Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



ΑF	or th	e 2023 calendar year, or tax year beginning and	ending							
B C a	heck if pplicab	le: C Name of organization		D Employer identific	cation number					
	Addre	THE CENTER FOR AMERICAN LIBERTY								
Name change Doing business as 83-0727789										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number							
	Final return	P.O. BOX 200942	703-687-	6212						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,745,701.					
	Amen return	PIIISBORG, PA 15251-0942	H(a) Is this a group re	eturn						
	Applic tion	F Name and address of principal officer: UASON F. CLARK		for subordinates	? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u>I</u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions					
	Vebsi			H(c) Group exemption						
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2018 N	I State of legal domicile: VA					
Ра	nrt I	Summary								
e	1	Briefly describe the organization's mission or most significant activities:								
anc		LEADS THE FIGHT FOR FREE SPEECH AND CIVIL								
ern	2	Check this box if the organization discontinued its operations or dispos			ets. 5					
LEADS THE FIGHT FOR FREE SPEECH AND CIVIL LIBERTIES ACROSS THE 2 Check this box										
<u>ه</u>	Č 4 Number of independent voting members of the governing body (Part VI, line 1b) Č 4									
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			85					
tivit		Total number of volunteers (estimate if necessary)			<u> </u>					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11			Current Year					
	8	Contributions and grants (Part VIII, line 1h)		4,279,906.	6,614,136.					
IUe	9	•		0.	0,014,150					
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	8,582.					
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,417.	19,139.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,283,323.	6,641,857.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		849,449.	1,320,609.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ben		Total fundraising expenses (Part IX, column (D), line 25) 1,779,3	37.							
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,035,048.	5,675,694.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,884,497.	6,996,303.					
	19	Revenue less expenses. Subtract line 18 from line 12		398,826.	-354,446.					
or		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year					
Assets d Balanc	20	Total assets (Part X, line 16)		1,635,229.	1,277,643.					
Ass J Ba	21	Total liabilities (Part X, line 26)		270,779.	272,450.					
Fund		Net assets or fund balances. Subtract line 21 from line 20		1,364,450.	1,005,193.					
Da		Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	JASON P. CLARK, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	ANDREW E. YOUNG, CPA	ANDREW E. YOUNG,	CPA 11/12/24 self-emplo	yed P01203950
Preparer	Firm's name RENNER AND COMPAN	Y CPA, P.C.	Firm's EIN 5	54-1498950
Use Only	Firm's address 700 NORTH FAIRFAX	STREET SUITE 400		
	ALEXANDRIA, VA 22	314	Phone no. (7	/03) 535-1200
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-2	21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) THE CENTER FOR AMERICAN LIBERTY	83-0727789	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE CENTER FOR AMERICAN LIBERTY LEADS THE FIGHT FOR FREE		
	CIVIL LIBERTIES ACROSS THE COUNTRY. BY LEVERAGING ITS NAT		
	NETWORK OF LITIGATORS, THE CENTER FOR AMERICAN LIBERTY Z		
	ADVOCATES ON BEHALF OF INDIVIDUALS WHOSE FIRST AMENDMENT	RIGHTS HAVE	
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.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, ar	ıd
4a	4 011 100	ue \$)
	THE CENTER FOR AMERICAN LIBERTY IS AT THE FOREFRONT OF THE		ГО
	DEFEND FREE SPEECH AND CIVIL LIBERTIES PROTECTED UNDER T	HE	
	CONSTITUTION. BUILDING OFF ITS THREE SUPREME COURT VICTOR	RIES IN 2021	,
	THE CENTER FOR AMERICAN LIBERTY DEFENDED THE RIGHTS OF PA		
	CHILDREN WERE BEING SOCIALLY "TRANSITIONED," ABSENT PARE		
	NOTIFICATION, BY PUBLIC SCHOOLS; DEFENDED THE RIGHTS OF		VHO
	WERE SURGICALLY "TRANSITIONED," BY GENDER CLINICS, WITHOUT		
	CONSENT; AND DEFENDED THE FREE SPEECH RIGHTS OF PARENTS '		
	SCHOOL BOARD MEETINGS. THE CENTER FOR AMERICAN LIBERTY 7		
	· · · · · · · · · · · · · · · · · · ·	COURTS ACROS	5
	AMERICA.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	Je \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
A -!	Othey program convises (Describe on Set $d = 0$)		
4d	Other program services (Describe on Schedule O.)	Ň	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,811,100.)	
4e	Total program service expenses 4,811,100.	Earm Q	90 (2023)
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Form 990 (2023)				AMERICAN	LIBERTY
Part IV Checklist of R	equire	d Schedule	es		

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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 X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 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			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			- 23
D	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			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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			
120	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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		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		
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
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			V.	
00	Did the experimetion we set many than $\Phi = 0.00$ of events on other expirators to a few demonstration individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X X
26	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%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the 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	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35		Yes	No
la b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 3 3 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Par	t 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	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	L
3a	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	0	3b		\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (FBAR).			
					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				<u>x</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices provided to the payor?			<u>x</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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	13b			
с	Enter the amount of reserves on hand	13c			
		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the 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		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th			a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					
			I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		5		
	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.					
_	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			v
-	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			v
_			<i>c</i> :: 10			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's asser-					X X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app			_ _		v
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					v
~	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0	v	
a L	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	л	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Rev			9		23
	The section B requests mornation about policies not required by the internal Rev	enue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			104		
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		ege .e			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	on Schedule O how this was done	,		12c	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					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а				15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith 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 organized	zatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i>)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	is and	d records			
	$\frac{\text{CHRIS MARSTON} - 703 - 687 - 6212}{\text{DO BOY 2510} \text{ LEECHIPC} } $					
	PO BOX 2510, LEESBURG, VA 20177			Γ	000	(0000)
332006	5 12-21-23 7			Forn	1990	(2023)
	I I					

Part VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indepen	dent Contra	ctors			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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. Т

(A) Name and title	(B) Average	(1)		Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	ı an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JASON CLARK	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) LEE CHENG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) CHRISTOPHER HAGE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CARRIE TYNAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HARMEET DHILLON	40.00									
СЕО		Х		X				250,000.	0.	0.
(6) MARK TRAMMELL	40.00									
EXECUTIVE DIRECTOR				X				254,246.	0.	20,875.
(7) CHRIS MARSTON	2.00									
SECRETARY AND TREASURER				X				0.	0.	0.
(8) JOSHUA DIXON	40.00									
SENIOR LITIGATON COUNSEL	40.00				X			235,417.	0.	4,000.
(9) ERIC SELL	40.00							145 600		
SHILLMAN LEGAL FELLOW	40.00		<u> </u>			X		145,688.	0.	7,857.
(10) LAUREN PILLER	40.00					v		120 744	0	2 700
DIRECTOR OF PHILANTHROPY	40.00					X		132,744.	0.	2,700.
(11) CATHERINE MCCUE	40.00					x		106 255	0	5 5 2 0
DEVELOPMENT OFFICER			-					106,355.	0.	5,539.
]								
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	ER FOR A	ME	RI	CA	Ν	LI	BE	ERTY	83-0'	7277	89	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) (C) Average hours per week officer and a directory					than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Estir amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fror orgar and i	ensation n the nization related izations
	-											
1b Subtotal								1,124,450.		0.	40	<u>,971.</u>
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0.1,124,450.		0.	40	<u>0.</u> ,971.
2 Total number of individuals (including but n									000 of reportable		-10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
compensation from the organization					,	,						6
											Y	'es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	-		Ŭ		•		3	X
4 For any individual listed on line 1a, is the su	um of reportabl	e coi	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4	x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,									····	4	
rendered to the organization? <i>If</i> "Yes," con	nplete Schedule	e J fo	or su	ich p	berso	on .				<u></u>	5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	ener	nder	nt co	ontra	octor	s tł	nat received more than \$	100 000 of comr		on from	
the organization. Report compensation for	-	-								, on batte		·
(A) Name and business	address							(B) Description of s	ervices	Со	(C)	ation
BLITZ DIGITAL GROUP, LLC, 20130 LAKEVIEW								,115.				
CENTER PLAZA, SUITE 300, ASHBURN, VA 20147 CONSULTING SERVICES 63 DHILLON LAW GROUP, 177 POST STREET, SUITE LEGAL AND									000	/ = = = •		
700, SAN FRANCISCO, CA 94108 ADMINISTRATIVE SERVI 559,3									<u>,347.</u>			
LIMANDRI AND JONNA, LLP LEGAL AND											250	400
PO BOX 9120, RANCHO SANTA						747	_	ADMINISTRATI	VE SERVI		356	<u>,499.</u>
RANDAZZA LEGAL GROUP, PLI BLVD, SUITE 100, LAS VEGA	-			AT1		<u> </u>		LEGAL AND ADMINISTRATI	VE SERVI		<u>259</u>	,687.
PRAETORIAN PUBLIC RELATIC STREET, STE. 310, WALNUT	-					A		PUBLIC RELAT	IONS		<u>15</u> 9	,823.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	ncluding but no					e list	ed	above) who received mo	ore than			

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					FO	R AMERICA	AN LIBERTY		83-0727	789 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a resp	onse	or note to any lin				
							(A) Tatal management	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ς Ω	1	а	Federated campaigns	1a						
ant		b		1b						
ဇ်နို			Fundraising events							
,È,										
ia i		d	Related organizations							
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr							
e tio		f	All other contributions, gifts,			C1 4 1 2 C				
ĕ₹			similar amounts not included		0,	<u>614,136.</u> 107,275.				
d tr		-	Noncash contributions included in							
<u>0</u> E		h	Total. Add lines 1a-1f				6,614,136.			
						Business Code				
ė	2	а								
, vic		b								
Ser		с								
Ē		d								
Program Service Revenue		e								
S		-	All other program service							
_										
		g	Total. Add lines 2a-2f							
	3		Investment income (includ				140.			140.
	_						140.			140.
	4		Income from investment of		•					
	5		Royalties							
				(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss))						
	7	а	Gross amount from sales of	(i) Secur	ities	(ii) Other				
			assets other than inventory	7a 112,2	86.					
		b	Less: cost or other basis							
Ō		-	and sales expenses	7ь103,8	44.					
evenue		~	Gain or (loss)		$\frac{1}{42}$					
							8,442.			8,442.
Other R			Net gain or (loss) Gross income from fundraising		····		0,4420			0,4420
the	ð	а								
0				of						
			contributions reported on	,						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin	-						
			Part IV, line 19		9a					
		b	Less: direct expenses							
			Net income or (loss) from							
			Gross sales of inventory, I							
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from							
		č			<i></i>	Business Code				
sn	44	~	MISCELLANEOUS	TNCOME		900099	19,139.	19,139.		
ne o							<u> </u>	<u> </u>		
Miscellaneous Revenue		b								
Sev .		C								
Mis			All other revenue				10 100			
_		е	Total. Add lines 11a-11d				19,139.	10.100		
	12		Total revenue. See instruction	ons			6,641,857.	19,139.	0.	8,582.
33200	9 12-	21-	23							Form 990 (2023)

THE CENTER FOR AMERICAN LIBERTY Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiele column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	764 520	669 070	15 072	10 605
-	trustees, and key employees	764,538.	668,970.	45,873.	49,695.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	556,071.	486,562.	33,364.	26 145
7	Other salaries and wages		400,502.	55,504.	36,145.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
10 11	Payroll taxes				
	Management Legal	1,820,490.	1,820,490.		
	Accounting	55,219.	1,020,1900	55,219.	
	Lobbying	00,2291			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
5	column (A), amount, list line 11g expenses on Sch O.)	1,748,607.	1,240,094.	218,839.	289,674.
12	Advertising and promotion				
13	Office expenses	3,842.	3,266.	384.	192.
14	Information technology				
15	Royalties				
16	Occupancy	23,945.	20,353.	2,395.	<u>1,197.</u> 9,895.
17	Travel	439,867.	398,698.	31,274.	9,895.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,100.	1 500	4,100.	0.0
23		1,869.	1,589.	187.	93.
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	POSTAGE	929,029.	4,637.	464.	923,928.
b	PRINTING	466,170.	4,540.	0.	461,630.
с	MISCELLANEOUS	95,970.	81,582.	9,596.	4,792.
d	DUES AND SUBSCRIPTIONS	44,869.	44,869.	0.	0.
е	All other expenses	41,717.	35,450.	4,171.	2,096.
25	Total functional expenses. Add lines 1 through 24e	6,996,303.	4,811,100.	405,866.	1,779,337.
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)				

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Form 990 (2023)

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THE CENTER FOR AMERICAN LIBE	RTY
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Pa	rt 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	1,593,592.	1	1,118,749
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	10 633	9	151,036
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	11,046.	11	0
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	11,958.	14	7,858
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,635,229.	16	1,277,643
	17	Accounts payable and accrued expenses	270,779.	17	272,450
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		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	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	272,450
		Organizations that follow FASB ASC 958, check here X			
Sec		and complete lines 27, 28, 32, and 33.	4 9 6 4 4 5 9		
ılan	27	Net assets without donor restrictions		27	1,005,193
Ba	28	Net assets with donor restrictions		28	
oun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	1,364,450.	32	1,005,193
	33	Total liabilities and net assets/fund balances	1,635,229.	33	1,277,643

Form 990 (2023)

Part X Balance Sheet

Form	990	(;	2023)

Form	990 (2023) THE CENTER FOR AMERICAN LIBERTY	83-0)727789	Pa	_{ge} 12
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	6,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,99	6,3	03.
3	Revenue less expenses. Subtract line 2 from line 1	3	-35		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,36	4,4	50.
5	Net unrealized gains (losses) on investments	5	-	4,8	11.
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	1,00	5,1	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
				000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	he organization						Employer	identification number			
				AMERICAN LIE					3-0727789			
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)							
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).					
7 [X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	oublic described in			
,		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe			-							
9		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
г		university:										
10 [An organization that normal										
		activities related to its exem		-					-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.			
г		See section 509(a)(2). (Cor										
11		An organization organized a	-		•							
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	ourposes of one or			
		more publicly supported org	-						heck the box on			
		lines 12a through 12d that o	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, su	upervised, or controlled I	by its supp	ported orga	anization(s), ty	/pically by g	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manaç	ge the supp	orted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)			
		that is not functionally inter-	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and	an attentiv	eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or		nally integrated supportir	ng organiz	ation.						
		r the number of supported o	•									
g		ide the following information			(iv) Is the orac	inization listed			(mi) A maximum of others			
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No		1311 40110113)				
Total												

THE CENTER FOR AMERICAN LIBERTY

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	693,582.	2475773.	3770889.	4279906.	6614136.	17834286.
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	693,582.	2475773.	3770889.	4279906.	6614136.	17834286.
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)						1960934.
6	Public support. Subtract line 5 from line 4.						15873352.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	693,582.	2475773.	3770889.	4279906.	6614136.	17834286.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					140.	140.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			1,938.	3,417.	19,139.	24,494.
11	Total support. Add lines 7 through 10						17858920.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	203,130.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I					14	88.88 %
	Public support percentage from 2022					15	%
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

THE CENTER FOR AMERICAN LIBERTY 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.)

Section A. Public Support			•	_		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organ	ization,
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and l	ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiza	tion	
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
332023 12-21-23					Sched	lule A (Form 990) 2023

THE CENTER FOR AMERICAN LIBERTY

1

2

Yes No

Part IV Supporting Organizations

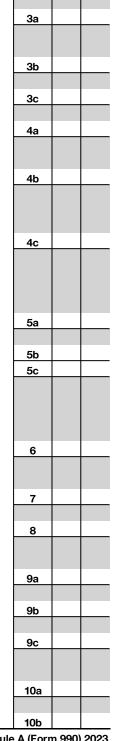
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? // "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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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.)

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Schedule A (Form 990) 2023

THE CENTER FOR AMERICAN LIBERTY Schedule A (Form 990) 2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion 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)

110 501		
Section D	All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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	d that the organization use	ed to satisfy the Integral Par	t Test during the vear	(see instructions).
•	Check the DOX heat to the method	, inal ine organization use			1000 11104 404

] The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

c 🗌] The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
-----	--	---	-------------------------	-----------------	---------------------	-----------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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Schedule A (For	m 990) 2023
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Schedule A	(Form 990)) 2023	THE	CENTER	FOR	AMERICAN	LIBERTY	
Part V	Type III	Non-	Functionally	Integrated	509(a)	(3) Supporting	o Organizations	5

1	Check here if the organization satisfied the Integral Part Test as a qualifyir		lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.				
Sect	tion 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	tion 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	tion 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					

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

Schedule A (Form 990) 2023

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d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	8	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				

THE CENTER FOR AMERICAN LIBERTY

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1

Current Year

Part V	Type III	Non-Functio	nally I	ntegrated	509(a)	(3) Supporting	Organizations	(continued)
Schedule A (F	orm 990)	2023	THE	CENTER	FOR	AMERICAN	LTREKLI	

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

chedule A (Form 990) 2023		CENTER							83-072	7789 _{Pag}
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	l, 2, 3b, 3c lines 2 an	, 4b, 4c, 5a, d 3; Part IV,∛	6, 9a, 9t Section I	o, 9c, 11a, E, lines 1c	11b, an , 2a, 2b,	d 11c; Par 3a, and 3l	t IV, Section I o; Part V, line	3, lines 1 a 1; Part V,	nd 2; Part IV Section B, lir	, Section C, ie 1e; Part V,
	(See Instructions.)										

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Schedule B (Form 990)

. .

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

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83-0727789

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Employer identification number

83-0727789

THE CENTER FOR AMERICAN LIBERTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$542,468.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 12-2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Employer identification number

83-0727789

THE CENTER FOR AMERICAN LIBERTY

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 42,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 13,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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Employer identification number

THE CENTER FOR AMERICAN LIBERTY

83-0727789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 323452 12-26-		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Employer identification number

THE CENTER FOR AMERICAN LIBERTY

nployer identification name

83-0727789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>5,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24 323452 12-26	-23	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

83-0727789

THE CENTER FOR AMERICAN LIBERTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(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 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 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
		 \$	
3453 12-26-	-23	*	Schedule B (Form 990) (202

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323453 12-26-23

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Schedule B (Form 990) (2023) Name of organization

THE CENTER FOR AMERICAN LIBERTY

Page 3

Employer identification number

83-0727789

	B (Form 990) (2023)				Page •			
Name of o	organization			Employer identification	number			
THE C	ENTER FOR AMERICAN LIBE	RTY		83-0727789				
Part III		ons to organizations described	in section 501(c)	(7), (8), or (10) that total more than \$1,000 for	the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	0 or less for the ye	ar. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	1			
			_					
			-					
		(e) Transfer o	f gift					
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee				
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	ł			
<u> </u>								
			-					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	ł			
			-					
			-					
	(e) Transfer of gift							
	Turneferre la nome o debuce o		Dala					
·	Transferee's name, address, a		neia	tionship of transferor to transferee				
(a) No. from								
Trom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	1			
			-					
			-					
		(e) Transfer o	f gift					
	Transferee's name, address, a	nd 7I P + 4	Rela	tionship of transferor to transferee				
			1.614					
323454 12-26	l 6-23			Schedule B (Form	990) (2023)			

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SCHEDULE D

(Form	990)
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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

Department of the Treasury Internal Revenue Service

Nam	e of the organization THE CENTER FOR AMEF	TCAN LIBERTY	Em	ployer identification number 83-0727789
Pa				
1 0	organizations maintaining Donor Advised			Complete il trie
		(a) Donor advised funds	(b) Eur	nds and other accounts
		(a) Donor advised funds	(b) Fui	
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 w	-		
	are the organization's property, subject to the organization's e	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring	
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically	important land area
	Protection of natural habitat	Preservation of	a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic stru	icture included on line 2a	2c	
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register	-	2d	
3	Number of conservation easements modified, transferred, rele			during the tax
	year		U	5
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			ements during the year
				6 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easemen	ts during the year
		,		······································
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)	(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,		Yes No
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		nd halance s	heet works
14	of art, historical treasures, or other similar assets held for pub	, ,		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			works of
U U	art, historical treasures, or other similar assets held for public			
		compliant, equation, or research in luftin	crance of pu	
	provide the following amounts relating to these items.			¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
~				\$
2	If the organization received or held works of art, historical trea		gain, provide	9
	the following amounts required to be reported under FASB AS	-		٨
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

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Schedule D (Form 990) 2023

Sche		TER FOR AM						83-07			age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, or	Other :	Similaı	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	any of the	following that n	nake sigi	nificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition		d 🗌	Loan or exc	hange program	า					
b	Scholarly research	•	e 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explai	n how th	ney further th	ne organization	's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or other	similar a	ssets		_		_
	to be sold to raise funds rather than to be ma				llection?				Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organization	n answered "Ye	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	ns or other asse	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo						?	L	Yes		No
-	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	t V Endowment Funds Complete if						1) Three	aara baak	(-) [haali
		(a) Current year	(d)	Prior year	(c) Two years			vears back	(e) Four	years	DACK
1a	Beginning of year balance				113,	468.		04,380.		104	200
b	Contributions							12,477.		104,	380.
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				113,	468.		3,389.			
f	Administrative expenses										
g	End of year balance						1	13,468.		104,	380.
2	Provide the estimated percentage of the curr	-		g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
-	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held ar	nd administered	d for the			ſ	Yes	No
	organization by:									res	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment 1	unds.							
1 41	Complete if the organization answered		0 Part IV	/ line 11a S	See Form 990	Part X lir	ne 10				
		(a) Cost or (,				cumulate		(d) Dee	le volu	
	Description of property	basis (invest		• •	t or other (other)		eciation		(d) Boo	r valu	e
19	Land			24010		aopi					
b	Land										
	Buildings Leasehold improvements										
d											
	Equipment										
	Other		V line 4	An active	(D))						0.
TULA	. Add lines 1a through 1e. (Column (d) must e	<u>qual Forni 990, Part</u>	<u>∧, iine I</u>	uc, column	<u>(D))</u>			Schedule	D (Form	900	
								Jonedule		. 550)	2020

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

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 THE CENTER FOR AMERICAN LIBERTY

Part VII Investments - Other Securities

	edule D (Form 990) 2023 THE CENTER FOR AMERICAN L				0727789 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,637,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2 a	-4,811.	·	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-4,811.
3	Subtract line 2e from line 1			3	6,641,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
С					
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> .)			5	6,641,857.
5					<u>6,641,857.</u> n
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> .)	ments With			n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ments With ^{2a.}	Expenses per		6,641,857. n 6,996,303.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With ^{2a.}	Expenses per	Retur	n
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ments With 2a.	Expenses per	Retur	n
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a. 2a	Expenses per	Retur	n
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b	Expenses per	Retur	n
5 Pai 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b 2c	Expenses per	Retur	n
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c 2d	Expenses per	Retur	n <u>6,996,303.</u> 0.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2c 2d	Expenses per		n 6,996,303.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d	Expenses per	1 2e	n <u>6,996,303.</u> 0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	Expenses per	1 2e	n <u>6,996,303.</u> 0.
5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per	1 2e	n <u>6,996,303.</u> 0.
5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 4a 4b 4b	Expenses per	1 2e	n <u>6,996,303.</u> <u>0.</u> <u>6,996,303.</u> 0.
5 Par 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 4a 4b 4b	Expenses per	Return	n <u>6,996,303.</u> 0.

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.

PART V, LINE 4:

THE CENTER'S ENDOWMENT FUNDS CONSISTS OF FUNDS PROVIDED BY VARIOUS

FOUNDATION GRANTORS AND DONORS FOR RESTRICTED PURPOSES.

PART X, LINE 2:

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS

REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX

POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE

SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX

POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

34

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THIS GUIDANCE.

332054 09-28-23

Schedule D	
Part XIII	Sunnler

	A I I I B /B //B /B //B //B /B /////////////
332055 09-28-23	Schedule D (Form 990) 2023

13041112 783690 200038.001

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensato Employees. Completed Employees. Complexes. Complexe. Comple	SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
Complete if the organization answer? Yee' on Form 980, Part IV, line 23. Attach to Form 980. Attach to Form 980. Complete if the organization and the latest information. Complete if the organization THE CENTER FOR AMERICAN LIBERTY Solution Solution THE CENTER FOR AMERICAN LIBERTY Solution Solution The CENTER FOR AMERICAN LIBERTY Solution Solution The Center fravel The organization provided any often following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any often delowing to or for a person listed one Form 900, Part VII, Section A, line 1a. Complete Part III to provide any often delowing to or for a person listed one Form 900, Part VII, Section A, line 1a. Solution Tax indemnification and gross-up payments Health or social club dues or initiation fees Decretionary spending account Payments for business used personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Decretionary spending account Personal services (such as mad. chauffeur, chef) Solution complete statistication provide advertification form 900 Part VII, Section Part III despine CEO/Executive Director, Regarding the items checked on line 1a? CEO/Executive Director, Regarding the items checked on line 1a? Solution compensation committee Solution or a neited organization CEO/Executive Director, Regarding the person and the parameter or analytic organization to establish compensation of the oflowing the organization used to set ond procompensation committee Solution or a neited organization Ceopersons listed on form 9	(Fo	rm 990)	-	ľ	20	n n	
Inspection Attach to Form 990. Open to Pablic Name of the organization Employer identification number Employer identification number Name of the organization THE CENTER FOR AMERICAN LIBERTY Employer identification number 1 Check the appropriate boxies if the organization provided any of the following to of the a person listed on Form 990. Image: Ima			Compensated Employees		ZU	Ľ٦)
International services Octowww.irs.gov/Form990 for instructions and the latest information. Imspection THE CENTER FOR AMERICAN LIBERTY 83-0727789 Part II Cuestions Regarding Compensation Yes No Ia Check the appropriate box(es) if the organization provided any relevant information regarding these items. First class or charter travel Housiness use of personal use Travel for companions Payments for business use of personal use Payments for business use of personal residence If any of the boxes on line 1a conclusion and gross-up payments Heat No social club dues or initiation fees Payments for business use of personal residence If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rainbursement or provision of all of the expenses described above? If "No," complete Part II to explain 10 Ib discretionary spending account Decomparation or equire substantation prof to entibursing or allowing expenses incurred by all directors, trustess, and differs, including the CEO/Executive Director, capating the tess checked on line 1a? 2 X Indicate which, if any, of the following the organization aurey or study Compensation of the CO/Executive Director, payment to the approxement bor as appointent to the approxement bor as appointent and the bacard or complemastion ononultate Written employment contract<	Dopor	tmont of the Treesury			Open to	Publ	ic
THE CENTER FOR AMERICAN LIBERTY 83-0727789 Part I Questions Regarding Compensation Image: Compensation of the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Inte 12, complete Part III to provide any relevant information regarding these terms. Yes No Part UI, Section A, Inte 12, complete Part III to provide any relevant information regarding these terms. Prave for companions Payments for bueiness use of personal residence Payments for bueiness use of personal residence Part UI, Section A, Inte 12, complete Part III to provide any relevant information regarding payment or reinducement or provision of all of the expenses described above PI TNA: complete Part III to explain Difference Payments (Payment or Payments for bueiness) use of personal residence 2 X 2 Did the organization regulte substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, to back pill in the compensation of the organization to establish the compensation of the organization to establish compensation committee Did the appendent compensation consultant Compensation survey or study B 3 Indicate which, if any, of the following the organization used to establish the compensation committee Wittig employment contract B 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization and provide any co					Inspe	ction	
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Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Pract VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Pract VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Pract VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Pract VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Pract VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the resonal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If YNo, 'complete Part III to explain 1b 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish organization sector you related organization to establish compensation committee Write memployment contract 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation organization to establish or receive payment from a supplemental monqualified retirement plan? 4a X 4 During the year, cid any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation com				83-0	072778	9	
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establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X d Unity estimation 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X f* Yes* on line 5a or 5b, describe in Part III. 6a X 6a X 6b X b Any related organization? 6a X f* Yes* on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 9	3	,					
Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6a X Dary section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X b Any related organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 5a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the returnes of: 5a X a The organization? 5a X 6b X b Any related organization? 6a X 6b X				on to			
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Image: Section 2.1 Image: Section 2.1 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in or receive payment or change-of-control payment? 4a X 4 Description of a related organization: 4a X 4 Cartering and the payment of the payment from a supplemental nonqualified retirement plan? 4a X 4 Description or receive payment from a supplemental nonqualified retirement plan? 4a X 4 Cartering and the payment from a supplemental nonqualified retirement plan? 4a X 4 Cartering and the payment from an equity-based compensation arrangement? 4a X 4 Cartering and the payment from an equity-based compensation arrangement? 4c X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X 6 X 5b X		Compensatior					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5a X f "Yes" on line 5a or 5b, describe in Part III. 6b X f "Yes" on line 5a or 6b, describe in Part III. 6a X f "Yes" on line 5a or 6b, describe in Part III. 6b X f "Yes" on line 5a or 6b, describe in Part III. 7 X f "Yes" on line 5a or 60, describe in Part III. 7 X <		·					
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a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 6b X b Any related organization? 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X b Any related organization? 6a X 6b X 6b X<	4						
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c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X f "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6a X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes"							
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: Constraint of the image: Constrai		-					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	С	-			<u>4c</u>		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		I res to any or in	les 4a·c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		Only section 501/c	V(3) 501(c)(4) and 501(c)(29) organizations must complete lines 5-9				
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a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	0						
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	•			5a		X
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Any related organiz	ation?		<u>5</u>		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~						
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	•			6a		X
If "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	7		•	5			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 					7		Х
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					8		X
Regulations section 53.4958-6(c)? 9	9						
	_			<u></u>	9		
	For					n 990)	2023

LHA 332111 11-06-23

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) HARMEET DHILLON	(i)	250,000.	0.	0.	0.	0.	250,000.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARK TRAMMELL	(i)	225,000.	29,246.	0.	4,375.	16,500.	275,121.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JOSHUA DIXON	(i)	210,417.	25,000.	0.	4,000.	0.	239,417.	0.	
SENIOR LITIGATON COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ERIC SELL	(i)	128,125.	17,563.	0.	2,660.	5,197.		0.	
SHILLMAN LEGAL FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE	L
(Form 990)	

Department of the Treasury

Internal Revenue Service

Part I

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

NO.	1545-	0047	

Open to Public Inspection

Name of the organization

THE CENTER FOR AMERICAN LIBERTY

Employer identification number

83-0727789

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?		
	(a) Name of disqualified person	Yes	No			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			
	section 4958			\$		
3	Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organiza	tion	\$		

Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X. line 5. 6. or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Loan to or from the organization?		from the		from the		(e) Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No				
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
Total					\$											

Grants or Assistance Benefiting Interested Persons Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

Schedule L	(Form 990) 20	023	THE	CENTER	FOR	AMERICAN	LIBERTY
Part IV	Business	S Transactio	ons Inv	olvina Inte	rested	Persons	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's iues?
				Yes	No
(1)THE DHILLON LAW GROUP	A LAW FIRM UTILIZED	559,347.	THE CEO AND		X
(2) ELECTION CFO, LLC	A CONSULTING FIRM U	42,000.	THE CENTER		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Dart V Supplemental Information					

Part v 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: THE DHILLON LAW GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A LAW FIRM UTILIZED BY THE CENTER FOR PROGRAMMATIC ACTIVITY

(D) DESCRIPTION OF TRANSACTION: THE CEO AND OFFICER OF CFAL IS A

SHAREHOLDER IN ONE OF THE COMPANIES THAT PROVIDES PROGRAMMATIC LEGAL

SERVICES FOR CFAL.

(A) NAME OF PERSON: ELECTION CFO, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A CONSULTING FIRM UTILIZED BY THE CENTER FOR FINANCIAL REPORTING.

(D) DESCRIPTION OF TRANSACTION: THE CENTER ENGAGES ELECTION CFO, LLC TO

PROVIDE FINANCIAL MANAGEMENT SERVICES. CHRIS MARSTON, WHO SERVES AS THE

CENTER'S TREASURER, IS AN EMPLOYEE OF ELECTION CFO, LLC. HE RECEIVED

COMPENSATION FROM ELECTION CFO, LLC FOR SERVICES PROVIDED TO THE CENTER.

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE	ΞM
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 2023

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

THE CENTER FOR AMERICAN LIBERTY

Employer identification number
83-0727789

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	107,275.	FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
					ſ		Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used f	or			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	THE CENT	ER FOR	AMERICAN	LIBERTY		83-0727789	Page 2
Part II	Supplemental is reporting in Par this part for any a	I Information. t I, column (b), the	Provide the number of c	information requi	red by Part I, line number of items	s 30b, 32b, and 33, received, or a comb	and whether the organiza of the organiza of both. Also com	tion olete
332142 09-11-2	23						Schedule M (Form	990) 2023
				42				

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SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE CENTER FOR AMERICAN LIBERTY

Employer identification number 83-0727789

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTRY. BY LEVERAGING ITS NATIONWIDE NETWORK OF LITIGATORS, THE CENTER

FOR AMERICAN LIBERTY ZEALOUSLY ADVOCATES ON BEHALF OF INDIVIDUALS WHOSE

FIRST AMENDMENT RIGHTS HAVE BEEN CENSORED AND WHO ARE VICTIMS OF

ILLEGAL DISCRIMINATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEEN CENSORED AND WHO ARE VICTIMS OF ILLEGAL DISCRIMINATION.

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

ONCE FORM 990 IS PREPARED IT IS REVIEWED BY THE PRESIDENT AND OUTSOURCED

ACCOUNTANT, THE FORM 990 PREPARER WILL CLARIFY ANY QUESTIONS AND ISSUES

BEFORE THE FORM IS MADE AVAILABLE TO THE BOARD FOR REVIEW.

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY KNOWN CONFLICTS OF INTEREST AND

SIGN AN INDIVIDUAL COPY OF THE POLICY ON A YEARLY BASIS. THE SIGNED

POLICIES ARE KEPT ON FILE WITHIN THE ORGANIZATION.

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

THE BOARD OF DIRECTORS WILL REVIEW INDEPENDENT, COMPARABLE SALARY DATA FROM LIKE SIZED NOT-FOR-PROFIT ORGANIZATIONS WITHIN THE ORGANIZATION'S AREA AND APPROVE CHANGES TO COMPENSATION FOR THE TOP MANAGING EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

 THE
 ORGANIZATION'S
 GOVERNING
 DOCUMENTS
 CONFLICT
 OF
 INTEREST
 POLICY
 AND

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization THE CENTER FOR AMERICAN LIBERTY	Page 2 Employer identification number 83-0727789
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT:	
PROGRAM SERVICE EXPENSES	1,240,094.
MANAGEMENT AND GENERAL EXPENSES	218,839.
FUNDRAISING EXPENSES	289,674.
TOTAL EXPENSES	1,748,607.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,748,607.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE	INDEPENDENT
AUDIT AND SELECTION OF INDEPENDENT AUDITORS.	

332212 11-14-23