#### Form **990**

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2015 calendar year, or tax year beginning , 2015, and ending C Name of organization D Employer Identification number Check if applicable: Christian Legal Society Address change Doing business as 36-6101090 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 8001 Braddock Road 302 (703) 642-1070 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return <u>VA 221</u>51 Springfield G Gross receipts \$ 1,552,050. F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included? If 'No,' attach a list. (see Instructions) David Nammo 8001 Braddock Rd.St.302 Springfield VA 22151 Tax-exempl status X 501(c)(3) ) ▼ (insert no.) 4947(a)(1) or 527 501(c) ( Website: ► www.clsnet.org H(c) Group exemption number Form of organization: X Corporation 1961 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: See Attachment Activities & Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1b) . . . . 16 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . 5 13 R 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . . 0. n. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)...... 1,029,772 1,114,976. 195,329 415,472. 10 -6,<del>377</del>. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . . . . . 17,222 21,586. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 1,242,323. 1,545,657. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . . . . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 625,140. 694,570. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . . . . . . b Total fundraising expenses (Part IX, column (D), line 25) ► 522,647. 624,352. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . . . . 1,147,787. 1,318,922. 226,735. 94,536. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . . . . . . . . . . . . 590,913. 382,176. 21 106,132. 93,934. 276,044. 496,979. 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. 06/21/16 Signature of officer Sign Here David Nammo Executive Director/CEO Type or print name and title Print/Type preparer's name PTIN Check X 23/16 Robert J. P01279326 Morrow, CPA Paid **Preparer** MORROW, PC **Use Only** 8665 SUDLEY RD # Firm's EIN - 20-4621255 MANASSAS 20110-4588 Phone no. (571) 331-0348

No

		(2015)				Society				36-	610109	0	Page 2
Par	t III			_		vice Accomplis							**
						ponse or note to any	/ line in this Part	III <u>.</u>					X
1			oe the organ	nizations	s mission:								
	See	<u>Atta</u>	chment										
2	Did t	he organ	ization unde	ertake a	ny signific	ant program services	s during the year	which we	ere not listed	on the prior			
-		_					-				🖂	Yes X	No
			ibe these ne								Ш	<u> </u>	
3		,				make significant cha	nges in how it co	nducts, a	any program s	ervices?	$\square$	Yes X	No
		_	ibe these ch		-	-			,, ,		Ш	ш	
4	Secti	ion 501(d	c)(3) and 50	1(c)(4)	organizatio	e accomplishments ons are required to re ice reported.	for each of its thr eport the amount	ee larges of grants	st program se s and allocatio	rvices, as meas ons to others, the	ured by ex e total exp	penses. enses,	
4 a	(Cod	le:	) (Ex	penses	\$	377,710. inc	luding grants of	\$		0.)(Revenue	\$	366,8	91.)
	,					ous Freedom:		· <del></del>		<u> </u>	· ——	300,0	<u>, , , , , , , , , , , , , , , , , , , </u>
		Atta											
4 t	(Cod	le: nferen		penses	\$	207,302. inc	luding grants of	\$		0. (Revenue	\$	275,4	39.
			- $  -$		l form	ation, disci	pleship						
						ent in suppo							
	Law	Stud	lent, Le	egal i	Aid an	d Attorney M	linistries.						
4 (	(Cod	<u></u>	) (Ev	nansas	Ś	257,788. inc	luding grants of	Ś		0 . ) (Revenue	Ś	417,7	50 )
			Minist			237,700:	idanig granio or	Ť		<u>0.</u> ) (Hovelide	Ψ	411 <b>,</b> 1	<u> </u>
		Atta											
	1 Otha	r proces	n condess	(Decerit	o in Caba	dulo O )							
		i piograf	n services.			including grants of	\$		0 . ) (Rever	•	135,0		

4 e Total program service expenses

complete Schedule G, Part III. . . . . .

Х

19

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . Х 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . Х 5 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, 6 Х Part I. . . . Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . . . . . . . . . . . . . . R Х 9 Х 10 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 11 c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . . Х 11 e 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. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D. Parts XI, and XII. . . 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х 16 Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19

Form 990 (2015) Christian Legal Society
Part IV Checklist of Required Schedules (continued)

Pa	ru	IV   Cnecklist of Required Schedules (continued)		Vaa	No
20.		Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	Yes	No X
					Λ
			20b		
21	d	Oid the organization report more than \$5,000 of grants or other assistance to any domestic organization or lomestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	C	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, olumn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	а	bid the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	th	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			v
		, , , , , , , , , , , , , , , , , , ,	24a 24b		Х
			240		
		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease iny tax-exempt bonds?	24c		
	<b>d</b> D	oid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a S tr	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If Yes, complete Schedule L, Part I	25a		Х
	th	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and nat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	D	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or organization reports, trustees, key employees, highest compensated employees, or disqualified persons?			
	If	f 'Yes', complete Schedule L, Part II	26		Х
27	C	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28		Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV nstructions for applicable filing thresholds, conditions, and exceptions):			
	a A	current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
		A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
		an entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29			29		Х
30		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If 'Yes,' complete Schedule M	30		Х
31		· '	31		Х
32		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	D 3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections in 101.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
34	V a	Vas the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35			35a		Х
	<b>b</b> If	Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35b		Х
36	S	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related reganization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	D tr	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is reated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	D N	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2015) Christian Legal Society Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			.
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable    1 a Enter the number reported in Box 3 of Form 1096.			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.5		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country:			i
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			37
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<b></b>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			.,
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			i
a Initiation fees and capital contributions included on Part VIII, line 12			i
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i
11 Section 501(c)(12) organizations. Enter:			i
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

**Section A. Governing Body and Management** 

					Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 a	17			
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1 h	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation					
_	officer, director, trustee, or key employee?	•	-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?	the di	rect supervision	3		Х
4	Did the organization make any significant changes to its governing documents					
	since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
1	a Did the organization have members, stockholders, or other persons who had the power to elect or members of the governing body?			7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) member			, a		
	stockholders, or persons other than the governing body?			7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake the following:	en duri	ng the year by			
	<b>a</b> The governing body?			8 a	Х	
	<b>b</b> Each committee with authority to act on behalf of the governing body?			8 b	Х	
9						
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		X
Se	ction B. Policies (This Section B requests information about policies not requir	ed by	the Internal Reven	ue C		<u> </u>
10	a Did the organization have local chapters, branches, or affiliates?			10 a	Yes	No
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar			iva	^	
	operations are consistent with the organization's exempt purposes?			10 b	Х	
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm? .		11 a	Х	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12 a	Х	
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests the to conflicts?			12 b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Schedule O how this was done			12 c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and appropersons, comparability data, and contemporaneous substantiation of the deliberation and decision		independent			
	a The organization's CEO, Executive Director, or top management official			15 a	Х	
	<b>b</b> Other officers or key employees of the organization			15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).					
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrantaxable entity during the year?	_		16 a		Х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and take steps to safe organization's exempt status with respect to such arrangements?	equard	the	16 b		
Se	ction C. Disclosure		·			
17		age 6,	Line 17 (continued)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 for public inspection. Indicate how you made these available. Check all that apply.	00-T (S	Section 501(c)(3)s only) a	vailab	le	
	X Own website X Another's website X Upon request Oth	ier <i>(ex</i>	plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pothe public during the tax year.	licy, and	d financial statements available	e to		
20	State the name, address, and telephone number of the person who possesses the organization's	books	and records: ►			
	David Nammo 8001 Braddock Rd. St 302 Springfield V	Ά	22151 (70	3) 6	542-1	L070

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Part VII	Compensation of Officers,	<b>Directors, Trustees</b>	, Key Employees,	Highest Compensated	Employees, an	d
	Independent Contractors			-		_

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

		(C)						Janone omoor, and	,	
(A) Name and Title		than	one both	box, ι	inless fficer truste	- /	n	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Delia Bouwers Bianchin Director	0.00	X						0.	0.	0.
(2) Richard Baker Director	_0.00	Х						0.	0.	0.
(3) Jennifer K. Patrick President-Elect	_0.00	Х		Х				0.	0.	0.
(4) James W. Richardson Director	_ 0.00	Х						0.	0.	0.
(5) Joseph Ruta Director	_ 0.00	Х						0.	0.	0.
(6) H. Robert Showers President-Chairman	_0.00	Х		х				0.	0.	0.
(7) William D Treeby Director	_ 0.00	Х						0.	0.	0.
(8) Sally Wagenmaker Secretary	_ 0.00	Х		Х				0.	0.	0.
(9) Stephen A. Tuggy Past President	0.00	Х		Х				0.	0.	0.
(10) Frederick W Claybrook, Jr. Treasurer	0.00	Х		Х				0.	0.	0.
(11) Kimberlee Colby Key Employee	40.00				Х	Х		104,031.	0.	0.
(12) Robert Trierweiler Director	_ 0.00	Х						0.	0.	0.
(13) David Nammo  Executive Director & CEO	40.00	Х		Х				107,355.	0.	0.
(14) Myron Steeves Director	_0.00	Х						0.	0.	0.

**BAA** TEEA0107 10/12/15 Form **990** (2015)

Part VII   Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(B)			(0	C)							
(A) Name and title	Average hours per	box	, unles	heck ss pe	rson i directo	than or s both or/truste	an ee)	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from		(F) timated int of other	er
	week (list any hours	or di	Instit	Officer	Key	High: empl	Hom	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr	pensatior om the anization	
	for related organiza	Individual trustee or director	nstitutional trustee	œ	Key employee	est co loyee	ner			and	related anizations	
	<ul> <li>tions below</li> </ul>	trus	al tru		oyee	mpei						
	dotted line)	99	stee			Highest compensated employee						
(15) Carl Esbeck	0.00_											
Director		Х						0.	0.			0.
(16) Charles Oellermann	0.00_							_				
Director (17) Jeffrey Fowler	0.00	Х						0.	0.			0.
Director	0.00_	Х						0.	0.			0.
(18) Anthony Bushnell	0.00							0.0				
Director		Х						0.	0.			0.
<u>(19)</u>												
(20)												
(21)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total		<del></del>	<del>' - '</del>		٠		•	211,386.	0.			0.
c Total from continuation sheets to Part VII, Section							•					
d Total (add lines 1b and 1c)							<b>.</b>	211,386.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 2	to those	listed	abc	ove)	wno	rece	eivec	a more than \$100,0	ou of reportable cor	npensa	ion	
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in										. 3		Х
4 For any individual listed on line 1a, is the sum of rep												
the organization and related organizations greater the such individual	han \$150, 	000?	If 'Y	'es'	com <sub>i</sub>	plete	Sch	nedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or										. 5		X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensat compensation from the organization. Report compe</li> </ol>										ar.		
(A) Name and business address				(B) Description o		Compe	C)	n				
								Description	1 Services	Compe	iisalioi	
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed abo	ove`	) who received mo	re than			
\$100,000 of compensation from the organization	<b>&gt;</b>						- ,	,				

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	Check if Schedule O contains a response or note to any lir	ne in this Part VIII			[
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a				
ara our	<b>b</b> Membership dues <b>1 b</b> 390,088.				
s, ( Am	c Fundraising events 1 c				
Gift Iar	d Related organizations 1 d				
ıs, imi	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above . 1 f 724,888.				
ntr d C	g Noncash contributions included in lines 1a-1f: \$ 6,300.				
	h Total. Add lines 1a-1f	1,114,976.			
Program Service Revenue	Business Code				
еме	2a Conference Registrations 900099	182,946.	182,946.	0.	0.
e B	b Litigation Fees 900099	232,526.	232,526.	0.	0.
ryic	C				
Se	d				
ram	e				
rog	f All other program service revenue				
<u>а</u>	g Total. Add lines 2a-2f	415,472.			
	3 Investment income (including dividends, interest and other similar amounts)	16.	16.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	10.	10.	0.	0.
	5 Royalties				
	(i) Real (ii) Personal				
	<b>6a</b> Gross rents 20,101.				
	<b>b</b> Less: rental expenses				
	c Rental income or (loss) 20,101.				
	d Net rental income or (loss)	20,101.	20,101.	0.	0.
	7 a Gross amount from sales of (i) Securities (ii) Other	= ,, = , = ,			
	assets other than inventory 0.				
	b Less: cost or other basis and sales expenses 6,393.				
	<b>c</b> Gain or (loss)				
	d Net gain or (loss)	-6,393.	-6,393.	0.	0.
a)	8 a Gross income from fundraising events	3,0301	3,030	,	ů,
Ď	(not including \$				
эvе	of contributions reported on line 1c).				
Other Revenue	See Part IV, line 18 a				
heı	b Less: direct expenses b				
D	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns				
	and allowances a				
	<b>b</b> Less: cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code				
	11a Other Income 900099	1,485.	1,485.	0.	0.
	b				
	d All other revenue				
	d All other revenue	1 105			
		1,485.	422 525		-
	<b>12 Total revenue.</b> See instructions ▶	1,545,657.	430,681.	0.	0.

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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, trustees, and key employees	211,386.	174,556.	18,656.	18,174.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	332,783.	287,008.	34,011.	11,764.					
8	Pension plan accruals and contributions	332,703.	207,000.	34,011.	11,704.					
0	(include section 401(k) and 403(b) employer contributions)	14,827.	12,576.	1,435.	816.					
9	Other employee benefits	96,865.	82,161.	9,375.	5,329.					
10	Payroll taxes	38,709.	32,833.	3,746.	2,130.					
11	Fees for services (non-employees):	• • • • • • • • • • • • • • • • • • • •	,							
á	Management									
k	Legal									
(	Accounting									
(	Lobbying									
•	Professional fundraising services. See Part IV, line 17 .									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	97,046.	50,375.	0.	46,671.					
13	Office expenses	42,962.	33,378.	4,850.	4,734.					
14	Information technology	19,398.	15,570.	2,315.	1,513.					
15	Royalties									
16	Occupancy	69,994.	55,810.	9,842.	4,342.					
17	Travel	47,099.	42,661.	1,400.	3,038.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	175,963.	164,275.	1,834.	9,854.					
20	Interest	2,095.	255.	1,840.	0.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	16,609.	14,008.	2,601.	0.					
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
á	Office Services	36,890.	32,467.	731.	3,692.					
	Bank Charges	18,769.	12.977.	5,792.	0.					
	CLRF Advocacy Expenses	76,617.	76,617.	0.	0.					
	Caging & DB Mgmt Support	20,910.	18,610.	669.	1,631.					
	All other expenses	,	•		•					
25	Total functional expenses. Add lines 1 through 24e.	1,318,922.	1,106,137.	99,097.	113,688.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   X if following SOP 98-2 (ASC 958-720)	0.	0.	0.	0.					
RΔΔ		TEEA0110 10/10		0.1	Form <b>990</b> (2015)					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X $\dots$ .			
			<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash – non-interest-bearing	107,476.	1	159,994.
	2	Savings and temporary cash investments		2	<u>.</u>
	3	Pledges and grants receivable, net	203,592.	3	349,656.
	4	Accounts receivable, net	6,321.	4	12,856.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,251.	8	2,439.
As	9	Prepaid expenses and deferred charges	12,865.	9	16,122.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	22,000		
	b	Less: accumulated depreciation	41,112.	10 c	42,607.
	11	Investments – publicly traded securities	11/112.	11	1270071
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,559.	15	7,239.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	382,176.	16	590,913.
	17	Accounts payable and accrued expenses	24,843.	17	22,171.
	18	Grants payable	21,013.	18	22,111.
	19	Deferred revenue	14,505.	19	11,505.
	20	Tax-exempt bond liabilities	•	20	
(0)	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		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	66,784.	25	60,258.
	26	Total liabilities. Add lines 17 through 25	106,132.	26	93,934.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	254,948.	27	471,907.
Bal	28	Temporarily restricted net assets	21,096.	28	25,072.
필	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	276,044.	33	496,979.
_	34	Total liabilities and net assets/fund balances	382,176.	34	590,913.

**BAA** Form **990** (2015)

orn	n <b>990</b> (2015) Christian Legal Society 36-	-6101090		Pa	ge <b>12</b>
Paı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,31	8,9	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	22	6,7	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27	6,0	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	<u>50</u>	2,7	<u>79.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	ļ			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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	l			
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	lit, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

BAA Form 990 (2015)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Chr	istian Legal Society					36-610109	0
Part	t I Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	art.) See instruction	is.
Гһе о	organization is not a private foundati	on because it is: (For I	lines 1 through 11, check	k only on	e box.)		
1	A church, convention of church	nes, or association of c	churches described in <b>se</b>	ction 17	0(b)(1)(	A)(i).	
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organization	on operated in conjunc	tion with a hospital desc	ribed in <b>s</b>	ection	<b>170(b)(1)(A)(iii)</b> . Enter tl	ne 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 <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)						
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .						
7	An organization that normally r in section 170(b)(1)(A)(vi).	Complete Part II.)	•••	governn	nental ur	nit or from the general pu	ublic described
8	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	X An organization that normally r from activities related to its exe investment income and unrelat June 30, 1975. See section 50	empt functións — subje ted business taxable ir <b>09(a)(2).</b> (Complete Pa	ect to certain exceptions, ncome (less section 511 art III.)	and (2) i tax) from	no more busines	than 33-1/3% of its suppersesses acquired by the org	port from gross
10	An organization organized and	operated exclusively t	to test for public safety. S	See <b>sect</b>	ion 509	(a)(4).	
11	An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described in	n <b>section 509(a)(1)</b> or <b>s</b> e	ection 50	09(a)(2).	See section 509(a)(3).	urposes of one Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its so t a majority of the director	upported ors or tru	organiz stees of	ation(s), typically by givi the supporting organiza	ng the supported tion. <b>You must</b>
b	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	organization vested ir	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having le the supported organiz	control or ation(s). <b>You</b>
С	Type III functionally integrate organization(s) (see instruction	ed. A supporting organs). You must comple	nization operated in conn te Part IV, Sections A,	ection w <b>D, and E</b>	ith, and	functionally integrated w	rith, its supported
d	Type III non-functionally integrated. The organistructions). You must comp	grated. A supporting of ganization generally mulete Part IV, Sections	organization operated in ust satisfy a distribution of <b>A and D, and Part V.</b>	connecti requirem	on with i ent and	its supported organization an attentiveness require	on(s) that is not ement (see
е		ion received a written o	determination from the IF				
f	Enter the number of supported org						
g	Provide the following information a	about the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<b>A</b> )							
В)							
C)							
D)							
E)							
[otal							

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
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 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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support	T		T	T		
Cale begii	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization for the organization for the organization to the organization for the or	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 201	5 (line 6, column (f	) divided by line 11	I, column (f))	<del></del> .	14	%
15	Public support percentage from 20	114 Schedule A, Pa	art II, line 14			15	%
16 a	16a 33-1/3% support test — 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	7a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶						
b	10%-facts-and-circumstances to or more, and if the organization meorganization meets the 'facts-and-	eets the 'facts-and-	circumstances' tes	st, check this box a	and <b>stop here.</b> Exp	olain in Part VI ho	w the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruct	ions ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
	Gifts grants contributions	. , ,	` , ,		, ,	` ,		
	and membership fees received. (Do not include							
	any 'unusùal grants.')	1,119,211.	1,154,100.	1,112,747.	1,029,772.	1,114,9	76.	5,530,806.
2	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's							
3	tax-exempt purpose							
3	that are not an unrelated trade							
	or business under section 513 .							
4	Tax revenues levied for the organization's benefit and							
	either paid to or expended on							
	its behalf							
5	The value of services or facilities furnished by a							
	governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	1,119,211.	1,154,100.	1,112,747.	1,029,772.	1,114,9	76.	5,530,806.
7 a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
h	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line							
	7c from line 6.)							5,530,806.
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 201	5	(f) Total
9	Amounts from line 6	1,119,211.	1,154,100.	1,112,747.	1,029,772.	1,114,9	76.	5,530,806.
10 a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from							
	similar sources	0.		4.	0.		0.	4.
b	Unrelated business taxable income (less section 511							
	taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b	0.		4.	0.		0.	4.
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include							
	gain or loss from the sale of capital assets (Explain in							
	Part VI.)	228,843.						228,843.
13	Total support. (Add lines 9,	·						
	10c, 11, and 12.)							5,759,653.
14	First five years. If the Form 990 is organization, check this box and s							
Sec	tion C. Computation of Pu	•						
15	Public support percentage for 201			3 column (f))			15	96.03 %
16	Public support percentage from 20	•					16	93.68 %
	tion D. Computation of Inv		· · · · · · · · · · · · · · · · · · ·					<u> </u>
17	Investment income percentage for				))		17	0.00 %
18	Investment income percentage fro	•	• • • •		• •		18	0.00 %
	33-1/3% support tests – 2015. If							
	is not more than 33-1/3%, check the	his box and <b>stop h</b>	ere. The organiza	tion qualifies as a	publicly supported	organization		► X
b	33-1/3% support tests - 2014. If	the organization d	id not check a box	on line 14 or line	19a, and line 16 is	more than 3	3-1/3%	%, and
00	line 18 is not more than 33-1/3%, or <b>Private foundation.</b> If the organiz			-				
	Private tolingation if the organiz	ישווחת מות מחוד במברו	$r = n \cap v \cap n \cap \Delta 1 \Delta$	TUR OF TUR CROCK	ADD DOE YOU SILL	INSTRUCTIONS		<b>▶</b>

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Pa	rt V.)		
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
	described in section 509(a)(1) or (2)			
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
Ł	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 <b>Part VI</b> when and how the organization made the determination	3b		
,	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	4 -		
	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
k	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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)	5a		
k	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	a 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 <b>Part VI</b>	9a		
k	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the			
	supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer 10b below	10a		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
	a A pers gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
	<b>b</b> A fam	nily member of a person described in (a) above?	11b		
	<b>c</b> A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b>	11c		
Sec	tion E	3. Type I Supporting Organizations		u u	
		7p p		Yes	No
1	or ele <b>Part \</b> If the	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove fors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year	1		
2	that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sec		C. Type II Supporting Organizations		•	<u> </u>
<u> </u>	,	5. Type ii cupporting crgainzations		Yes	No
	14/			100	110
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
_					
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the indication's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization'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 ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at ses during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played as regard	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 💹 T	the organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> T	the organization is the parent of each of its supported organizations. Complete line 3 below.			
	c T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
	suppo <i>orgar</i>	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted			
	subst	antially all of its activities	2a		
	the or the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of 'ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for 'ganization's position that its supported organization(s) would have engaged in these activities but for the 'ganization's involvement'.	2b		
3	J	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each	of the supported organizations? Provide details in <b>Part VI</b>	За		
	<b>b</b> Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Par	t v = 1 type III Non-Functionally integrated 509(a)(3) Supporting Orga	ınızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovemb tions A	per 20, 1970. <b>See instru</b> through E.	uctions. All
Sec	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		
Sec	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	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type	III supporting organizat	ion
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2015

Schedule **A** (Form 990 or 990-EZ) 2015

		<u> </u>				
	ion D – Distributions			Current Year		
1						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	<b>Total annual distributions.</b> Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)					
3	Excess distributions carryover, if any, to 2015:					
а						
b						
С	С					
d	<b>d</b> From 2013					
е	e From 2014					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2016. Add lines 3j and 4c					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
	Excess from 2014					
_	Excess from 2015					

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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

Pt III Ln 12 Other Income Part III, Line 12 Description: Conferences, Sale of Resources 2011: 228843.

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

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	section	501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organiz	ation			Employer identification	ation number
Chr	isti	an Legal Socie	ty		36-610109	
Par	t I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provid	e a description of the or	ganization's direct and indirect political camp	aign activities in Part I\	<i>I</i> .	
3	Volunt	eer hours				
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter t	the amount of any excise	e tax incurred by the organization under secti	on 4955	▶ \$	
2	Enter t	the amount of any excise	e tax incurred by organization managers und	er section 4955		
3	If the o	organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a	Was a	correction made?				· · · Yes No
b	If 'Yes	,' describe in Part IV.				
Par	t I-C	Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter	the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$	
2	Enter t	the amount of the filing on activities	organization's funds contributed to other orga	nizations for section 52	27 exempt	
3	Total e	exempt function expendi	tures. Add lines 1 and 2. Enter here and on F	form 1120-POL,		
4	Did the	e filing organization file <b>F</b>	Form 1120-POL for this year?			· · · Yes No
5	organi amour	zation made payments. nt of political contribution	nd employer identification number (EIN) of al For each organization listed, enter the amou is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o	rganization's funds. Also political organization, suc	enter the
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule  ${f C}$  (Form 990 or 990-EZ) 2015

		n is exempt under se	ction 501(c)(3) and	30-010 I filed Form 5768 (e	
section 501		ii is exempt under se		i ilieu i oilii 3700 (e	iection under
A Check ► if the filin	g organization belon	gs to an affiliated group (and	l list in Part IV each affilia	ated group member's nan	ne,
address,	EIN, expenses, and	share of excess lobbying ex	penditures).		
B Check ► if the filin	g organization check	ked box A and 'limited contro	l' provisions apply.		
(The term		ing Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	res to influence publ	ic opinion (grass roots lobbyi	ng)	0.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)				0.	
, , ,	`	d 1b)		0.	
	•			0.	
		s 1c and 1d)		0.	
		unt from the following table ir		0.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable amount (enter 25% of line 1f)				0.	
-		nter -0		0.	
	,			0.1	
section 4911 tax for this	er than zero on eithe year?	r line 1h or line 1i, did the or	ganization file Form 4/20	reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period U it made a section 501(h) elons below. See the instruction	ection do not have to c		
	Lobi	oying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Sobodulo C /Farm	n 990 or 990-EZ) 2015
BAA				Scriedule C (FOR	ı əə∪ UI ЭЭU-EZ) 2U15

Part II-B		if the organization		der section	501(c)(3)	and has NO	T filed Fori	n 5768
	(election	under section 501(h	1)).					

` ''					
	(6	a)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	)1(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (banswered 'Yes.'	)1(c)(5) )) Part	), or s III-A,	section 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year		2 b			
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

#### Part IV | Supplemental Information

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

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

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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047 2015

M990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Christian Legal Society	36-6101090
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	I funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit?	sed only nferring Yes No
Paı	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	torically important land area
	Protection of natural habitat Preservation of a cer	tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of last day of the tax year.	a conservation easement on the
		Held at the End of the Tax Year
;	a Total number of conservation easements	2 a
-	<b>b</b> Total acreage restricted by conservation easements	2 b
		2 c
,	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3		rganization during the
4	Number of states where property subject to conservation easement is located ►	
5	<u> </u>	1 122 1 122
6		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1 :	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items.	ent and balance sheet works of rance of public service, provide,
ļ	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furtherand following amounts relating to these items:	e of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial quantum required to be reported under SFAS 116 (ASC 958) relating to these items:	gain, provide the following
;	a Revenue included on Form 990, Part VIII, line 1	▶ \$

Part III Organizations Maintaining C	ollection	s of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (c	<u>ontinu</u>	ed)				
3 Using the organization's acquisition, access items (check all that apply):	ion, and oth	er records, check	any of the following that	are a significant use of its	collecti	on					
a Public exhibition		d Loan o	or exchange programs								
<b>b</b> Scholarly research		e Other									
c Preservation for future generations											
4 Provide a description of the organization's or Part XIII.	ollections ar	nd explain how the	y further the organization	n's exempt purpose in							
5 During the year, did the organization solicit to be sold to raise funds rather than to be m	aintained as	part of the organi	zation's collection?		Yes		No				
Part IV Escrow and Custodial Arrar line 9, or reported an amount	gements. on Form 9	. Complete if the 90, Part X, line	ne organization ansi e 21.	wered 'Yes' on Form	1 990, 1	Part IV	<b>′</b> ,				
1 a Is the organization an agent, trustee, custor on Form 990, Part X?					Yes		No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII and complete the following table:											
• Paginning balance					Amount						
c Beginning balance											
e Distributions during the year				. 1e							
f Ending balance											
2 a Did the organization include an amount on					Yes		No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	•			·		<u> </u>	-  <b>''</b>				
bili res, explain the arrangement in Fait Am	. Offeck field	i ille explanation	rnas been provided on r	all Alli			_				
Part V Endowment Funds. Complet	e if the ord	nanization ans	wered 'Yes' on Forn	n 990 Part IV line 1	0						
	urrent year	(b) Prior year				our years	s hank				
1 a Beginning of year balance	arcrit year	(b) i noi year	(c) Two years back	(a) Thice years back	(0)	our years	back				
<b>b</b> Contributions											
c Net investment earnings, gains, and losses											
d Grants or scholarships											
e Other expenditures for facilities and programs											
f Administrative expenses											
g End of year balance											
2 Provide the estimated percentage of the cu	rent year en	d balance (line 1g	ı, column (a)) held as:								
a Board designated or quasi-endowment ►		<del></del> %									
<b>b</b> Permanent endowment	<u> </u>										
c Temporarily restricted endowment ►		<u> </u>									
The percentages on lines 2a, 2b, and 2c sh	ould equal 1	00%.									
3 a Are there endowment funds not in the poss	ession of the	organization that	are held and administere	ed for the	_						
organization by:		J				Yes	No				
(i) unrelated organizations					. 3a(i)						
(ii) related organizations					. 3a(ii)						
<b>b</b> If 'Yes' on line 3a(ii), are the related organiz	ations listed	as required on So	hedule R?		. 3b						
4 Describe in Part XIII the intended uses of the	e organizatio	on's endowment fu	unds.								
Part VI Land, Buildings, and Equipr	nent.										
Complete if the organization a		Yes' on Form 9	990, Part IV, line 11	a. See Form 990, Pa	art X, Ii	ine 10					
Description of property		t or other basis	(b) Cost or other	(c) Accumulated	-	Book va					
becomplien of property		nvestment)	basis (other)	depreciation	(u) !	JOOK VA	iuo				
<b>1 a</b> Land	,	Í	, ,								
<b>b</b> Buildings											
c Leasehold improvements			28,296.	23,020.		5	276.				
d Equipment			112,980.	81,189.			791.				
e Other			157,086.	151,546.			,540.				
Total. Add lines 1a through 1e. (Column (d) must	•	990, Part X, colur	•				607.				

Schedule I	D (Form 990) 2015 Christian Legal So	ociety	36-61	L01090 Page
Part VII	Investments — Other Securities. Complete if the organization answered '	Yes' on Form 990.	Part IV. line 11b. See Form 990.	. Part X. line 12.
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financ	ial derivatives		1 1	
(2) Closely	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
( <u>E)</u> (F)				
(G) — — —				
(H)				
<u>(I)</u>				
	mn (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII		·		
(4)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX	Other Assets. Complete if the organization answered '	Yes' on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	1 art 10, mile 1 fd. 666 f 6fff 666	(b) Book value
(1)				
(2)				
(3)				
(4) (5)				_
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B) I	ine 15.)		<u>* </u>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990 Part IV line	11e or 11f See Form 900 Part X line 2	5
	(a) Description of liability	(b) Book value		5
(1) Fede	eral income taxes	. ,		
	tenant Security Deposit	1,2		
(3) Pay		24,9		
	edit Card Payable Terred Rent Discount	13,0	0.	
	rent portion of Debt	3,3		
	ng Term Debt	17,6		
(8)				
(9)				
(10)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain 

60,258.

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶

Part XI Reconciliation of Revenue per Audite	d Financial Statements With Revenue per Return.	
Complete if the organization answered "	Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited finan	icial statements	3,293.
2 Amounts included on line 1 but not on Form 990, Part VII	II, line 12:	
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3,293.
4 Amounts included on Form 990, Part VIII, line 12, but not	t on line 1:	
a Investment expenses not included on Form 990, Part VII	I, line 7b	
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b		2,364.
5 Total revenue. Add lines 3 and 4c. (This must equal For	m 990, Part I, line 12.)	5,657.
Part XII Reconciliation of Expenses per Audito	ed Financial Statements With Expenses per Return.	
Complete if the organization answered "	Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered "		2,361.
Complete if the organization answered "	nts	2,361.
Complete if the organization answered "  1 Total expenses and losses per audited financial statement	nts	2,361.
Complete if the organization answered "  1 Total expenses and losses per audited financial statement  2 Amounts included on line 1 but not on Form 990, Part IX,	nts	2,361.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX, a Donated services and use of facilities	nts	2,361.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities	nts	2,361.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities	nts	2,361. 3,436.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities  b Prior year adjustments	nts	
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities  b Prior year adjustments	nts	3,436.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities	nts	3,436.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities	nts	3,436.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities	nts	3,436. 8,925.
Complete if the organization answered "  1 Total expenses and losses per audited financial statemer  2 Amounts included on line 1 but not on Form 990, Part IX,  a Donated services and use of facilities	nts	3,436.

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.

Pt XII, Line 2d Book to Tax Difference in Depreciation
Pt XI, Line 4b Book to tax difference on loss from disposal of asset.

BAA Schedule D (Form 990) 2015

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization Christian Legal Society 36-6101090

Part I	Excess Be Complete if the	enefit Transa	actions (sec answered 'Yes	ction 50 on Forn	01(c)(3) n 990, Pa	), sect	tion 501(c)( ne 25a or 25b	4), and 50 , or Form 990	1(c)(29 0-EZ, Pa	) org	aniza ne 40k	ations	s only	/).			
1	(a) Name of disqual	lified person	(b) R		between di			<b>(c)</b> D	escription o	f transa	ction			(d) Corr	ected?		
1				person ar	nd organizat	lion								Yes	No		
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
sect	ion 4958	tax incurred by				. :					<b>►</b> \$						
					•	organiz	alion			• • •	▶\$						
Part II	Complete if to organization	and/or From the organization reported an am	answered 'Ye	s' on Fo 990, Par	rm 990-E t X, line	Z, Par 5, 6, or	t V, line 38a c 22.	_		ine 26	6; or if	1		T			
(a) Name o	f interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organi			(e) Original ncipal amount (f) Balance		(f) Balance due		(f) Balance due		(g) In default?		(h) Approved by board or committee?		
				То	From					Yes	No	Yes	No	Yes	No		
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	
Total																	
Part III		Assistance the organization															
	(a) Name of interes	eted person	(b) Relationship	between i the organi		erson	(c) Amount o	f assistance	<b>(d)</b> Type	e of assi	stance	(e)	Purpose	e of assis	stance		
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested 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	(e) Shai organiza reven	ation's
				Yes	No
(1) H Robert Showers	President	3,302.	Fees for Services		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

#### Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Book to Tax Difference in Depreciation.

2015 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification numbe

36-6101090 Christian Legal Society

Pt XI

The form is prepared by a licensed CPA and reviewed by the CFO, CEO and President as well as the Board's Audit committee. Once approved by those, the CFO sends the Form 990 to each board member with opportunity to review and comment in advance of filing.

Pt VI, Line 11b

CLS has written Conflict of Interest Policy that is provided to each officer, director, and all employees when an individual joins the Board of Directors or an employee is hired. All individuals are reminded of this policy periodically during Board Meetings or staff meetings. Officers and Directors are required to review and sign their acknowledgement of the conflict of interest policy annually.

Pt VI, Line 12c

The Board of Directors determines the compensation of the Executive Director/CEO after independently researching comparable compensation packages for similar organizations. The Executive Committee, APF Committee, and Search Committee (when applicable) present the recommendation to the Board of Directors.

Pt VI, Line 15a

The Executive Director/CEO is responsible for recommending compensation for CLS staff. Staff salaries are presented to the APF Committee during the annual budget process for approval. The APF Committee presents the recommended budget including staff salaries to the Board of Directors for approval annually.

Pt VI, Line 15b

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(c) Legal domicile (state or foreign country) (d) Total income (e) End-of-year assets OMB No. 1545-0047

2015

Open to Public Inspection

(f) Direct controlling

entity

Name of the organization	Employer identification number
Christian Legal Society	36-6101090
	·

Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(b) Primary activity

<u>Springfield,_VA_22151</u> 36-6101090	See attach	ned. VA			N/A	
(2)						
(3)						
Part II Identification of Related Tax-Exempt O one or more related tax-exempt organizate	ions during the tax year	if the organization a	T	T	1	1
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
<u>(1)</u>				1		Yes No
272						
<u>(2)</u>						
<u>(3)</u>						
<u>(4)</u>						

(a)
Name, address, and EIN (if applicable) of disregarded entity

(1) Association of Faith Based Organizations

8001 Braddock Avenue

Page 2

Part III	Identification of Related Organizations Taxable as a Partnership	Complete	if the organization	answered	'Yes' on Form 990,	Part IV, I	line 34
	because it had one or more related organizations treated as a partner	rship during	g the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		K-1 (Form	(j) Gener mana partr	al or ging	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
<u>(2)</u>												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512 controlled	) (b)(13) d entity?
		oounity)	Ortacy	or trusty				Yes	No
<u>(1)</u>									
(2)									
(3)									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V	<b>Transactions With Related</b>	<b>Organizations</b>	Complete if	the organization	answered 'Ye	es' on Form 990,	Part IV, line 3	4, 35b, or 36.
--------	----------------------------------	----------------------	-------------	------------------	--------------	------------------	-----------------	----------------

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a	
b	Gift, grant, or capital contribution to related organization(s)	1 b	
С	Gift, grant, or capital contribution from related organization(s)	1 c	
d	Loans or loan guarantees to or for related organization(s)	1 d	
	Loans or loan guarantees by related organization(s)	1 e	
f	Dividends from related organization(s)	1f	
	Sale of assets to related organization(s)	1 g	
	Purchase of assets from related organization(s)	1 h	
	Exchange of assets with related organization(s)	1i	
	Lease of facilities, equipment, or other assets to related organization(s)	1 j	
•	······································	,	
k	Lease of facilities, equipment, or other assets from related organization(s)	1 k	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	
	n Performance of services or membership or fundraising solicitations by related organization(s)	1 m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	
	Sharing of paid employees with related organization(s)	10	
٠	onaling of paid employees with related organization(s).	10	
n	Reimbursement paid to related organization(s) for expenses	1 p	
	Reimbursement paid by related organization(s) for expenses	1 q	
٩	The limburse ment paid by related organization(s) for expenses.	14	
_	Other transfer of each or preparty to related ergenization(a)	1.	
	Other transfer of cash or property to related organization(s)	1 r	
	Other transfer of cash or property from related organization(s)	1 s	
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(d	`
		hod of de	etermining
	type (a-s)	amount ir	nvolved
1)			
2)			
. ,			
(3)			
٠,			
4)			
(5)			
(6)			
-			

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	sec	e) cartners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Oispr tion allocat	ate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	i) ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	1
<u>(1)</u>													
(2)													
(3)													
<u>(4)</u>													
<u>(5)</u>													
<u>(6)</u>													
<u>(7)</u>													
<u>(8)</u>													
													200) 0015

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

### Form **4562**

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

2015

OMB No. 1545-0172

Attachment Sequence No. 1

Department of the Treasury Internal Revenue Service Name(s) shown on return (99) ► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Identifying number

Christian Legal Society 36-6101090 Business or activity to which this form relates Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . . . . . 8 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 . . . . . . ▶ 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 16 MACRS Depreciation (Do not include listed property.) (See instructions.) 8,879. If you are electing to group any assets placed in service during the tax year into one or more general 18 Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (a)
Classification of property (b) Month and (c) Basis for depreciation (d) (g) Depreciation deduction Recovery period year placed in service only - see instructions) **19 a** 3-year property . . . . . **b** 5-year property . . . . . 25,643. 5.0 yrs 200 DB 5,129. c 7-year property . . . . . d 10-year property . . . . . e 15-year property . . . . f 20-year property . . . . 25 yrs g 25-year property . . . . . S/L 27.5 yrs S/L h Residential rental MM 27.5 yrs S/L MM property . . . . . . . 39 yrs MM S/L i Nonresidential real MM S/L Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life . . . . . . . . . . . **b** 12-year . . . . . . . . . . . . . . . . 12 yrs S/L **c** 40-year . . . . . . . . . . . . . . . 40 yrs MM S/L Part IV | Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 14,008. the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . . . . . . For assets shown above and placed in service during the current year, enter

3	6-	-6	1	n	1	n	9	n
_	u –	. 0	_	v	_	v	_	v

Page 2

Pa		isted	Property (Incoment, recreation	clude automobi	les, certa	in other v	ehicles,	certain	aircr	aft, d	certain d	computer	rs, and p		used for	<u>,                                      </u>	. 490 =
	N	lote: Fo	r any vehicle fo (a) through (c)	r which you are	using the	e standar	rd mileag	ge rate	or de	ducti	ing leas	e expens	se, com	plete <b>onl</b>	<b>y</b> 24a, 2	4b,	
			A – Deprecia	,							ns for lin	nits for p	asseng	er automo	obiles.)		
24	<b>a</b> Do you ha	ve eviden	ce to support the b	usiness/investmen	nt use daim	ed?	[	Yes		No	24b If	Yes,' is th	e evidend	e written?	[	Yes	No
	(a) Type of prop (list vehicles	-	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(d Cost other b	or	(busine	(e) or depreci ess/investr use only)		ı	(f) Recovery period	Me	(g) ethod/ vention	Depr	(h) eciation luction	sect	(i) ected ion 179 cost
25	•		ation allowance 50% in a qualifi	for qualified list					-		-		25				
26			ore than 50% ii				5)						20	ı			
27	Property	used 50	0% or less in a	qualified busine	ess use:							<u> </u>					
																-	
28	Add amo	ounts in	column (h), line	s 25 through 27	7. Enter h	ere and o	on line 2	1, page	1.				28				
29	Add amo	ounts in	column (i), line												. 29		
Com	nolata this	section	for vehicles use		Section							ralatad n	erson	lf vou pro	vided ve	hiclas	
to yo	our emplo	yees, firs	st answer the qu	uestions in Sect	tion C to	see if you	meet a	n excer	otion	to co	mpletin	g this se	ction fo	r those ve	ehicles.	71110103	
30			nvestment miles ( <b>do not</b> include		(a Vehi	a) cle 1	<b>(b</b> Vehic		\	(c /ehic	) cle 3	(d Vehi		(e) Vehic		<b>(f</b> Vehi	
0.4	commut	ing mile	s)														
31 32		•	les driven during th onal (noncomm	•													
02	miles dr	iven .	`														
33			n during the ye														
		3			Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34			available for peours?														
35	Was the than 5%	vehicle owner	used primarily lor related perso	by a more n?													
36			le available for														
<b>A</b>				C – Questions	•	•						-	•	•		41	
5% (	wer tnese owners or	related	ns to determine persons (see in	structions).	exceptior	i to comp	pieting S	ection i	3 for v	/enic	cies use	a by em	oloyees	wno <b>are</b>	not mor	e tnan	
37	Do you r	maintain	a written policy	statement that	prohibits	all perso	nal use	of vehi	cles, i	inclu	ding co	mmuting	,			Yes	No
38	Do you r	naintain	a written policy the instruction	statement that	prohibits	persona	l use of	vehicle	s. exc	ept	commut	ina. bv v	our				
39			use of vehicles I														
40			more than five v ain the informat														
41	Do you r	neet the	requirements of	concerning qual 39. 40. or 41 is	ified auto	mobile d	emonstr	ation us	se? (S for th	See i	instructi	ons.) ehicles.					
Pa		-	zation														
		Des	(a) cription of costs		Date an	(b) nortization egins		(c) Amortizat amount			C	d) ode ction	ре	(e) ortization eriod or rcentage		<b>(f)</b> Amortizatio for this yea	
42	Amortiza	ation of o	costs that begin	s during your 2	015 tax y	ear (see	instructi	ons):		- !				-			
													_				
43	Amortiz	ation of	costs that bega	n before vour 2	l 2015 tax v	ear				<u> </u>			<u> </u>	43		2	,601.
44			unts in column	•	•									44			,601.

### Form 8879-EC

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning \_\_\_\_ , 2015, and ending \_\_\_ \_ , 20 OMB No. 1545-1878

2015

Department of the Treasury Internal Revenue Service Name of exempt organization

► Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.qov/form8879eo.

Christian Legal Society

Employer identification number

36-6101090

Executive Director/CEO David Nammo Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on

the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	1,545,657.
2 a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3 a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5 a Form 8868 check here ▶ D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	
5 a Form 8868 check here ▶	5 b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: che	eck one box only			_
I authorize		to enter my PIN		as my signature
_	ERO firm name		Enter five numbers, but do not enter all zeros	_
and the second section		for the control of the control of the first about the control of t		ettttal-

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature > Date ▶

#### Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification 

54260212345

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

Christian Legal Society 36-6101090 1

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

escription: 1	Law Student Ministries:
135,353.	See Attached
0.	
48,199.	
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_	
escription: <u>(</u>	Christian Legal Aid Ministries:
127,984.	See Attached
0.	
86,845.	
_	
_	
	.35,353. 0. 48,199. escription: .27,984. 0.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 6, Line 17 (continued)

Alaska
Colorado
Kentucky
Maryland
Michigan
Minnesota
North Dakota
New Hampshire
New Mexico
Tennessee
Virginia
Washington
Wisconsin
West Virginia

### <u>Form 990 p 1: Pt I, Ln 1, Mission</u>

The mission of the Christian Legal Society is to inspire, encourage, and equip Christian lawyers and law students both individually and in community to proclaim, love and serve Jesus Christ through the study and practice of law, the provision of legal assistance to the poor and needy, and the defense of the inalienable rights to life and religious freedom.

### Form 990 p 2: Organization Mission-1

The mission of the Christian Legal Society is to inspire, encourage, and equip Christian lawyers and law students both individually and in community to proclaim, love and serve Jesus Christ through the study and practice of law, the provision of legal assistance to the poor and needy, and the defense of the inalienable rights to life and religious freedom.

## Form 990 p 2: Line 4a Description-2

Center for Law and Religious Freedom: As the country's oldest Christian advocacy ministry for religious liberty, CLRF has initiated law suits, filed amicus briefs, argued cases, and worked with Congress to defend our Constitution's inalienable protection of religious freedom and the sanctity of human life.

## Form 990 p 2: Describc-2

Attorney Ministries: CLS attorney chapters and individual members throughout the country are engaged in a wide range of ministries and activities, including Christian fellowship and spiritual development, discipleship, law student mentoring, contributions to The Christian Lawyer magazine, legal referrals, Christian conciliation, volunteer legal service on behalf of the poor and needy, and engagement with the legal community in their respective communities.

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Law Student Ministries: CLS helps students in law schools across the country integrate their Christian faith with the study and eventual practice of law. Our Law Student Ministries engages CLS and other Christian groups on law school campuses, resourcing them with Bible studies, one-on-one mentoring, student-focused conferences, a Journal of Christian Legal Thought, and faith-based curriculum services.

### 

Legal Aid Ministries: CLS trains, coordinates, networks, resources, and assists lawyers, churches, missions, ministries, and laypeople to engage in Christian legal aid in their communities, making sure the poor and needy have access to justice. Christian Legal Aid helps the disadvantaged untangle legal issues, seek Christian guidance

#### Additional Information For Tax Return

Christian Legal Society	36-6101090
Form 990 p 2: Line 2-2 (Continued)	
for personal problems, and understand their rights under the law.	
Schedule R: Primary Activity-1	
Defending religious freedom of faith based organizations and other charitable purposes.	