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DLN: 93493072000307

OMB No 1545-0047

Form 990

Department of the Treasury

**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

19   Revenue less expenses   Subtract line 18 from line 12   3,120,208   10,735,943	Intern	al Reven	nue Servic	ce The state of th			Inspection
The probability occurs   Advanced   Advanc	A F	or the 2	2015 ca		_		
Part	B Ch	eck ıf ap	plicable		DE	mployer i	dentification number
Description	<u> </u>		-	PUBLIC POLICY STUDIES	3	6-3235	550
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Number and states (or 10 box of made a total advisored to states address)    Reproduction persons			irn		E T	alanhana n	umber
Application periodic distant   Application periodic   Application   Applicati			ted		9	·	
## ASSENCE OF COLORS 1/4   F. Name and address of principal officer   F. Name and address of principal officer	An	nended r	eturn		(:	202)822	2-8138
F. Rame and address of principal officer STEVEN to CALA ARREST 175 is TREET NW SUTE 300 WASHINGTON, DC 20006  I Tax-exempt datables	Ар	plication	pending			·	.t- + 26 026 652
STEVEN G CALABRES! 1776 ISTREET NW SUITE 300 WASHINGTON, DC 20006  1 Tak-evempt spalls						<u> </u>	
1776   STREET NW SUITE 300     1				· · ·			
Take-evernot status   Statistics   Statist				1776 I STREET NW SUITE 300		tes?	Yes   <b>✓</b>
Webster   New FED-SOC ORG				WASHINGTON,DC 20006	H(b) Are all su	bordınate	es Eves E No
Websites: Name   Wildling   Wil	I la	x-exemp	pt status	<b>✓</b> 501(c)(3)			
Part   Summary	J W	ebsite:	.► ww	/W FED-SOC ORG	•		,
1					1		
Binefly describe the organization's mission or most significant activities   THE ORGANIZATION PROMOTES INTELLECTUAL DIVERSITY AND THE RULE OF LAW IN THE LEGAL COMMUNITY IT IS DRGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES	K For	m of orga	anızatıon	✓ Corporation     Trust     Association     Other	- Fear of formation	M 1982	M State of legal domicile IL
Binefly describe the organization's mission or most significant activities   THE ORGANIZATION PROMOTES INTELLECTUAL DIVERSITY AND THE RULE OF LAW IN THE LEGAL COMMUNITY IT IS DRGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES	Pa	rt I	Sum	marv			
2							
2 Check this box ▶						LEGAL	COMMUNITY IT IS
7a Total unrelated business revenue from Part VIII, column (C), line 12 7b  Net unrelated business taxable income from Form 990-T, line 34 7b  8 Contributions and grants (Part VIII, line 1h) 17,224,591 25,762,242  9 Program service revenue (Part VIII, line 1p) 103,770 56,339  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 103,770 56,339  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,256 -581  12 Total revenue—add lines 8 through 11 (must equal Part III, column (A), line 12) 334,388 355,038  14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 334,388 355,038  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5,-10) 0 0  16 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (D), line 25) ▶ 957,713  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15,077,690 15,863,052  19 Revenue less expenses Subtract line 18 from line 12 3,120,208 10,735,943  8 Beginning of Current Year  20 Total assets (Part X, line 16) 1,302,606 17,755,641  21 Total liabilities (Part X, line 26) 1,755,641  22 Net assets or fund balances Subtract line 21 from line 20 14,914,760 25,796,309  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, imply knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	e.	OR	RGANIZ	ZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTI	FIC PURPOSES		
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Ta   Total unrelated business revenue from Part VIII, column (C), line 12   Ta   0   0	Ċ					<u> </u>	
B Net unrelated business taxable income from Form 990-T, line 34	⋖			·			-
Prior Year   Current Year				· · · · · · · · · · · · · · · · · · ·			<u> </u>
Second   S		b Ne	t umera	ated business taxable income non-Form 990-1, line 34	1		
9 Program service revenue (Part VIII, line 2g)			Cantu	hutuana and gyanta (Dart VIII line 1 h)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   1,256   -581     12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line    18,197,898   26,598,995     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>a</u>						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   1,256   -581     12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line    18,197,898   26,598,995     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Tio O	-	_	, , , , , , , , , , , , , , , , , , , ,		•	,
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)						•	
12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
14 Benefits paid to or for members (Part IX, column (A), line 4)		12		revenue and fines of through II (must equal that vIII, column (A), me	18,	197,898	26,598,995
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)		13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)		334,388	355,038
Solution		14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		0	a
Total fundraising expenses (Part IX, column (A), line 11e)	"	15			5.0	007.588	5.471.921
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Š		-				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8	16a				0	0
Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12	ቯ	Ь					
Revenue less expenses Subtract line 18 from line 12		17					
Beginning of Current Year  20 Total assets (Part X, line 16)							
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge		19	Reven	ue less expenses Subtract line 18 from line 12	3,:	120,208	10,735,943
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	ς φ χς φ				Beginning of Cur	rent Year	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	set	20	Total	assets (Part X, line 16)	16	217.366	27.551.950
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	A B					•	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge	P. P.					•	
Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge  ******  Synature of officer.							
preparer has any knowledge  *****  Synature of officer	Unde	r penal	ties of	perjury, I declare that I have examined this return, ir			
*****  Supplying of officer	my k	nowled <sub>s</sub>	ge and i	belief, it is true, correct, and complete Declaration o			
Sign Signature of officer	prepa	arer has	s any ki	nowledge			
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EUGENE B MEYER PRESIDENT Type or print name and title

Paid	l
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Jse	Only

Print/Type preparer's name JOEL C SUSCO Preparer's signature JOEL C SUSCO Firm's name BOND BEEBE PC Firm's address ▶ 4600 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 208143423

May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

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

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ΙV	Checklist of Required Schedules	(continued)

·	Checkist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did 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? If "Yes," complete Schedule J	23	Yes	

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Νo

Νo

Νo

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Yes

Form 990 (2015)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this l		.,			_
		Check if Schedule O Condains a response of note to any line in this i	rait	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	286			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to	vend	ors and reportable		V	
2-	_	g (gambling) winnings to prize winners?	٠,		<b>1</b> c	Yes	
24	Tax St	tatements, filed for the calendar year ending with or within the year covered is return	2a	44			
b		east one is reported on line 2a, did the organization file all required federal emp f the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3а	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	ear?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	n in S	ichedule O	3b		
4a	over, a	time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc nt)?			4a		No
b		s," enter the name of the foreign country    structions for filing requirements for FinCEN Form 114, Report of Foreign Bank )	and I	Financial Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year <sup>?</sup>	5a		No
b	Dıd an	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?			_		
6a		the organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable cont	,	·	5c 6a		No
b	If "Yes	s," did the organization include with every solicitation an express statement the		ŀ	6b		
7	Organi	izations that may receive deductible contributions under section 170(c).					
a		e organization receive a payment in excess of \$75 made partly as a contribution es provided to the payor?		d partly for goods and	7a	Yes	
		s," did the organization notify the donor of the value of the goods or services pr		1	7b	Yes	
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	· .	which it was required to	<b>7</b> c		No
a	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso		1	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the oi ed?	rganız • •	ation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd t	the organization file a	7h		
8	Did a d	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	iness •	holdings at any time	8		
9a	Did the	e sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson <sup>7</sup>	9b		
10	Sectio	n 501(c)(7) organizations. Enter					
		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	10a				
b	Gross facılıtı		10b				
11	Sectio	n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources at amounts due or received from them )	11b				
12a	Sectio	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b	If"Yes year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> o onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
С		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax		·	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanat	•	ŀ	14b		

orm	990 (2015)			Page
	Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			, _
Эе	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12		163	140
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes **10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . 10a Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . **15**a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . . . . . . 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

	organization's exempt status with respect to such arrangements?	<b>16</b> b	
Se	ection C. Disclosure		
17	List the States with which a copy of this Form 990 is required to be filed $ ightharpoonup$ IL , MD , NY , PA , SC		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)		

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶THE FEDERALIST SOCIETY 1776 I STREET NW SUITE 300 WASHINGTON, DC 20006 (202) 822-8138

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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

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

Check this box if neither the organization r	nor any related o	rganıza	ition	com	pen	sated	dany	y current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer tor/t	not one n is and rust		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Steven G Calabresı	1 0	l x		×				0	0	0
Director/Chairman		^		^					0	ľ
(2) David M McIntosh	1 0									
Director/Vice Chairman	. 0 0	X		×				0	0	0
(3) Gary Lawson	1 0							0	0	0
Director/Secretary	0.0	×		×					0	U
(4) Brent O Hatch	1 0									
Dırector/Treasurer		X		×				0	0	0
(5) Eugene B Meyer	40 0									
Director/ President		X		×				726,714	0	47,190
(6) Leonard A Leo	40 0	l		Ī.,				405.000		50 500
Director/Exec Vice President		×		×				435,000	0	50,508
(7) Lee Liberman Otis	40 0									
Director/Senior Vice President	. 0 0	Х		×				345,000	0	18,550
(8) T Kenneth Cribb Jr Director	20	x						60,000	0	0
(9) C Boyden Gray	1 0									
Director	1	×						0	0	0
	0 0	-		-	_		-			
(10) Edwin Meese III Director		×						0	0	0
(11) Michael B Mukasey	1 0									
Director	. 0 0	X						0	0	0
(12) Nicholas Quinn Rosenkranz	1 0	l								
Director		×						6,000	0	0
(13) Dean A Reuter	40 0					x		265,000	0	50,541
Director of Practice Groups	0 0 40 0			_			<u> </u>			
(14) Douglas C Ubben						×		196,000	0	34,584
Director of Finance	0.0	1	1							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	no one n is and			( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) Peter K Redpath	40 0					х		180,000		29,499
Director of Student Division	0 0					<u> </u>		100,000		25,455
(16) Jonathan R Bunch	40 0					×		157,160	(	36,125
State Courts, VP/Director	0 0							137,100		30,123
(17) Cynthia Searcy	40 0					×		150,000	(	16,248
DIRECTOR OF DEVELOPMENT	0.0									
c Total from continuation sheets to Part VII	•			•		•	•			•
d Total (add lines 1b and 1c)				•			2,5	20,874	0	283,245

	_		165	140	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Vaa		
		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	,	,
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
CREATIVE RESPONSE CONCEPTS, 2760 EISENHOWER AVENUE 4TH FLOOR ALEXANDRIA, VA 22314	MEDIA TRAINING	1,356,297
DC Strategies, 566 Shenandoah Valley Drive FRONT ROYAL, VA 22630	MEDIA CONSULTING	195,000
JAMES P KELLY III PC, 6220 BANNERHORN RUN ALPHARETTA, GA 30005	INTL EFFORTS CONSULT	165,000
FTI CONSULTING, 909 COMMERCE ROAD ANNAPOLIS, MD 21401	PR CONSULTING	122,278
NORTH STAR OPINION, 112 NORTH ALFRED STREET ALEXANDRIA, VA 22314	POLLING	108,704
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

\$100,000 of compensation from the organization  $\blacktriangleright$  6

orm 99								Page <b>9</b>
Part V	* + + •	Statement of		aca ar noto to any lir	o in this Dort VIII			<u> </u>
		Check IT Schea	ule O contains a respor	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ည	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	ies <b>1b</b>					
وَ وَرَ	c	Fundraising eve	ents <b>1c</b>					
ifts.	d	Related organiz	zations <b>1d</b>					
Contributions, Gifts, and Other Similar A	e	Government grant	s (contributions) <b>1e</b>					
	f		ons, gifts, grants, and <b>1f</b>	25,762,242				
	g		ons included in lines	13,950				
Cont	h	1a-1f \$ <b>Total.</b> Add lines	s 1a-1f		25,762,242			
				Business Code				
ž.	2a	REGISTRATION FE	ES	900099	498,662	498,662		
Program Service Revenue	ь	MEMBERSHIP DUE	5	900099	282,333	282,333		
	c							
ž	d							
E S	e							
ogra	f	All other progra	am service revenue					
<u>&amp;</u>	g	Total. Add lines	s 2a-2f		780,995			
	3		ome (including dividend ar amounts)		45,716			45,716
	4		stment of tax-exempt bond p	F	0			
	5	Royalties .	<u></u>	•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d		me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	340,263					
	ь	Less cost or other basis and sales expenses	329,640					
	C	Gain or (loss)	10,623					
	d 8a	Net gain or (los Gross income f	rom fundraising	· · · · <b>&gt;</b>	10,623			10,623
Revenue		events (not inc	luding  s reported on line 1c)					
Other Revenue			a					
	b c		penses <b>b</b> (loss) from fundraising e	events .	0			
			rom gaming activities	events •				
			ne 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo		3,018				
	ь	Less cost of a	oods sold <b>b</b>	8,017				
	l		(loss) from sales of inve	· · · · · · · · · · · · · · · · · · ·	-4,999			-4,999
		Miscellaneou	s Revenue	Business Code				
	11a b	MISCELLANEO	ous	900099	4,418			4,418
	C							
	d	All other reven	ue					
	I							

26,598,995

780,995

Total revenue. See Instructions

#### Part IX Statement of Functional Expenses

ection 501 (c)(3) and 501 (c)(4) organizations must complete all columns. All other organizations must comp	nnlete colu	complete	isti	mus	tions	uzat	raan	ero	oth	ΔΠ	ımns	COL	الجد	leta	omr	st a	mu	ions	บรล	ordar	1411	1 ( )	50:	and	1/31	1 (0	5.0	tion	er
---	-------------	----------	------	-----	-------	------	------	-----	-----	----	------	-----	------	------	-----	------	----	------	-----	-------	------	-------	-----	-----	------	------	-----	------	----

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,720	38,720		·
2	Grants and other assistance to domestic individuals See Part IV, line 22	316,318	316,318		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,717,152	1,150,148	145,991	421,013
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,925,704	2,419,642	264,457	241,605
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	132,083	113,865	15,138	3,080
9	Other employee benefits	454,847	350,777	72,850	31,220
10	Payroll taxes	242,135	196,289	19,683	26,163
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	5,249	2,737	2,512	
с	Accounting	28,000		28,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f -	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,124,709	2,118,397	6,162	150
12	Advertising and promotion	308,010	305,488		2,522
13	Office expenses	299,136	210,789	72,654	15,693
14	Information technology	19,559	14,447		5,112
15	Royalties	0			
16	Occupancy	931,098	723,302	97,187	110,609
17	Travel	1,397,708	1,323,571	26,330	47,807
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	467,200	467,200		
19	Conferences, conventions, and meetings	2,473,903	2,447,530	21,252	5,121
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	70,568	55,043	7,057	8,468
23	Insurance	28,764	291	28,473	
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)				
a	HONORARIA	1,209,750	1,209,750		
b	RECORDING	300,725	297,600	3,125	
c	PRINTING	183,304	147,337	697	35,270
d	JOURNAL	158,748	158,748		
е	All other expenses	29,662	26,190	-408	3,880
25	Total functional expenses. Add lines 1 through 24e	15,863,052	14,094,179	811,160	957,713
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2015)				Page <b>11</b>
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X				
				(A)		(B)
	1	Cash-non-interest-bearing		Beginning of year 9,966	1	End of year 11,330
	2	Savings and temporary cash investments		9,998,440	2	12,829,827
	3	Pledges and grants receivable, net		2,973,860	3	1,614,556
	4	Accounts receivable, net		2,973,000	4	1,014,330
	5	Loans and other receivables from current and former officers, directors, tr	istoos	0	7	
	3	key employees, and highest compensated employees. Complete Part II o				
		Schedule L	•			
				0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined unsection 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) Comple II of Schedule L	0	6	0	
\$8	,	Notes and leans reservable, not		0		0
¥	8	Notes and loans receivable, net		25,847	7 8	17,831
			•	23,847		
	9	Prepaid expenses and deferred charges	•	243, 169	9	549,164
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a	736,459			
	Ь	Less accumulated depreciation 10b	374,934	304,854	10c	361,525
	11	Investments—publicly traded securities		1,199,240	11	2,324,519
	12	Investments—other securities See Part IV, line 11		1,192,868	12	9,671,650
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		269,102	15	171,548
	16	Total assets.Add lines 1 through 15 (must equal line 34)		16,217,366	16	27,551,950
	17	Accounts payable and accrued expenses		645,558	17	471,396
	18	Grants payable		0	18	0
	19	Deferred revenue		211,983	19	271,106
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		0	21	0
lities	22	Loans and other payables to current and former officers, directors, trustee key employees, highest compensated employees, and disqualified	s,			
Liabili		persons Complete Part II of Schedule L		0	22	0
: <u>``</u>	23	Secured mortgages and notes payable to unrelated third parties $$ . $$ .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D	rties,			
		· · · · · · · · · · · · · · · · · · · ·		445,065	25	1,013,139
	26	Total liabilities. Add lines 17 through 25		1,302,606	26	1,755,641
~		Organizations that follow SFAS 117 (ASC 958), check here ▶	plete			
ce		inies 27 Chrough 29, and inies 33 and 34.				
<u>la</u>	27	Unrestricted net assets		10,765,995	27	13,690,008
æ	28	Temporarily restricted net assets		4,138,765	28	12,096,301
Fund Balances	29	Permanently restricted net assets		10,000	29	10,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □	ınd			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Net Assets or	31	Paid-in or capital surplus, or land, building or equipment fund			31	
jt f	32	Retained earnings, endowment, accumulated income, or other funds			32	
ž	33	Total net assets or fund balances		14,914,760	33	25,796,309
	34	Total liabilities and net assets/fund balances		16,217,366	34	27,551,950

#### **Reconcilliation of Net Assets**

	Check if Schedule O contains a resp
1	Total revenue (must equal Part VIII, colum

ın (A ), line 12 ) . . . . Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . Donated services and use of facilities .

Investment expenses .

Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) .

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Check if Schedule O contains a response or note to any line in this Part XII . . . . . . .

Part XIII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Cash ✓ Accrual COther Both consolidated and separate basis

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 **b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2a

2b

2c

3a

3b

Page **12** 

26,598,995

15,863,052

10,735,943

14.914.760

25,796,309

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

145,606

#### **Additional Data**

Software ID:

Software Version: **EIN:** 36-3235550

Name: THE FEDERALIST SOCIETY FOR LAW AND

PUBLIC POLICY STUDIES

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	1,869,504	ıncludıng grants of \$	) (Revenue \$	3
GENERAL PROGRAM					
(Code	) (Expenses \$	1,894,453	including grants of \$	209,265 ) (Revenue \$	

FACULTY ACTIVITIES

37,031

5,786)

(Code ) (Expenses \$ 1,536,982 including grants of \$ ) (Revenue \$ 320,915 )

(Code	) (Expenses \$	1.151.891 including grants of \$	33.936 ) (Revenue \$	259.835

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

SYMPOSIUMS & CONVENTIONS

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DLN: 93493072000307 OMB No 1545-0047

**Employer identification number** 

36-3235550

SCHEDULE A (Form 990 or 990EZ)

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

#### **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.

Open to Public

Department of the Treasury Internal Revenue Service

Part I

1

2

Name of the organization

PUBLIC POLICY STUDIES

THE FEDERALIST SOCIETY FOR LAW AND

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Inspection

Tota	ıl .	l l				1		
					Yes	No		
Nar	me of s	upported organization	, ,	Type of organization (described on lines 1-9 above (see instructions))	Is the orga listed in your docum	nızatıon governing	A mount of monetary support (see instructions)	Amount of other support (see instructions)
		(i)	(ii)EIN	(iii)	(iv)	)	(v)	(vi)
g		Provide the following ii	nformation abo	out the supported orga	inization(s)			
f	Ente	r the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5		<u></u>	
е		Check this box if the o integrated, or Type III	_				t is a Type I, Type II, T	ype III functionally
		(see instructions) You	u must comple	te Part IV, Sections A	and D, and Pa	rt V.		•
d							n with its supported org irement and an attentive	
	I	supported organization	n(s) (see instr	uctions) You must co	mplete Part IV	, Sections A,	D, and E.	,
С	_	must complete Part IV	•		in operated in c	connection with	th, and functionally integ	rated with its
b							ported organization(s), b r manage the supported	
	_	organization You must	t complete Pa	rt IV, Sections A and	В.	·		
а	Г	Type I. A supporting o	rganızatıon op	perated, supervised, oi	r controlled by	its supported	organization(s), typical ctors or trustees of the	ly by giving the
	•						n 509(a)(2) See <b>sectio</b> Id complete lines 11e, 1	
11	-	3		'		•	inctions of, or to carry o	ut the purposes of
10	_	from gross investmen organization after Jun An organization organi	e 30,1975 S	ee <b>section 509(a)(2).</b>	(Complete Parl	tIII)	,	o acquirea z, ene

instructions

Page 2 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.)

S	ection A. Public Support							
·	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2	015	<b>(f)</b> Total
(or 1	fiscal year beginning in) > Gifts, grants, contributions, and	. ,			. ,			
1	membership fees received (Do not include any unusual grants )	12,954,105	12,758,642	16,642,346	17,224,591	2!	5,762,242	85,341,926
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities							
	furnished by a governmental unit to the organization without							0
4	charge <b>Total.</b> Add lines 1 through 3	12,954,105	12,758,642	16,642,346	17,224,591	21	5,762,242	85,341,926
5	The portion of total contributions	12,551,105	12,730,012	10,012,310	17,221,331		5,7 02,2 12	03,311,320
•	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							10,300,408
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							75,041,518
	from line 4 ection B. Total Support			L				
	Calendar year	( )2011	4132042	( )2012	(1)2014	( ) )		
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	)15	<b>(f)</b> Total
7	Amounts from line 4	12,954,105	12,758,642	16,642,346	17,224,591	25	5,762,242	85,341,926
8	Gross income from interest,							
	dividends, payments received	70,901	71,400	52,997	31,419		45,716	272,433
	on securities loans, rents, royalties and income from	,0,501	71,400	32,337	31,415		45,710	272,433
	similar sources							
9	Net income from unrelated							
	business activities, whether or							0
	not the business is regularly carried on							
10	Other income Do not include							
10	gain or loss from the sale of	1 063	22.705	4.600	2 022		4 440	26 700
	capital assets (Explain in Part	1,863	23,785	4,699	2,023		4,418	36,788
	VI)							
11	Total support. Add lines 7 through 10							85,651,147
12	Gross receipts from related activi	, ,	*			12		3,682,151
13	First five years.If the Form 990 is	-	•		•			organization,
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			.▶	
	ection C. Computation of Pu			11 column (f))		T		
14	Public support percentage for 201			11, Column (1))		14		87 613 %
	Public support percentage for 201					15		67 681 %
16a	<b>33 1/3% support test—2015.</b> If the	e organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	
h	and <b>stop here.</b> The organization quality <b>33 1/3% support test—2014.</b> If the	•			and line 15 is 33	1/3% or	more che	► ✓ eck this
_	box and <b>stop here.</b> The organizati	_		•		2,0,00		▶ □
17a	10%-facts-and-circumstances tes is 10% or more, and if the organiz in Part VI how the organization me	st— <b>2015.</b> If the organization meets the fa	anization did not c acts-and-circums	theck a box on line tances test, check	k this box and <b>st</b>	p here. I	Explain	•
	organization	411					,	▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the org- Explain in Part VI how the organiz	anızatıon meets th	ne "facts-and-circ	umstances" test,	check this box a	nd <b>stop l</b>	iere.	·
18	supported organization  Private foundation. If the organization							<b>▶</b> □

ightharpoons

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.)

Se	ction A. Public Support						
,	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	<u> </u>					
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	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						
6	to the organization without charge <b>Total.</b> Add lines 1 through 5						
	<del>-</del>						
/a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
50	from line 6 ) ction B. Total Support						
36				I			
or f	Calendar year iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
oa Oa	Gross income from interest,						
ua	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c,						
	11, and 12) First five years.If the Form 990 is f	[	ania firat accord	third fairth ar	6.6th tax		1/2 \
L4		or the organization	on s mst, second	, tillia, louitii, oi	ilitii tax year as a	section 301(c	)(3) organization,
	check this box and stop here	lic Cupport D	orcontago				
	Ction C. Computation of Pub			12 1 (6)			
L5	Public support percentage for 2015			: 13, column (f))		15	
L6	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	•	7.7	•	. , ,		
	· · · · · · · · · · · · · · · · · · ·				lling 15 is seen to	18 han 22 1/20/ s	and line 47 ·- ·- ·
ьya	<b>33 1/3% support tests—2015.</b> If the	•		·			
	more than 33 1/3%, check this box	•				-	2 1/20/ and line
b	33 1/3% support tests—2014.If the	-					_
	18 is not more than 33 1/3%, check		-	•		-	
20	Private foundation. If the organizat	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and s	see instruction	s ▶ 🗀

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		Yes	No
	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		1
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	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 Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
эа	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	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 II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) 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		
С	Did a disqualified person (as defined in line 9(a)) 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> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	<b>11</b> b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

<b>-</b> (-)	31	ibbo	ı cını	y Oi	yanı	Zation	<b>5</b> (CO	Itiliu	eu,
_	 			_					

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons	1		

Section D. All Type III Supporting Organizations

that controlled or managed the supported organization(s)

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

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

•	instructions)	sircity (.	300
2	Activities Test Answer (a) and (b) below.		Ye
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of th	e	
	supported organization(s) to which the organization was responsive?		

а	supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below		

- Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ting O	rganizations	,
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	lov 20.1970 <b>See inst</b>	ructions. All other
-	Type III non-functionally integrated supporting organizations must complete S			
	, , , , , , , , , , , , , , , , , , , ,		<u>,                                      </u>	•
	Section 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		
				•
	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section 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	<b>Distributable A mount.</b> 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-		d Type III supporting o	rganization (see
	instructions)	-	3	- `

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section 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 requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
<b>6</b> 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 31 and 4c			
8 Breakdown of line 7		<u> </u>	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
<del></del>		Schodulo A	/Form 990 or 990-F7) (2015

#### **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. OMB No 1545-0047

DLN: 93493072000307

Department of the ► Attach to Form 990. Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization THE FEDERALIST SOCIETY FOR LAW AND PUBLIC POLICY STUDIES 36-3235550 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_
- Number of states where property subject to conservation easement is located ▶\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)
- (B)(I) and section 170(h)(4)(B)(II)? No. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
- balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements
- Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of Art	Historica	l Trea	sures, or (	Other Sim	ilar Ass	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other record	ls, check any	of the	following that	are a sıgnıfı	cant use o	of its	
а		Public exhibition		d ┌ ∟	oan or	exchange pro	grams			
b	_ :	Scholarly research		<b>e</b>	ther					
c		Preservation for future generations								
4	Provi Part >	de a description of the organization's KIII	s collections and explai	n how they fu	rther tl	ne organizatio	n's exempt p	ourpose in		
5	asset	g the year, did the organization solic s to be sold to raise funds rather tha		,				Yes	_ No	o
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm 990, Pa	ırt IV,	line 9, or re	ported an	amount (	on Fori	m 990,
<b>1</b> a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interme	diary for cont	rıbutıo	ns or other as:	sets not	☐ Yes	<u> </u>	o
b	If"	Yes," explain the arrangement in Pa	art XIII and complete th	ne followina ta	able			A mou	nt	
c		ginning balance				10	:			
d		ditions during the year				10	ı			
e		tributions during the year				16				
f		ding balance				1f				
<b>2</b> a		ne organization include an amount oi	n Form 990, Part X, line	21, for escre	ow or c	ــــــا ustodıal accou	ınt lıabılıty?	□Yes		<u> </u>
b		s," explain the arrangement in Part							•	
Pa	rt V	Endowment Funds. Comple								
			(a)Current year	<b>(b)</b> Prior year	b (c)	Two years back	(d)Three yea	ırs back (	<b>e)</b> Four ye	ears back
<b>1</b> a	Begir	nning of year balance	10,000	10,00	00	10,000		10,000		10,000
b	Cont •	ributions · · · · · · ·								
c	Net i losse	nvestment earnings, gains, and es								
d	Gran	ts or scholarships								
e		r expenditures for facilities programs								
f	A dmi	nistrative expenses								
g	End o	of year balance	10,000	10,00	00	10,000		10,000		10,000
2	Provi	de the estimated percentage of the o	current year end balanc	e (line 1g, co	lumn (a	a)) held as		•		
а	Board	designated or quasi-endowment <b>&gt;</b>								
b	Perma	anent endowment ► 100 000 %								
c	Temp	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c :	should equal 100%							
За	A re th	nere endowment funds not in the pos ization by	·	tion that are	held ar	nd administere	ed for the		Yes	No
	<b>(i)</b> un	related organizations						3a(i)		No
	` '	lated organizations						3a(ii	)	No
b		es" on 3a(II), are the related organiza	·					. 3b		<u> </u>
4	Desci rt VI	ribe in Part XIII the intended uses of Land, Buildings, and Equip		lowment fund	<u>S</u>					
ĿĊ	LVI	Complete if the organization a		m 990, Par	t IV, lı	ne 11a.See	Form 990,	Part X, I	ıne 10	
		Description of property		(a) Cost or oth	er basıs	(b) Cost or other b	Accı	imulated reciation		ok value
1a	Land			<u> </u>	<u> </u>					
b	Buildin	gs								
c	Leaseh	old improvements				49,	762	1,885		47,877
d	Equipn	nent				280,	267	223,525		56,742
	Other					406.4	130	149 524		256 906

361,525

(a) Description of security or category (including name of security)		( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Social end of year market valu
(2)Closely-held equity interests (3)Other			
(A) WHITEBOX MULTI-STRATEGY FD LTD		1,287,009	F
(B) CERTIFICATES OF DEPOSIT		8,384,641	F
T. I. I. (C. I (I)	<b>&gt;</b>	0.671.650	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.		9,671,650	
Complete if the organization answered  (a) Description of investment	'Yes' on Form 99	0, Part IV, line 11c. <sub>See</sub>	Form 990, Part X, line 13. (c) Method of valuation
(a) bescription of investment		(D) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990. Part IV. line 11	d See Form 990. Part X. line 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization  (a) Descri	n answered 'Yes' on	Form 990, Part IV, line 11	d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (c) Described in the or	n answered 'Yes' on or		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.	n answered 'Yes' on ription  5)  anization answere	d 'Yes' on Form 990, Pa	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described (a) Des	n answered 'Yes' on or	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.	n answered 'Yes' on ription  5)  anization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability	n answered 'Yes' on ription  5)  anization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	sanization answere		(b) Book value

Schedule D (Form 990) 2015

1

2

а

26,752,618

1

145,606

b	Donated services and use of fa	cilities	. 2	b				
c	Recoveries of prior year grants		. 2	С				
d	Other (Describe in Part XIII )		2	d				
e	Add lines <b>2a</b> through <b>2d</b>			<del>-</del>			2e	145,606
3	Subtract line $\mathbf{2e}$ from line $1$ .						3	26,607,012
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1						
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	.   4	a				
b	Other (Describe in Part XIII )		4	b		-8,017		
c	Add lines <b>4a</b> and <b>4b</b>						4c	-8,017
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I,	line 12	) .		[	5	26,598,995
Part		penses per Audited Financial					s per	Return.
		ization answered 'Yes' on Form 99				а.		
1	·	audited financial statements					1	15,871,069
2		t not on Form 990, Part IX, line 25	1	1				
а		icilities	<del>-</del>	2a				
b	, ,		<u> </u>	2b				
С			·	2c				
d	Other (Describe in Part XIII )		•	2d		8,017		
е	Add lines <b>2a</b> through <b>2d</b>						2e	8,017
3	Subtract line <b>2e</b> from line <b>1</b> .		•				3	15,863,052
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:						
а	· ·	ıded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII )			4b				
c	Add lines <b>4a</b> and <b>4b</b>						4c	
5	Total expenses Add lines <b>3</b> an	nd <b>4c.</b> (This must equal Form 990, Part	I, line	18).			5	15,863,052
B	Considerated Total							
	Supplemental Info							
Part		Part II, lines 3, 5, and 9, Part III, lines lines 2d and 4b, and Part XII, lines 2d						de any additional
	Return Reference	Explanatio	on					
	X, LINE 2 - FIN 48 NOTE	Accounting principles generally accep an organization evaluate tax positions more likely than not that the position v Service Management has analyzed the September 30, 2016, there are no und require disclosure in the financial state jurisdictions, however, there are curre	taken will not e Socie certain ements	by the obe susted by the suste	organiz tained u x positi ns take ociety	ation and rec ipon examina ons and has i n or expected is subject to	ognize ition b conclu d to be routin	a tax liability if it is y the Internal Revenue ded that as of taken that would e audits by taxing

2a

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2015	Page <b>5</b>	
Part XIII Supplemental Inf		
Return Reference	Explanation	
PART XII, LINE 2D-OTHER EXPENSES INCLUDED ON FINANCIALS, BUT NOT FORM 990	COST OF SALES \$8,017	

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -	DLN	: 93493072000307
SCHEDULE F (Form 990)	ntement of	Activities (	OMB No 1545-0047		
Department of the Treasury	▶ Complete	if the organization Part IV, line ► Attach to ule F (Form 990) a	2015  Open to Public Inspection		
Name of the organization THE FEDERALIST SOCIETY FOR LA PUBLIC POLICY STUDIES	AW AND			<b>Employer ide</b> 36-3235550	ntification number
Part I General Information  Complete if the organic			<b>he United States.</b> orm 990, Part IV, line	14b.	
For grantmakers. Does the and other assistance, the g used to award the grants or	rantees' eligibi			_	☐ Yes ☐ No
2 For grantmakers. Describe assistance outside the Unite	ed States				nts and other
A ctivites per Region (The followard) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of	
(1) Europe (Including Iceland and Greenland)		J	Program Services	conference & seminars	797,692
( 2) North America			Program Services	conference & seminars	85,008
(3) Central America and the Caribbean			Investments		1,287,009
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					2,169,709
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	e the Instruction	s for Form 990.	Cat	No 50082W <b>Sch</b> e	2,169,709 edule F (Form 990) 2015

Schedule F (Form 990) 2015

(1)
(2)
(3)
(4)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

Page 2

	Other Assistance to duplicated if additi			ed States. Complete	if the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Olin/Searle fellowship foreign recipients	East Asia and the Pacific			1			
(2)				1			
( 3)				1			
(4)				1			
(5)				1			
(6)				1			
(7)				1			
(8)				1			
(9)				1			

(4)				
( 5)				
( 6)				
(7)				
(8)				
(9)				
(10)				
(11)				
( 12)				

# 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes Volume 1. No 1 Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)

#### **Additional Data**

Software ID: Software Version:

**EIN:** 36-3235550

Name: THE FEDERALIST SOCIETY FOR LAW AND

PUBLIC POLICY STUDIES

Schedule F (Form 990) 2015

Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493072000307 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number THE FEDERALIST SOCIETY FOR LAW AND 36-3235550 PUBLIC POLICY STUDIES **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
(1) MISCELLANEOUS TRAVEL	450	145,773							
(2) OLIN/SEARLE FELLOWSHIPS	9	170,545							
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									

#### Return Reference **Explanation** PART I, LINE 2 - Organization's Olin/Searle Fellows are subject to a process of constructive monitoring which begins at the start of their fellowship and continues after, as they embark procedures for monitoring use of upon the academic job market. We enlist faculty at their host law schools (members of the fellowship selection committee where possible) to keep track of their scholarly projects as they progress, offering helpful feedback and giving us their views of the progress made. We also touch base with them grant periodically ourselves to discuss their topics and progress. We also, where possible, ask our Fellows to attend a workshop toward the beginning and toward the end of their tenure, at which they discuss potential article topics and rehearse the job talks they plan to give on the basis of their fellowship

## projects before a number of professors and members of our staff. After the fellowship is over we keep track of all of our former fellows, providing assistance and encouragement on the academic job market. We prepare an annual report on their status. Each Searle Young Legal Scholar Fellow is assigned a mentor from among the senior professors who comprise the Searle selection committee, who review drafts of the papers they are working on and provide feedback

#### **Additional Data**

NW

WASHINGTON, DC 20001

Software ID: Software Version:

**EIN:** 36-3235550

Name: THE FEDERALIST SOCIETY FOR LAW AND PUBLIC POLICY STUDIES

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

organization or government		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
YALE LAW SCHOOL PO BOX 208215 NEW HAVEN,CT 06520	06-0646973	501(C)(3)	12,000				GENERAL SUPPORT
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE	53-0196603	501(C)(3)	13,660				GENERAL SUPPORT

DLN: 93493072000307

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service		► Information about Schedule J (F	orm 990)	and its instructions is at <u>www.irs.c</u>		pen t Insp		
N ar THE	ne of the organiz FEDERALIST SOCIE LIC POLICY STUDIES	TY FOR LAW AND			Employer identificat	ion nur	nber	
		ons Regarding Compensation	<b>1</b>		36-3235550			
	Questi	ons regulating compensation	•				Yes	No
<b>1</b> a		opiate box(es) if the organization pro Section A, line 1a Complete Part III					103	140
	First-clas	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	nal residence			ĺ
	☐ Tax idemr	nification and gross-up payments		Health or social club dues or initiat	ion fees			
	Discretion	nary spending account	Γ	Personal services (e g , maid, chau	feur, chef)			
b		xes in line 1a are checked, did the or or provision of all of the expenses de				1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	organization's (	ıf any, of the following the filing orgai CEO/Executive Director Check all the ed organization to establish compens	at apply	Do not check any boxes for method	s			
	✓ Compensa	ation committee	<b>✓</b>	Written employment contract				
	✓ Independe	ent compensation consultant	<b>✓</b>	Compensation survey or study				
	<b>√</b> Form 990	of other organizations	<b>√</b>	Approval by the board or compensa	tion committee			
4	During the year or a related org	r, dıd any person listed on Form 990, anızatıon	Part VII	, Section A , line 1a with respect to t	ne filing organization	ו		
а	Receive a seve	rance payment or change-of-control	payment	7		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	ntal nonq	ualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item ir	Part III			
5	For persons list	, <b>501(c)(4), and 501(c)(29) organiza</b> ted on Form 990, Part VII, Section A contingent on the revenues of		-	ıny			
а	The organizatio	n?				5a		No
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue a	ny			
а	The organizatio	n?				6a		Νo
b	Any related org	anization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ced on Form 990, Part VII, Section A lescribed in lines 5 and 67 If "Yes," d			ı-fixed	7		No
8		nts reported on Form 990, Part VII,   nitial contract exception described in				8		No
9	If "Yes" on line section 53 495	8, did the organization also follow the $8-6(c)^{7}$	e rebutta	ble presumption procedure describe	d ın Regulatıons	9		

(ii)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits column(B) reported (B)(i)-(D)(11) (mi) Base as deferred on prior compensation Bonus & incentive Other reportable (1) compensation compensation Form 990 compensation 1 Eugene B Mever 566,500 160,214 18,550 29,210 774,474 0 Director/President 0 n 0 0 (ii) 2 Leonard A Leo 435,000 (i) 18,550 32,528 486,078 0 Director/Exec Vice President 0 (ii) 3 Lee Liberman Otis 345,000 18,550 570 364,120 0 Director/Senior Vice President 0 (ii) 4 Dean A Reuter 265,000 18,550 32,561 316,111 Director of Practice Groups n Ω (ii) 5 Douglas C Ubben 196,000 13,720 21,434 231,154 0 Director of Finance 0 0 0 0 (ii) 6 Peter K Redpath 180,000 (i) 12,600 17,469 210,069 Director of Student Division n 0 0 0 (ii) 7 Jonathan R Bunch 157,160 (i) 11,001 25,694 193,855 0 State Courts, VP/Director 0 0 0 0 (ii) 0 8 Cynthia Searcy 150,000 (i) 10,500 6,318 166,818 n DIRECTOR OF DEVELOPMENT 0

Schedule J (Form 990) 2015	Page <b>3</b>
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue

Name of the organization

THE FEDERALIST SOCIETY FOR LAW AND

Treasurv

Service

## 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.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493072000307

Employer identification number

PUBLIC POLICY STUDIES 36-3235550 Return Explanation Reference PART III, LINE GENERAL PROGRAM ========== PROVIDES FOR OTHER INCIDENTAL ACTIVITIES USEFUL TO LAWYERS. 4D - OTHER STUDENTS, FACULTY AND OTHERS LAWYERS ACTIVITIES ========= The Federalist Societys Lawyers **PROGRAM** Division was founded in 1986 to bring together attorneys, business and policy leaders, and others interested in examining and SERVICE improving the state of the law. The Law yers Division reaches the legal community through over 75 Law yers Chapters located **ACTIVITIES** in virtually every major city in the United States. Every year, the chapters organize over 300 programs. Each chapter is run by local volunteer leadership. The chapters host speeches, panel discussions and debates on current topics at the local and national level SYMPOSIUM AND CONFERENCE. ============ A PROGRAM OF SEMINARS, CONFERENCES AND MEETINGS AT WHICH DISTINGUISHED LEGAL SCHOLARS GAVE LECTURES AND ENGAGED IN DEBATES AND PUBLIC DISCUSSIONS ABOUT ISSUES OF NATIONAL IMPORTANCE THE EVENTS HAD APPROXIMATELY 2,000 ATTENDEES FACULTY ACTIVITES =========== The Faculty Division provides a setting for constructive scholarly discourse and quality scholarship among conservative and libertarian faculty. The Faculty Division has enabled us to cultivate a growing community of scholars

Return Reference	Explanation
PART VI, SECTION A, LINE 1 -	THE EXECUTIVE COMMITTEE OF THE SOCIETY CONSIST OF TWO MEMBERS FROM THE BOARD OF
EXECUTIVE COMMITTEE	DIRECTORS THE EXECUTIVE COMMITTEE SHALL MANAGE THE AFFAIRS OF THE CORPORATION AT THE
	DIRECTION OF THE BOARD OF DIRECTORS

Return Reference	Explanation
PART VI, SECTION B, LINE 11B - REVIEW PROCESS FOR FORM 990	THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S DIRECTOR OF FINANCE, PRESIDENT AND AUDIT COMMITTEE PRIOR TO ITS FILING

Return Reference	Explanation
PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY COMPLIANCE	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLOYEES OF THE SOCIETY, INCLUDING SUCH INDIVIDUALS THAT SERVE ON BOARD COMMITTEES WHO ARE NOT MEMBERS OF THE BOARD If such individuals become aware of an actual or potential conflict of interest, they must disclose it promptly by following the procedures below Employees ===================================

Return Reference	Explanation
PART VI, SECTION B, LINES 15A/15B- REVIEW PROCESS OF OFFICER COMPENSATION	THE BOARD OF DIRECTORS SHALL AUTHORIZE A REVIEW (LAST CONDUCTED IN 2014) BY THE COMPENSATION COMMITTEE OF THE PRESIDENT'S COMPENSATION ARRANGEMENT TO BE COMPLETED IN TIME FOR THE FULL BOARD TO REVIEW DURING ITS ANNUAL MEETING AT WHICH THE BUDGET FOR THE ORGANIZATION IS APPROVED THE ANNUAL REVIEW SHOULD CONSIDER THE INTELLECTUAL RIGOR OF THE FEDERALIST SOCIETY'S PROGRAMS AND THEIR INFLUENCE IN LEGAL ACADEMIA AND PUBLIC POLICY DEBATES, THE FUNDRAISING SUCCESS OF THE CURRENT FISCAL YEAR AND THE PROJECTED REVENUE FOR THE NEXT FISCAL YEAR, AND THE OVERALL MANAGEMENT OF THE FEDERALIST SOCIETY STAFF AND IMPLEMENTATION OF ITS PROGRAMMING THE REVIEW SHALL ALSO CONSIDER THE EXECUTIVE COMPENSATION FOR SIMILAR, APPROPRIATE NATIONAL TAX-EXEMPT ORGANIZATIONS AND SEEK TO MAINTAIN EXECUTIVE COMPENSATION THAT IS COMPARABLE TAKING INTO ACCOUNT THEIR AVERAGE LEVELS OF COMPENSATION, REVENUE AND ASSETS THE Compensation Committee also review S the compensation levels set by the President for the Federalist Society staff the Board of Directors PROVIDES AUTHORITY TO the President to set salary for all other staff of tHe Federalist Society. The President shall send a review to the Board of Directors his plaNS to adjust compensation for the Executive Vice President and other senior stAff bAsed on the excellent performANCE of the organization, taking into account compensation comparable to similar national tax-exempt organizations considering their average levels of compensation, revenue and assets in addition, the board authorizes the president to pay any discretionary year-end bonuses to senior staff to rew ard strong performance, when appropriate

Return Reference	Explanation
PART VI, SECTION C, LINE 19 - GOVERNING DOCUMENTS, POLICIES	ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO ANY ONE WHO
& FINANCIALS	REQUESTS THEM

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDIA TRAINING & CONSULTING TOTAL FEES 1583140

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONSULTING/PROF SERVICES TOTAL FEES 397747

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION POLLING TOTAL FEES 105829

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY STAFFING TOTAL FEES 22049

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION VIDEO PRODUCTION TOTAL FEES 9782

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PAYROLL PROCESSING TOTAL FEES 6162