|            | ٠                     | ł                  | Short Form   |                       |               | 1        | OMB No. 15             | 345-1150     |
|------------|-----------------------|--------------------|--|-----------------------|---------------|----------|------------------------|--------------|
| -          | QQ                    | O-EZ               | Return of Organization Exempt Fro  | om Income             | Tax           |          |                        |              |
| Fom        |                       |                    | Under section 501(c), 527, or 4947(a)(1) of the Interna<br>(except black lung benefit trust or private for   |                       |               |          | 20                     | 12           |
|            |                       |                    | <ul> <li>Sponsoring organizations of donor advised funds, organizations that or<br/>and certain controlling organizations as defined in section 512(b)(13) m</li> </ul>  | perate one or more    |               |          | Open to                | Public       |
| Dena       | artment o             | f the Treasury     | All other organizations with gross receipts less than \$200,000 and<br>at the end of the year may use this for   | total assets less tha |               |          | Inspec                 |              |
| Inter      | nal Reve              | nue Service        | The organization may have to use a copy of this return to satisfy  |                       | uirements.    | _        |                        |              |
| _          |                       | 1                  |  | 2012, and ending      |               | embe     |                        | 20           |
| <b>—</b>   | heck if ap            | •                  | C Name of organization   |                       | D Empl        | oyer ic  | lentification nu       | mber         |
| <u> </u>   | Address c<br>Name cha | -                  | George Mason Environmental Law Clinic aka Free Market Environ<br>Number and street (or P O box, if mail is not delivered to street address)                              | onmentl Law Clin      |               |          | 5-1602963              |              |
|            | nitial retu           | -                  |  | Roomsuite             | E Telep       |          |                        |              |
| Ц ı        | Ferminate             | d                  | 9033 Brook Ford Rd<br>City or town, state or country, and ZIP + 4  |                       | E Grou        |          | 71-243-7975<br>emption |              |
| —          | Amended<br>Apolicatio | retum<br>n pending | Burke, VA 22015-3614   |                       |               | iber i   | •                      |              |
| <u> </u>   |                       | ang Method:        | ☐ Cash ☐ Accrual Other (specify) ►   | 1                     |               |          | If the organiza        | ation is not |
|            | Vebsit                |                    | fmelawclinic.org/  | [`                    |               |          | tach Schedule          |              |
| J Ta       | ax-exen               | npt status (che    | ck only one) – 🔽 501(c)(3) 📋 501(c) ( ) ◀ (insert no.) 🗋 4947(a  | a)(1) or 📋 527        | (Form 99      | 90, 99   | 0-EZ, or 990-          | PF).         |
|            | Check 🕨               |                    | organization is not a section 509(a)(3) supporting organization or a se  | •                     |               |          | •                      |              |
|            |                       |                    | 0. A Form 990-EZ or Form 990 return is not required though Form 99   | 90-N (e-postcard) r   | nay be req    | uired    | (see instructio        | ons). But if |
|            | -                     |                    | ses to file a return, be sure to file a complete return.   |                       |               |          |                        |              |
|            |                       |                    | <ul> <li>b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or</li> <li>w) are \$500,000 or more, file Form 990 instead of Form 990-EZ</li> </ul> | more, or if total ass | ets (Part II, |          |                        |              |
| _          | art I                 |                    | e, Expenses, and Changes in Net Assets or Fund Ba  | alances (see th       | e instruc     | tions    | s for Part I)          |              |
|            |                       |                    | the organization used Schedule O to respond to any que   |                       |               |          |                        |              |
|            | 1                     |                    | ins, gifts, grants, and similar amounts received   |                       |               | 1        |                        | \$172,888    |
|            | 2                     |                    | ervice revenue including government fees and contracts   |                       |               | 2        |                        | 0            |
|            | 3                     | Membersh           | p dues and assessments   |                       |               | 3        |                        | 0            |
|            | 4                     | Investment         |  |                       |               | 4        |                        | 0            |
|            | 5a                    | Gross amo          | unt from sale of assets other than inventory   | 5a                    | o             |          |                        |              |
|            | Ь                     |                    | or other basis and sales expenses  | 5b                    | 0             |          |                        |              |
|            | C                     |                    | ss) from sale of assets other than inventory (Subtract line 5b t   | from line 5a)         |               | <u>5</u> |                        | <u>0</u>     |
|            | 6                     | -                  | d fundraising events<br>ome from gaming (attach Schedule G if greater than   |                       |               | KE       | CEIVEL                 | )            |
| ē          | а                     |                    |  | 6a                    | 20            |          |                        | <u> </u>     |
| Revenue    | ь                     |                    | me from fundraising events (not including \$   | of contributio        |               | MA`      | 1 5 2013               | RS-OS(       |
| šev        |                       |                    | aising events reported on line 1) (attach Schedule G if the  |                       |               |          |                        |              |
|            |                       |                    | h gross income and contributions exceeds \$15,000) .   | 6b                    | 0             | 201      | DENI II                |              |
|            | c                     | Less: direc        | t expenses from gaming and fundraising events  | 6c                    | Ĺ Ó           | 101      | DEN, U                 |              |
|            | d                     |                    | e or (loss) from gaming and fundraising events (add lines 6  |                       |               |          |                        |              |
|            | _                     | line 6c) .         | · · · · · · · · · · · · · · · · · · ·  |                       |               | 6d       |                        | 0            |
|            | 7a                    |                    | •  | 7a                    | 0             |          |                        |              |
|            | b<br>c                |                    | of goods sold  | <b>7</b> b            | 0             | 70       |                        |              |
|            | 8                     |                    | nue (describe in Schedule O)   |                       |               | 7c<br>8  |                        | <u> </u>     |
|            | 9                     | Total reve         | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |                       |               | 9        |                        | \$172,888    |
|            | 10                    |                    | similar amounts paid (list in Schedule O)  |                       |               | 10       | <u> </u>               | 0            |
|            | 11                    | Benefits pa        | id to or for members   |                       |               | 11       |                        | 0            |
| es         | 12                    | Salaries, of       | her compensation, and employee benefits  |                       | [             | 12       |                        | 0            |
| Expenses   | 13                    |                    | al fees and other payments to independent contractors  |                       | 1             | 13       |                        | \$130,854    |
| ž          | 14                    |                    | y, rent, utilities, and maintenance  |                       |               | 14       |                        | \$1,383      |
| ш          | 15                    |                    | ublications, postage, and shipping   |                       |               | 15       |                        | \$1,297      |
|            | 16                    |                    | nses (describe in Schedule O)  |                       |               | 16       |                        | \$7,788      |
|            | 17<br>18              |                    | nses. Add lines 10 through 16  |                       |               | 17       |                        | \$141,322    |
| Net Assets | 19                    |                    | or fund balances at beginning of year (from line 27, colum   |                       |               | 10       |                        | \$31,566     |
| Ass        |                       |                    | r figure reported on prior year's return)  |                       |               | 19       |                        | \$11,903     |
| et /       | 20                    |                    | ges in net assets or fund balances (explain in Schedule O) .   |                       |               | 20       |                        | \$35,000     |
| Ž          | 21                    |                    | or fund balances at end of year. Combine lines 18 through 2  |                       |               | 21       | i                      | \$78,469     |
| For        | Paper                 |                    | ion Act Notice, see the separate instructions.   |                       |               |          | Form 990-              | EZ (2012)    |

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| Form 99   | 10-EZ (2012)  |   |   |   |                                    | Page   |  |
|---|---|---|---|---|------------------------------------|--|--|
| Part  | II Balance Sheets (see the instructions   | for Part II)  | · ·   |   | _                                  |  |  |
|   | Check if the organization used Schedule   | e O to respond to a   | ny question in this   |   |                                    |  |  |
| 22  | Cash, savings, and investments  |   |   | (A) Beginning of year   |                                    | (B) End of year  |  |
| 23  | Land and buildings  |   |   | \$11,903  | 23                                 | \$43,46  |  |
| 24  | Other assets (describe in Schedule O)   |   |   |   | 24                                 | \$35,00  |  |
| 25  | Total assets  |   | [   | \$11,903  |                                    | \$78,46  |  |
| 26  |   | · · · · · · ·   |   |   | 26                                 |  |  |
| 27<br>Part  | Net assets or fund balances (line 27 of column<br>Statement of Program Service Accom  |   | -   | \$11,903  | 27                                 | \$78,46  |  |
| rait  | Check if the organization used Schedule   | • •   |   |   | 0                                  | Expenses   |  |
| What I  | s the organization's primary exempt purpose?  | Charitable law clinic   | · · ·   |   | 501(                               | uired for section<br>(c)(3) and 501(c)(4)                    |  |
| as me   | be the organization's program service accompli-<br>be asured by expenses. In a clear and concise many benefited, and other relevant information for each  | nanner, describe the  |   |   | 4947                               | nizations and section<br>7(a)(1) trusts, optional<br>thers ) |  |
|   | itigation, Serving clients unable to otherwise prote<br>aw students litigation experience. See Schedule O f   |   |   | , providing   |                                    |  |  |
| 7   |   |   |   |   |                                    |  |  |
| <u> </u>  | Grants \$ \$115,000) If this amount<br>egal Research Publications: Major academic public  |   |   | <u> ▶ []</u>  | 28a                                | \$97,16  |  |
|   | Protecting Federalism and State Sovereignty." In a<br>itigation consisting of 14 90 minute lectures<br>Grants \$\$\$35,000) If this amount  | addition, preparation   | of a full 3 credit cou  | se on federalism  | 29a                                | \$35,69  |  |
| <u>.</u>  | Student training and course lecturing, Fourteen 90 n  |   |   |   | 294                                | \$35,69  |  |
| S   | School of Law; John Locke lecture on Wind energy a<br>SPN Energy session Convener 6 hour (full day) sess<br>Grants \$\$\$0.00) If this amount   | and the law (public m<br>ion as moderator and                     | eeting, 150 attendee<br>I presentor (40 parti   | s);<br>cipants)   | 30a                                | \$60   |  |
| <u> </u>  | Other program services (describe in Schedule O)   |   |   | · · · · · ·   |                                    |  |  |
|   | Grants \$ \$0) If this amount   | includes foreign gra  | ants, check here  | · · · ► 🗋 _   | 31a                                | \$   |  |
| 32 T<br>Part  | Iteration         Iteration <thiteration< th="">         Iteration         <thiteration< th="">         Iteration         <th "100000000000000000000000000000000000<="" =="" td=""><td></td><td></td><td></td><td>32</td><td></td></th></thiteration<></thiteration<> | <td></td> <td></td> <td></td> <td>32</td> <td></td>               |   |   |                                    | 32   |  |
| Fall  | Check if the organization used Schedule   |   | n one even il not con   |   |                                    |  |  |
|   |   | e O to respond to a   | ny question in this   | • •   | struct                             | tions for Part IV)   |  |
|   | (a) Name and title  | (b) Average<br>hours per week<br>devoted to position              | ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and                          | /ee (e)<br>0                       | <u></u>  |  |
| David \   |   | (b) Average<br>hours per week                                     | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC  | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and                          | /ee (e)<br>0                       | Estimated amount o   |  |
|   | (a) Name and title  | (b) Average<br>hours per week                                     | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC  | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensatio  | /ee (e)<br>0                       | Estimated amount o   |  |
| Law Cl<br>Steven  | (a) Name and title<br>W. Schnare<br>linic Director and Board Director   | (b) Average<br>hours per week<br>devoted to position              | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                        | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensatio  | /ee (e)<br>o                       | Estimated amount of ther compensation                        |  |
| Law Cl<br>Steven<br>Board                               | (a) Name and title<br>W. Schnare<br>linic Director and Board Director<br>Gold<br>Director   | (b) Average<br>hours per week<br>devoted to position              | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                        | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | /ee (e)<br>o                       | Estimated amount of ther compensation                        |  |
| Law Cl<br>Steven<br>Board<br>Michae                     | (a) Name and title<br>W. Schnare<br>linic Director and Board Director<br>a Gold<br>Director<br>21 Thompson  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$55,000            | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | /ee (e)<br>on<br>50<br>50          | Estimated amount of ther compensation                        |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board            | (a) Name and title<br>W. Schnare<br>linic Director and Board Director<br>Gold<br>Director   | (b) Average<br>hours per week<br>devoted to position<br>-<br>30   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$55,000            | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | /ee (e)<br>n<br>\$0                | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title<br>W. Schnare<br>linic Director and Board Director<br>a Gold<br>Director<br>2 Thompson<br>Director   | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$55,000            | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | /ee (e)<br>on<br>50<br>50          | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount of<br>other compensation                    |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount o<br>other compensation                     |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount o<br>other compensation                     |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount c<br>other compensation                     |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount o<br>other compensation                     |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount o<br>other compensation                     |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount o   |  |
| Law Cl<br>Steven<br>Board<br>Michae<br>Board<br>Christo | (a) Name and title W. Schnare Inic Director and Board Director Gold Director Thompson Director Opher Homer  | (b) Average<br>hours per week<br>devoted to position<br>30<br>0.2 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)<br>\$555,000<br>\$     | Part IV<br>(d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation | <br>ree (e)<br>n<br>50<br>50<br>50 | Estimated amount o<br>other compensation                     |  |

Form 990-EZ (2012)

| Form 9      | 90-EZ (2012)  |             | 1     | Page       |
|-------------|---|-------------|-------|------------|
| Part        | V Other Information (Note the Schedule A and personal benefit contract statement requirements   | s in th     |       |            |
|             | instructions for Part V) Check if the organization used Schedule O to respond to any question in this   | Part        |       | <u>, [</u> |
| 33          | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a   |             | Yes   | N          |
| ~           | detailed description of each activity in Schedule O   | 33          |       |            |
| 34          | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the                          |             |       |            |
| 250         | change on Schedule O (see instructions)   | 34          |       | <b>v</b>   |
| <b>3</b> 0a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a         |       |            |
| Ь           | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  | 35b         |       |            |
| С           | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                            | 35c         |       |            |
| 36          | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  | 350         |       | ┥          |
|             | during the year? If "Yes," complete applicable parts of Schedule N  | 36          |       |            |
|             | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a 50</b>  | -           |       |            |
| ь<br>38а    | Did the organization file <b>Form 1120-POL</b> for this year?   | 37b         |       | L V        |
| 000         | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a         |       |            |
| b           | If "Yes," complete Schedule L, Part II and enter the total amount involved  |             |       | Γ          |
| 39          | Section 501(c)(7) organizations. Enter:   |             |       |            |
| a<br>b      | Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39b  | -           |       |            |
| 40a         | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   |             |       |            |
|             | section 4911 ▶\$0 ; section 4912 ▶\$0 ; section 4955 ▶\$0   |             |       |            |
| b           | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit   |             |       |            |
|             | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.                                   | 40ь         |       |            |
| с           | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on   | 400         |       | -          |
|             | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |             |       |            |
| d           | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   |             |       |            |
| е           | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 400         |       |            |
| 41          | List the states with which a copy of this return is filed  None   | 40e         | _     |            |
| 42a         |   | 571-24      | 3-797 | 5          |
|             | Located at > 9033 Brook Ford Rd, Burke, VA ZIP + 4 >  | 22015       |       |            |
| b           | At any time during the calendar year, did the organization have an interest in or a signature or other authority over<br>a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b         | Yes   |            |
|             | If "Yes," enter the name of the foreign country:  |             |       | +          |
|             | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |             |       |            |
| -           | and Financial Accounts.   | 100         |       |            |
| С           | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:  | 42c         |       |            |
| 43          | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here   |             |       |            |
|             | and enter the amount of tax-exempt interest received or accrued during the tax year   |             |       |            |
|             | Did the experimentary maintain and dependent funds, during the use O 16 W/ce II Farm 000 much he  | r           | Yes   | N          |
| 448         | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a         |       | ,          |
| b           | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be  |             |       | Ē          |
| с           | completed instead of Form 990-EZ  | 44b<br>44c  |       | +          |
|             | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an   |             |       | +          |
|             | explanation in Schedule O   | 44d         |       |            |
| 45a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>45</b> a |       |            |
| 45b         | 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," Form 990 and Schedule R may need to be completed instead of                         |             |       |            |
|             | Form 990-EZ (see instructions)  | 45b         | 1     | 1          |

Form 990-EZ (2012)

| Form of  |  |   |                                |   |   |                                       |  |                                  |                 |                       |
|--|--|---|--------------------------------|---|---|---------------------------------------|--|----------------------------------|-----------------|-----------------------|
|  | 90-EZ (2012)   |   |                                |   |   |                                       |  |                                  |                 | Page                  |
| 46   | Did the organ  | nization engage, directly   |                                | lirectly in political c   | amnaion activities (  | on behai                              | f of or in opposi  | ition [                          |                 | 'es No                |
|  | to candidates  | s for public office? If "Y  | es," co                        | mplete Schedule C   | , Part I  |                                       | · · · · ·  |                                  | 46              |                       |
| Part   | All sect<br>50 and   | n <b>501(c)(3) organiza</b><br>tion 501(c)(3) organiz<br>51<br>if the organization use  | ations                         | must answer que   |   |                                       |  | ne tabl                          | les for         | lines                 |
|  |  |   |                                |   |   |                                       |  |                                  | 1               | 'es No                |
| 47   |  | nization engage in loba<br>" complete Schedule C  |                                |   | section 501(h) elec   |                                       | -  | tax                              | 47              |                       |
| 48   | •  | ation a school as descri  | -                              |   |   |                                       |  | : }                              | 47              |                       |
| 49a  |  | nization make any trans   |                                |   |   |                                       |  | : †                              | 49a             |                       |
| b  | If "Yes," was  | the related organization  | n a sec                        | tion 527 organization   | on?   |                                       |  | . [                              | 49b             |                       |
| 50   |  | s table for the organiza<br>who each received more  |                                |   |   |                                       |  |                                  |                 |                       |
|  | employees) w   | who each received more  | e than a                       |   | T   |                                       | Health benefits,   | ie, ente                         |                 | ne.                   |
|  |  | d title of each employee<br>ore than \$100,000  |                                | (b) Average<br>hours per week<br>devoted to position                | (c) Reportable<br>compensation<br>(Forms W-2/1099-MIS   | contrib                               | putions to employee<br>plans, and deferred<br>compensation           |                                  |                 | amount of<br>ensation |
| None   |  |   |                                |   |   |                                       |  | -                                |                 |                       |
|  |  |   |                                |   |   |                                       |  | ļ                                |                 |                       |
|  |  |   |                                |   |   |                                       |  |                                  |                 |                       |
|  |  |   |                                |   |   |                                       | · · · · ·  |                                  |                 |                       |
|  |  |   |                                |   |   |                                       |  |                                  |                 |                       |
|  |  |   |                                |   |   |                                       | ······································                               |                                  |                 |                       |
|  |  |   |                                |   |   |                                       |  |                                  |                 |                       |
|  |  |   |                                |   |   |                                       |  | 1                                |                 |                       |
| f  |  |   |                                |   |   |                                       |  | 1                                |                 |                       |
|  | Total number   | r of other employees pa   | aid ove                        | r \$100 000   | <b>0</b>  |                                       |  | L                                |                 | ····-                 |
| 51   |  | r of other employees pa<br>is table for the organiz   |                                |   |   |                                       | actors who eac   | h recei                          | ived n          | nore that             |
|  | Complete thi   | r of other employees pa<br>is table for the organiz<br>compensation from the  | ation's                        | five highest comp   | ensated independe   |                                       | actors who eac   | h rece                           | ived n          | nore that             |
| 51   | Complete thi<br>\$100,000 of   | is table for the organiz  | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe   | nt contra                             |  | h rece                           |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)  | Complete thi<br>\$100,000 of   | is table for the organiz<br>compensation from the   | ation's<br>organ               | five highest comp<br>ization. If there is no                        | ensated independe<br>one, enter "None."   | nt contra                             |  |                                  |                 |                       |
| 51<br>(a)<br>None  | Complete thi<br>\$100,000 of<br>Name and address   | is table for the organiz<br>compensation from the<br>ss of each independent contra  | contrac                        | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s  |                                       |  |                                  |                 |                       |
| 51<br>(a)<br>None  | Complete thi<br>\$100,000 of<br>Name and address   | is table for the organiz<br>compensation from the<br>sof each independent contra-   | contrace                       | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s  | nt contra<br>ervice                   | 947(a)(1)  | e) Compe                         |                 |                       |
| 51<br>(a)<br>None  | Complete thi<br>\$100,000 of<br>Name and address   | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>not other independent of<br>nization complete Schei-<br>charitable trusts must at  | contrac<br>dule A'             | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s  | nt contra<br>ervice<br>.►<br>ns and 4 | 947(a)(1)  | c) Compe                         | Yes             |                       |
| 51<br>(a)<br>None<br>  | Complete thi<br>\$100,000 of<br>Name and address<br>Total number<br>Did the organ<br>nonexempt c   | is table for the organiz<br>compensation from the<br>sof each independent contra-   | contract<br>dule A'<br>ttach a | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>over \$100,000<br>over \$100,000<br>ie A   | nt contra<br>ervice                   | 947(a)(1)  | c) Compe                         | Yes             |                       |
| 51<br>(a)<br>None<br>  | Complete thi<br>\$100,000 of<br>Name and address<br>Total number<br>Did the organ<br>nonexempt c   | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>r of other independent of<br>nization complete Scher<br>charitable trusts must at  | contract<br>dule A'<br>ttach a | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>over \$100,000<br>over \$100,000<br>ie A   | nt contra<br>ervice                   | 947(a)(1)  | c) Compe                         | Yes             |                       |
| 51<br>(a)<br>None<br>52<br>Under p<br>true, co<br>Sign                         | Complete thi<br>\$100,000 of<br>Name and address<br>Name address<br>Name and address<br>Na | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>r of other independent of<br>nization complete Scher<br>charitable trusts must at  | contract<br>dule A'<br>ttach a | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>over \$100,000<br>over \$100,000<br>ie A   | nt contra<br>ervice                   | 947(a)(1)  | c) Compe                         | Yes             |                       |
| 51<br>(a)<br>None<br>52<br>Under p<br>true, co<br>Sign                         | Complete thi<br>\$100,000 of<br>Name and address<br>Name address<br>Na | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>soft each independent contra-<br>rof other independent con-<br>nization complete Scher<br>charitable trusts must at<br>r-declare that I have example<br>to Declaration prenare out<br>mature of oncer<br>id W. Schnare, Director | contract<br>dule A'<br>ttach a | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>over \$100,000<br>over \$100,000<br>ie A   | nt contra<br>ervice                   | 947(a)(1)<br><br>d to the best of my k<br>knowledge                  | c) Compe                         | Yes             |                       |
| 51<br>(a)<br>None  | Complete thi<br>\$100,000 of<br>Name and address<br>Name address<br>Name and address<br>Na | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>r of other independent of<br>nization complete Scher<br>charitable trusts must at<br>checkare that I have exapine<br>te Declaration of premare of<br>nature of officer<br>id W. Schnare, Director<br>or print name and title     | contract<br>dule A'<br>ttach a | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>(c) Typ | nt contra<br>ervice                   | 947(a)(1)<br>to the best of my k<br>knowledge<br>Date<br>5-1         | e) Compe<br>0<br>▶ ☑<br>anowledg | Yes<br>ge and b |                       |
| 51<br>(a)<br>None<br>52<br>Under p<br>true, co<br>Sign<br>Here<br>Paid         | Complete thi<br>\$100,000 of<br>Name and address<br>Name address<br>Na | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>soft each independent contra-<br>rof other independent con-<br>nization complete Scher<br>charitable trusts must at<br>r-declare that I have example<br>to Declaration prenare out<br>mature of oncer<br>id W. Schnare, Director | contract<br>dule A'            | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>(c) Typ | nt contra<br>ervice                   | 947(a)(1)<br>1 to the best of my k<br>knowledge<br>Date 5-1<br>Check | e) Compe                         | Yes             |                       |
| 51<br>(a)<br>None<br>52<br>Under p<br>true, co<br>Sign<br>Here<br>Paid<br>Prep | Complete thi<br>\$100,000 of<br>Name and address<br>Name and address<br>Total number<br>Did the organ<br>nonexempt c<br>venaties of ventory<br>rrect, and complet<br>Davi<br>Type<br>Pnnt/Type   | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>r of other independent of<br>ization complete Scher<br>charitable trusts must at<br>the opclaration of prenare out<br>ature of other<br>ind W. Schnare, Director<br>ior print name and title<br>pe preparer's name               | contract<br>dule A'            | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>(c) Typ | nt contra<br>ervice                   | 947(a)(1)<br>  | e) Compe                         | Yes<br>ge and b |                       |
| 51<br>(a)<br>None<br>52<br>Under p<br>true, co<br>Sign<br>Here<br>Paid         | Complete thi<br>\$100,000 of<br>Name and address<br>Name and address<br>Total number<br>Did the organ<br>nonexempt c<br>venaties of ventory<br>rrect, and complet<br>Davi<br>Type<br>Pnnt/Type   | is table for the organiz<br>compensation from the<br>sof each independent contra-<br>sof each independent contra-<br>r of other independent of<br>ization complete Scher<br>charitable trusts must at<br>the opclaration of prenare out<br>ature of other<br>id W. Schnare, Director<br>or print name and title<br>pe preparer's name<br>ame          | contract<br>dule A'            | five highest comp<br>Ization. If there is no<br>more than \$100,000 | ensated independe<br>one, enter "None."<br>(b) Type of s<br>(b) Type of s<br>(c) Typ | nt contra<br>ervice                   | 947(a)(1)<br>1 to the best of my k<br>knowledge<br>Date 5-1<br>Check | e) Compe                         | Yes<br>ge and b |                       |

Form 990-EZ (2012)

| •  |                                     |  |  |                          |   |                 |                          |                                    |                                     |  |
|--|-------------------------------------|--|--|--------------------------|---|-----------------|--------------------------|------------------------------------|-------------------------------------|--|
| SCHEDULE A<br>(Form 990 or 990-EZ)                     | Pu                                  | blic Charity S   | Charity Status and Public Support  |                          |   |                 |                          | OMB No. 15                         |                                     |  |
| (Form 990 of 990-EZ)                                   |                                     | te if the organization is<br>4947(a)(1) no   | a section  | 501(c)(3)                | organizat   |                 |                          |                                    | 2012<br>Open to Public              |  |
| Department of the Treasury<br>Internal Revenue Service | ► At                                | tach to Form 990 or Fo   | -  |                          |   | nstructio       | ns.                      |                                    | Inspection                          |  |
| Name of the organization                               |                                     | •  |  | E                        | Employer id   | entification    |                          |                                    |                                     |  |
| George Mason Environ                                   | mental Law Clinic                   | aka Free Market Enviro   | onmenti La   | w Clinic                 | <u> </u>  |                 |                          |                                    | 02963                               |  |
|  |                                     | rity Status (All orga  |  |                          |   |                 |                          | nstructio                          | ons.                                |  |
| The organization is no $1 \square A$ church, co        | •                                   | hes, or association of   |  | •                        |   | -               |                          |                                    |                                     |  |
|  |                                     | 170(b)(1)(A)(ii). (Attac   |  |                          |   |                 |                          |                                    |                                     |  |
|  |                                     | spital service organiza  |  |                          | section 1   | 70(b)(1)(       | A)(iii).                 |                                    |                                     |  |
| hospital's na  | me, city, and stat                  | on operated in conjunt<br>e:   |  |                          |   |                 |                          |                                    |                                     |  |
| section 170(   | <b>b)(1)(A)(iv).</b> (Com           |  |  |                          |   |                 |                          | vernment                           | tal unit described in               |  |
| 7 An organizat<br>described in                         | ion that normally section 170(b)(1) | nment or governmenta<br>receives a substantia<br>(A)(vi). (Complete Par                          | al part of i<br>rt II.)  | its suppo                | ort from a  |                 |                          | nt or fron                         | n the general public                |  |
|  |                                     | n section 170(b)(1)(A)   |  |                          |   |                 |                          |                                    |                                     |  |
| receipts fron<br>support fron                          | n activities related                | receives: (1) more that<br>to its exempt funct<br>int income and unrel<br>fter June 30, 1975. Se | ions—sut<br>lated bus  | bject to d<br>siness ta: | certain ex<br>xable inc                                       | ceptions        | , and (2)<br>is section  | no more                            | e than 331/3% of its                |  |
| 10 🔲 An organizati                                     | on organized and                    | operated exclusively   | to test fo   | r public s               | safety. Se  | e <b>sectio</b> | n 509(a)( <sup>,</sup>   | 4).                                |                                     |  |
| purposes of  | one or more pub                     | nd operated exclusive<br>blicly supported organ<br>describes the type of                         | nizations  | described                | d in secti  | on 509(a        | l)(1) or se              | ection 50                          | 9(a)(2). See section                |  |
| а 🗌 Туре   | ••                                  |  |  | -                        | -   |                 | • •                      |                                    | ionally integrated                  |  |
|  | undation manage                     | that the organization<br>ers and other than one  |  |                          |   |                 |                          |                                    |                                     |  |
|  | zation received a check this box    | a written determinatio   | on from t  | the IRS t                | that it is  | а Туре          | I, Type I                | l, or Typ                          | e III supporting                    |  |
| g Since Augus<br>following per                         |                                     | he organization accept   | pted any   | gift or co               | ontributio  | n from a        | ny of the                |                                    |                                     |  |
| (iii) below  | , the governing be                  | ndirectly controls, eith<br>ody of the supported of  | organızati   | ion?                     |   |                 |                          | d in (ii) an                       | nd Yes No<br>11g(i)                 |  |
|  |                                     | on described in (i) abo  |  |                          |   |                 |                          |                                    | 11g(ii)                             |  |
|  |                                     | a person described in<br>on about the support  |  |                          |   | · · ·           |                          | • • •                              | 11g(iii)                            |  |
| (i) Name of supported<br>organization                  | (ii) EIN                            | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section                    | (iv) Is the organization<br>in col (i) listed in your<br>governing document? |                          | (v) Did you notify<br>the organization in<br>col. (i) of your |                 | organizat<br>(i) organiz | s the<br>ion in col.<br>zed in the | (vii) Amount of monetary<br>support |  |
|  |                                     | (see instructions))  | Yes  | No                       | Yes   | xort?<br>No     | Yes                      | S.?<br>No                          | 4                                   |  |
| (A)  |                                     |  |  |                          |   |                 |                          |                                    |                                     |  |
| (B)  |                                     |  |  |                          |   |                 |                          |                                    | ·····                               |  |
| (C)  |                                     |  |  |                          |   |                 |                          |                                    |                                     |  |
| (D)  |                                     |  |  |                          |   |                 |                          |                                    |                                     |  |
| (E)  |                                     |  |  |                          |   |                 |                          |                                    |                                     |  |
| Total  |                                     |  |  |                          |   |                 |                          |                                    |                                     |  |
| For Paperwork Reduct                                   | on Act Notice, see                  | the Instructions for   |  | Cat. No                  | 5 11285F  |                 | Sct                      | nedule A (F                        | orm 990 or 990-EZ) 2012             |  |

Form 990 or 990-EZ.

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## Schedule A (Form 990 or 990-EZ) 2012

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| Part           | (Complete only if you checked th  | e box on line                     | e 5, 7, or 8 of                  | Part I or if th                     | e organizatio                     | n faile                 | ed to qua        |                        | ۶r       |
|----------------|---|-----------------------------------|----------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------|------------------------|----------|
| Secti          | Part III. If the organization fails to<br>on A. Public Support  | quality unde                      | er the tests lis                 | sted below, p                       | lease comple                      | ete Pa                  | <u>ιπ III.)</u>  |                        |          |
|                | dar year (or fiscal year beginning in) ►  | (a) 2008                          | (b) 2009                         | (c) 2010                            | (d) 2011                          | (e)                     | 2012             | (f) Tota               | <br>1    |
| 1              | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")  | (1) 2000                          |                                  |                                     |                                   |                         |                  |                        |          |
| 2              | Tax revenues levied for the organization'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  |                                   |                                  |                                     |                                   |                         |                  |                        |          |
| 5              | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f). |                                   |                                  |                                     |                                   |                         |                  |                        |          |
| 6              | Public support. Subtract line 5 from line 4.  |                                   | l                                | L                                   | J                                 | L                       |                  |                        |          |
|                | on B. Total Support   |                                   |                                  |                                     | (                                 | 1 .                     |                  | <u> </u>               | <u> </u> |
|                | dar year (or fiscal year beginning in) ►  | (a) 2008                          | <b>(b)</b> 2009                  | (c) 2010                            | (d) 2011                          | (e)                     | 2012             | (f) Tota               | <u></u>  |
| 7              | Amounts from line 4   |                                   |                                  |                                     |                                   |                         |                  | <u> </u>               |          |
| 8              | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties and income from similar<br>sources   |                                   |                                  |                                     |                                   |                         |                  |                        |          |
| 9              | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on  |                                   |                                  |                                     |                                   |                         |                  |                        |          |
| 10             | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)   |                                   |                                  |                                     |                                   |                         |                  |                        |          |
| 11<br>12<br>13 | Total support. Add lines 7 through 10 [<br>Gross receipts from related activities, etc.<br>First five years. If the Form 990 is for th  | -                                 |                                  |                                     |                                   | 12<br>12                |                  |                        |          |
| 10             | organization, check this box and stop her   | •                                 | •                                |                                     | •                                 |                         |                  | • • •                  | "<br>· □ |
| Secti          | on C. Computation of Public Suppor  |                                   |                                  |                                     |                                   |                         |                  |                        |          |
| 14             | Public support percentage for 2012 (line 6  |                                   |                                  | 1, column (f))                      |                                   | 14                      |                  |                        | %        |
| 15             | Public support percentage from 2011 Sch   | edule A, Part                     | II, line 14                      |                                     |                                   | 15                      |                  |                        | %        |
| 16a            | 331/3% support test—2012. If the organiz<br>box and stop here. The organization qual  | ifies as a publ                   | licly supported                  | lorganization                       |                                   |                         |                  | 🕨                      |          |
| b              | 331/a% support test-2011. If the organ check this box and stop here. The organi   |                                   |                                  |                                     |                                   |                         | s 331/3%         |                        |          |
| 17a            | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>10% or more, and if the organization meet<br>Part IV how the organization meets the "fa<br>organization .  | ets the "facts-<br>acts-and-circu | and-circumsta                    | inces" test, cho<br>st. The organiz | eck this box a<br>ation qualifies | nd <b>sto</b><br>as a p | <b>p here.</b> E | Explain in<br>upported |          |
| b              | 10%-facts-and-circumstances test-20<br>15 is 10% or more, and if the organizati<br>Explain in Part IV how the organization me   | ion meets the<br>eets the "facts  | e "facts-and-ci<br>s-and-circums | ircumstances"<br>tances" test. T    | test, check ti<br>he organizatio  | his bo<br>on qua        | x and st         | op here.<br>a publicly |          |
| 18             | supported organization  |                                   |                                  |                                     |                                   |                         |                  |                        |          |

Schedule A (Form 990 or 990-EZ) 2012

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## Schedule A (Form 990 or 990-EZ) 2012

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| Part      | III Support Schedule for Organiza   | tions Descri  | bed in Section  | on 509(a)(2) |                  |            |   |
|-----------|---|---------------|---|--------------|------------------|------------|---|
|           | (Complete only if you checked th  |               |   |              |                  |            | er Part II.                               |
|           | If the organization fails to qualify  | under the tes | ts listed belo  | w, please co | mplete Part I    | l.)        | <u>       .                          </u> |
|           | on A. Public Support  |               |   |              |                  |            |   |
|           | dar year (or fiscal year beginning in) 🕨  | (a) 2008      | ( <b>b)</b> 2009  | (c) 2010     | (d) 2011         | (e) 2012   | (f) Total                                 |
| 1         | Gifts, grants, contributions, and membership fees   |               |   |              |                  |            |   |
| 2         | received. (Do not include any "unusual grants.")<br>Gross receipts from admissions, merchandise | \$0           | \$0   | \$0          | \$27,945         | \$172,888  | \$200,833                                 |
| 2         | sold or services performed, or facilities   |               | ·   |              |                  |            |   |
|           | furnished in any activity that is related to the  |               |   |              |                  |            |   |
| 2         | organization's tax-exempt purpose   | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| 3         | Gross receipts from activities that are not an<br>unrelated trade or business under section 513 |               |   |              |                  | 1          |   |
|           |   | <b>\$0</b>    | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| 4         | Tax revenues levied for the   |               |   |              |                  |            |   |
|           | organization's benefit and either paid to or expended on its behalf                             |               |   |              |                  |            |   |
| _         |   | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| 5         | The value of services or facilities   |               |   |              |                  |            |   |
|           | furnished by a governmental unit to the organization without charge                             |               |   |              |                  |            |   |
| e         |   | \$0           | \$0   | \$0          | \$0              | \$0        | <u>\$0</u>                                |
| 6<br>7a   | Total. Add lines 1 through 5  | \$0           | \$0   | \$0          | \$27,945         | \$172,888  | \$200,833                                 |
| 14        | received from disqualified persons .  | 4.0           | 4.0   |              |                  |            |   |
|           |   | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| b         | Amounts included on lines 2 and 3 received from other than disgualified                         |               | u and a second se |              |                  |            |   |
|           | persons that exceed the greater of \$5,000  |               |   |              |                  |            |   |
|           | or 1% of the amount on line 13 for the year   | <b>f</b> 0    | **  | *0           | ¢0.              |            | *0  |
| С         | Add lines 7a and 7b   | \$0<br>\$0    | \$0<br>\$0  | \$0<br>\$0   | \$0<br>\$0       | \$0<br>\$0 | <u>\$0</u><br>\$0                         |
| 8         | Public support (Subtract line 7c from   |               | 30  | <b>3</b> 0   |                  | 30         |   |
| •         | line 6.)  |               |   |              |                  |            |   |
| Secti     | on B. Total Support   | I             | · · · ·   |              |                  |            |   |
|           | dar year (or fiscal year beginning in) >  | (a) 2008      | (b) 2009  | (c) 2010     | (d) 2011         | (e) 2012   | (f) Total                                 |
| 9         | Amounts from line 6   | \$0           | \$0   | \$0          | \$27,945         | \$172,888  | \$200,833                                 |
| 10a       | Gross income from interest, dividends,  |               |   |              |                  |            |   |
|           | payments received on securities loans, rents,   |               |   |              |                  |            |   |
|           | royalties and income from similar sources .   | so            | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| b         | Unrelated business taxable income (less   |               |   |              |                  |            |   |
|           | section 511 taxes) from businesses  |               |   |              |                  |            |   |
|           | acquired after June 30, 1975  | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| С         | Add lines 10a and 10b   | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| 11        | Net income from unrelated business  |               |   |              |                  |            |   |
|           | activities not included in line 10b, whether  |               |   |              |                  |            |   |
|           | or not the business is regularly carried on   | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| 12        | Other income. Do not include gain or  |               |   |              |                  |            |   |
|           | loss from the sale of capital assets  |               |   |              |                  |            |   |
|           | (Explain in Part IV.)   | \$0           | \$0   | \$0          | \$0              | \$0        | \$0                                       |
| 13        | Total support. (Add lines 9, 10c, 11,   |               |   |              |                  |            |   |
|           | and 12.)  | \$0           | \$0   | \$0          | \$27,945         | \$172,888  | \$200,833                                 |
| 14        | First five years. If the Form 990 is for th   | -             |   |              | •                |            |   |
| 0         | organization, check this box and stop her   |               |   | · · · · ·    | • • • • •        |            | 🕨 🗸                                       |
|           | on C. Computation of Public Suppor  | <b>T</b>      |   |              |                  |            |   |
| 15        | Public support percentage for 2012 (line 8  |               |   |              |                  | 15         | <u>%</u>                                  |
| <u>16</u> | Public support percentage from 2011 Sch   |               |   |              | <u>· · · · ·</u> | 16         | %   |
|           | on D. Computation of Investment Inc   |               |   | line 12 sel  |                  |            |   |
| 17        | Investment income percentage for 2012 (I  |               |   |              |                  | 17         | <u>%</u>                                  |
| 18<br>192 | Investment income percentage from 2011<br>33 <sup>1</sup> /3% support tests-2012. If the organi |               |   |              |                  | 18         | %   |
| 19a       | 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a                          |               |   |              |                  |            |   |
| ь         | 33 <sup>1</sup> / <sub>3</sub> % support tests – 2011. If the organize                          |               |   |              |                  | -          |   |
| U         | line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b                         |               |   |              |                  |            |   |
| 20        | <b>Private foundation.</b> If the organization did  |               | -   |              |                  |            |   |
|           |   |               |   |              |                  |            | · · ·                                     |

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| •<br>Schedule A (F | form 990 or 990-EZ) 2012   | Page <b>4</b> |
|--------------------|--|---------------|
| Part IV            | <b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |               |
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| (Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990<br>Complete to provide information for responses to specific<br>Form 990 or 990-EZ or to provide any additional info<br>Attach to Form 990 or 990-EZ. | c questions on             | OMB No 154<br>201<br>Open to F<br>Inspectio |
|--|--|----------------------------|---|
| Name of the organization   |  | Employer identif           |   |
| -  | ntal Law Clinic aka Free Market Environmental Law Clinic   |                            | 15-1602963                                  |
| Supplement to Question 16  | <u>6:</u>  |                            |   |
| \$ 50 Continuing   | Legal Education  |                            |   |
| \$ 611 Court filing  | costs  |                            |   |
| \$1,820 Court repor  | ter costs  |                            |   |
| \$1,164 Law clinic o   | corporate formation filing costs   |                            |   |
| \$1,693 Legal Rese   | arch (Lexis)   |                            |   |
| \$ 28 Professiona  | al meetings  |                            |   |
|  | rt appearances and speaking engagements)   |                            |   |
| \$ 51 Virginia cor   | rporation annual filing fees   |                            |   |
| Supplement to Question 20  | 0  |                            |   |
| \$35,000 Accounts  | receivable from American Tradition Institute (EIN 26-4239065)  |                            |   |
| Supplment to Question 24   |  |                            |   |
| \$35,000 Accounts  | receivable from American Tradition Institute (EIN 26-4239065)  |                            |   |
| Supplement to Question 28  | B - Ongoing litigation   |                            |   |
| The law clinic serves  | as the attorneys for the American Tradition Institute. The billable  | hours in these matters is  | s shared by the                             |
| Clinic and ATI, the di   | ivision made on a case by case basis.  |                            |   |
| 1. ATI v. UVA. This I  | is a FOIA case that will establish what the Virginia law allows unive  | rsities to keep secret fro | m the public. It                            |
| addresses whethe   | er a FOI Act unconstitutionally abridges an alleged free speech righ   | nt to academic freedom.    | The court ackno                             |
| the validity of \$20   | 1,000 costs and fees to FME Law, but has not yet awarded them. 1   | he matter is now before    | the VA Supreme                              |
| 2. Occoquan Waters   | hed Coalition v. EPA. This case raised the question as to whether  | EPA violated the 10th an   | nendment rights                             |
| Virginia and Fairfa  | ax County when establishing a water quality criterion that would re  | quire the total local gove | rnmental budge                              |
| implementation.  | The matter was settled due to the outcome of other litigation. No c  | osts or fees were awarde   | ed.   |
| 3. ATI V. NASA. A F  | OIA case seeking ethics records for a NASA employee who had ov   |                            |   |
|  | the records, the Office of Government Ethics had to intervene and  |                            |   |

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|---|-------------------------------------|
| Name of the organization  | Employer identification number      |
| George Mason Environmental Law Clinic aka Free Market Environment! Law Clinic                         | 45-1602963                          |
| 4. ATI v. Epel. This is a commerce clause case challenging the constitutionality of the Colorado rer  | newable energy standards. 30 states |
| have such standards and all are unconstitutional. This case is in the discovery process. Cost ar      | nd fees are being sought.           |
| 5. ATI v. EPA. This case challenged whether EPA could expose volunteer subjects to carcinogens        | and deadly poisons without telling  |
| them the risks of these exposures. The court held EPA could. No costs and fees were awarded.          |                                     |
| Supplement to Question 31 - Other programs: FME Law supplies legal advice and counsel to state attorn | eys general and state policy        |
| institutes at no cost. FME Law has not tracked the number of such inquiries and is bound by the at    | torney-client privilege on these.   |
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