L (Form 990 or 990-EZ) 2020 LIFE LEGAL DEFENSE FOUNDATION 68-0191488 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No 12,353.CLERICAL NANCY MAXSON IMMEDIATE FAMILY ME X TOM RILEY 43,088.CONTRACT LA X IMMEDIATE FAMILY ME NANCY MAXSON 23,886.FACILITIES IMMEDIATE FAMILY X Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: NANCY MAXSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: IMMEDIATE FAMILY MEMBER OF CHIEF OPERATIONS/FINANCIAL OFFICER (D) DESCRIPTION OF TRANSACTION: CLERICAL WORK (A) NAME OF PERSON: TOM RILEY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: IMMEDIATE FAMILY MEMBER OF CHIEF OPERATIONS/FINANCIAL OFFICER (D) DESCRIPTION OF TRANSACTION: CONTRACT LABOR (A) NAME OF PERSON: NANCY MAXSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: IMMEDIATE FAMILY MEMBER OF CHIEF OPERATIONS/FINANCIAL OFFICER (D) DESCRIPTION OF TRANSACTION: FACILITIES RENTAL

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

LIFE LEGAL DEFENSE FOUNDATION

**Employer identification number** 68-0191488

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACCOMPLISH ITS MISSION AND PURPOSE THROUGH THE LAW AND EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

990 IS REVIEWED BY CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT, AND TREASURER PRIOR TO FILING. BOARD OF DIRECTORS ALSO REVIEWS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AT AN ANNUAL BOARD MEETING, THE BOARD AND OFFICERS REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE POTENTIAL CONFLICTS IN WRITING. IF POTENTIAL CONFLICTS ARE DISCLOSED, IT IS DOCUMENTED AND THE PERSON WITH A CONFLICT IS REMOVED FROM DELIBERATION/DECISIONS IN THE TRANSACTIONS. ADDITIONALLY, THE CHIEF OPERATING OFFICER UNDERTAKES A PERIODIC REVIEW OF TRANSACTIONS INVOLVING SIGNIFICANT EXPENDITURES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS AND OFFICERS DETERMINE THE SALARY FOR KEY EMPLOYEES BASED ON THE FINANCIAL REPORTS OF THE ORGANIZATION AND INDUSTRY STANDARD FOR SIMILAR POSITIONS IN NONPROFIT ORGANIZATIONS. COMPENSATION FOR ALL STAFF AND KEY EMPLOYEES IS REVIEWED ANNUALLY AND APPROVED AS A BUDGET LINE THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE; (2) USE OF DATA AS TO COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  LIFE LEGAL DEFENSE FOUNDATION	Employer identification number 68-0191488
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, UT, PA, FL, NC, WA, AR, CT, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NY,	OR, RI, SC, TN, VA, WV
WI	
FORM 990, PART VI, SECTION C, LINE 18:	
990 IS AVAILABLE ON HTTPS://WWW.GUIDESTAR.ORG/ AND	
HTTPS://WWW.CHARITYNAVIGATOR.ORG/	
FORM 990, PART VI, SECTION C, LINE 19:	
INFORMATION IS MADE AVAILABLE BY FORMAL REQUEST TO THE CO	RPORATE OFFICE OF
THE ORGANIZATION.	