		l
Form	<b>990-EZ</b>	

#### **Short Form**

OMB No. 1545-1150

#### D **1** - --

Forr	n <b>JJ</b>	JO-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except			ions)	2015
-		(H) <b>T</b>	Do not enter social security numbers on this form as it may be made and the security numbers on this form as it may be made and the security numbers on this form.	ade p	oublic.		Open to Public Inspection
		f the Treasury nue Service	Information about Form 990-EZ and its instructions is at www.irs.	gov/f	orm990.		inspection
A F	or the	2015 calenda	rr year, or tax year beginning 01/01 , 2015, and er	ding		12/31	, 20    15
Β	Check if ap	plicable:	C Name of organization		D Empl	oyer ic	lentification number
	Address cl	hange	CONSUMERS FOR A RESPONSIVE LEGAL SYSTEM			2	7-1966682
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room	suite	E Telep	hone r	umber
	Initial retur		1380 Monroe St NW No 210			20	)2-649-0399
	Final returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	ip Exe	emption
	Application		Washington, DC, 20010		Num	nber l	•
		ing Method:	Cash C Accrual Other (specify)	ŀ	Check		if the organization is <b>not</b>
I V	Vebsite	: Nww	responsivelaw.org	-			ach Schedule B
ЈΤ	ax-exem			27	(Form 9	90, 99	0-EZ, or 990-PF).
			Corporation Trust Association Other				
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, c	r if to	tal assets		
(Pai	rt II, colu	umn (B) belov	r) are \$500,000 or more, file Form 990 instead of Form 990-EZ			► g	123,885
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	e th	e instruc	tion	
		Check if	the organization used Schedule O to respond to any question in this	Part	1		· · · · · · · ·
	1		ns, gifts, grants, and similar amounts received			1	123,838
	2		ervice revenue including government fees and contracts			2	0
	3	•	p dues and assessments			3	0
	4	Investment	•			4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a		0		
	b		or other basis and sales expenses		0		
	c		s) from sale of assets other than inventory (Subtract line 5b from line 5a			5c	0
	6		d fundraising events	-			
	a	-	ome from gaming (attach Schedule G if greater than				
ne		\$15,000) .			0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of conti	ibutio			
ev			aising events reported on line 1) (attach Schedule G if the	ibatit	5110		
ш			h gross income and contributions exceeds \$15,000) 6b		0		
	с		t expenses from gaming and fundraising events 6c		0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd s	· ·		
		line 6c)				6d	0
	7a	Gross sale	s of inventory, less returns and allowances		0		•
	b		of goods sold		0		
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		-	7c	0
	8	•	nue (describe in Schedule O) . See Schedule O, Statement 1			8	47
	9		See Schedule D, Statement T.           See Sche			9	123,885
	10		similar amounts paid (list in Schedule O)			10	0
	11		id to or for members			11	0
s	12		her compensation, and employee benefits			12	122,265
Expenses	13		al fees and other payments to independent contractors			13	2,152
)en	14		r, rent, utilities, and maintenance			14	2,132
Ä	15		blications, postage, and shipping			15	5,157
_	1.0	i muny, pu		•		10	5,157

	16	Other expenses (describe in Schedule O) See Schedule O, Statement 2	16	5,744
	17	Total expenses. Add lines 10 through 16	17	135,318
s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,433
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Ass		end-of-year figure reported on prior year's return)	19	-6,816
let	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	-18,249
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 106421		Form <b>990-EZ</b> (2015)

Form	990-EZ (2015)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II		🔽
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			8,305		3,629
23	Land and buildings				23	0
24			· · · · · ·		24	0
25				8,305		3,629
26 27	Total liabilities (describe in Schedule O) See Sc Net assets or fund balances (line 27 of column			15,121		21,878
Par		<u>, ,                                   </u>	,	-6,816 Part III)	21	-18,249
T al	Check if the organization used Schedule	• •		,		Expenses
Wha		See Schedule O, Sta	· · ·		· ·	uired for section
	ribe the organization's program service accomplis			ogram convicos		c)(3) and 501(c)(4) inizations; optional for
as m	neasured by expenses. In a clear and concise monos benefited, and other relevant information for ea	anner, describe the			othe	
28	Advocacy: Advocate for a more user-friendly legal sy	ystem through chang	es to regulations and	d laws		
	governing lawyers as well as changes to lawyers' bu	isiness practices. Re	sponsive Law is the o	only group		
	speaking for consumers before the American Bar As	sociation and at num	nerous state-level pro	ceedings.		
	<u>,</u>	includes foreign gra			28a	65,352
29	Education: Educate people about how to more effect					
	how to effectively use a lawyer and alternatives to tra	aditional use of a law	yer such as limited-s	cope		
	representation, non-lawyer services, and self-help.			·····	<u> </u>	
20		includes foreign gra			29a	30,163
30	Self-Help Resources: Provide information and resou	rces for people using	the legal system wit	nout the		
	assistance of a lawyer.					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		30a	5,027
31	Other program services (describe in Schedule O)					5,027
		includes foreign gra			31a	0
20		0 0				
32	Total program service expenses (add lines 28a t	hrough 31a)			32	100,542
Par				🕨		
-		Employees (list each	n one even if not comp	►		
-	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	Densated—see the ir Part IV (d) Health benefits, contributions to employ	istruc  ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	r Employees (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	Densated — see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	istruc  ee (e)	ctions for Part IV)
Par Gold Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	<b>Employees</b> (list each O to respond to ar (b) Average hours per week devoted to position 2.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Deensated—see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	 ee (e) 0	Estimated amount of other compensation
Par Gold Pres Fred	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser	<ul> <li><b>Employees</b> (list each O to respond to an (b) Average hours per week devoted to position</li> </ul>	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Deensated—see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	 ee (e)	Estimated amount of other compensation
Par Gold Pres Fred Trea	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	<b>Employees</b> (list each O to respond to ar (b) Average hours per week devoted to position 2.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	consated — see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	 ee (e) 0	Estimated amount of other compensation
Par Gold Pres Fred Trea Chas	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider erick Mulhauser surer (joined board in May)	<b>Employees</b> (list each O to respond to an <b>(b)</b> Average hours per week devoted to position 2.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	consated — see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	 ee (e) 0	Estimated amount of other compensation
Par Gold Pres Fred Trea Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal	<b>Employees</b> (list each O to respond to an <b>(b)</b> Average hours per week devoted to position 2.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	▶ Densated—see the in Part IV     (d) Health benefits, contributions to employu benefit plans, and deferred compensation	 ee (e) 0	Estimated amount of other compensation
Par Gold Pres Fred Trea Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat	<b>Employees</b> (list each O to respond to an (b) Average hours per week devoted to position 2.00 5	n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	▶ Densated—see the in Part IV     (d) Health benefits, contributions to employu benefit plans, and deferred compensation		Estimated amount of other compensation
Gold Press Fred Trea Chas Secr Rich Dired Anto	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes	<b>Employees</b> (list each O to respond to an (b) Average hours per week devoted to position 2.00 5	n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	▶ Deensated – see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Gold Press Fred Trea Chas Secr Rich Direa Anto Trea	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August)	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	▶ Deensated – see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Rich Dired Anto Trea Joyo	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) ee McGee	Employees (list each O to respond to an O to respond to an (b) Average hours per week devoted to position         2.00         5         2.00         2         2         2	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	▶ Deensated – see the in Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation		ctions for Part IV) Ctions for Part IV) Ctions for Part IV) Ctions for Part IV) Ctions for Part IV Ctions fo
Par Gold Pres Fred Trea Chas Secr Rich Direc Anto Trea Joyo Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor iny Haynes surer (left board in August) ee McGee etary (left board in February)	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor iny Haynes surer (left board in August) ee McGee etary (left board in February)	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Par Gold Pres Fred Trea Chas Secr Antc Trea Joyc Secr Tom	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title lie Heidi Gider ident erick Mulhauser surer (joined board in May) s Rampenthal etary ard Granat ctor my Haynes surer (left board in August) e McGee etary (left board in February) Gordon	Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 5 2.00 2 2 2 1.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	▶ Deensated – see the ir Part IV     (d) Health benefits, contributions to employ benefit plans, and deferred compensation	.         .           .         .	ctions for Part IV)  Ctions for Part IV  Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0

Form 99	90-EZ (2015)		P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0 Did the organization file <b>Form 1120-POL</b> for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	40.5		
41	List the states with which a copy of this return is filed	40e		V
42a	The organization's books are in care of ► Tom Gordon Telephone no. ►	202-64	9-039	9
h	Located at ► 1380 Monroe St NW No 210, Washington, DC 20010 ZIP + 4 ►	200	010	
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	42b	Yes	No V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

Form 990-EZ (2015)

Form	990-EZ	(2015)
------	--------	--------

Page 4

		Yes	No
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

Part VI	Section 501(c)(3)	organizations	only
---------	-------------------	---------------	------

All section 501(c)(3) organizations must answer questions 47-49b an	nd 52, and complete the tables for lines
50 and 51.	

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47	~	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
		-		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Aver hours per devoted to p	week compens	table ation )99-MISC) (d) Health benefit contributions to em benefit plans, and d compensation	ployee (e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . ►

Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
	_	
d Tatal number of other independent contractors each receiving		
<ul> <li>d Total number of other independent contractors each receiving</li> <li>52 Did the organization complete Schedule A? Note: All se</li> </ul>		nust attach a

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A . . . . . . . . . . .

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

Sign Here	Signature of officer Thomas Gordon, Executive Directo	pr		Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's	EIN ►		
	Firm's address ►			Phone	e no.		
May the IRS	discuss this return with the preparer	shown above? See instructions			🕨 [	Yes	No No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

#### ► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

2015

Internal Revenue Service	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.	/w.irs.gov/form990.	Inspection
Name of the organization		Employer identificati	on number

Name	or the organization					Employer identification	number
CONS	SUMERS FOR A RESPONSIVE LEGA	AL SYSTEM				27-19	66682
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	rganization is not a private founda	ation because it i	s: (For lines 1 through	11, chec	k only or	ne box.)	
1	A church, convention of churc	hes, or associati	on of churches descri	ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and stat	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
	A federal, state, or local gover An organization that normally						the general public
	described in section 170(b)(1)				<u> </u>		- <b>3 1</b>
8	A community trust described i	n <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions-subject to unrelated business	o certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to re	egularly appoint or ele				
b	Type II. A supporting organic control or management of the organization(s). You must control	e supporting org	anization vested in th				
С	Type III functionally integratics supported organization(s)						y integrated with,
d	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f g	Enter the number of supported or Provide the following information		oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	<b>(vi)</b> Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							

(D)

(E)

Total

Part	Ile A (Form 990 or 990-EZ) 2015           Support Schedule for Organization           (Complete only if you checked the Part III. If the organization fails to the fails to th	ie box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,046	40,391	59,699	78,860	123,838	338,834
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	36,046	40,391	59,699	78,860	123,838	338,834
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						202,669
6	Public support. Subtract line 5 from line 4.						136,165
	ion B. Total Support	1		T	1		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,046	40,391	59,699	78,860	123,838	338,834
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		87			47	134
11	Total support. Add lines 7 through 10						338,968
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the			 d, third, fourth,	or fifth tax ye	<b>12</b> ear as a section	0 n 501(c)(3)

	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	organization, check this box and <b>stop here</b>	
Secti	on C. Computation of Public Support Percentage	_

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	40.17	%
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	26.49	%
16a	33 <sup>1</sup> / <sub>3</sub> % support test-2015. If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub>	/3% <b>o</b>	r more, check this	
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization		🕨	~
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .		s 33¹/₃% or more, ►	
17a	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16, 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	id <b>sto</b> as a p	<b>p here.</b> Explain in publicly supported	
b	<b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization	is bo	x and stop here.	
	supported organization		🕨	

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
	instructions	

Schedule A (Form 990 or 990-EZ) 2015

#### 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.)

Secti	ion A. Public Support			<i>,</i> 1	•	,	
Calen	ıdar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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 to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	Idar year (or fiscal year beginning in) ►	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
- :	and 12.)						
14	First five years. If the Form 990 is for the	-			-		
<u>.</u>	organization, check this box and <b>stop he</b>						· · ►
	on C. Computation of Public Suppor			0 1 (0)		45	
15	Public support percentage for 2015 (line 2)						<u>%</u>
<u>16</u> Socti	Public support percentage from 2014 Sch			<u></u>		16	%
	on D. Computation of Investment In		-	vino 12 oct	mn (fl)	17	%
17 19	Investment income percentage for 2015 (		()	•	( ))		<u>%</u> %
18 100	Investment income percentage from 2014 33 <sup>1</sup> / <sub>3</sub> % support tests-2015. If the organ						
19a	17 is not more than $33^{1/3}$ %, check this box						
L	33 <sup>1</sup> / <sub>3</sub> % support tests – 2014. If the organiz	-	-	-		-	
b	line 18 is not more than $33^{1}/_{3}\%$ , check this						
20	<b>Private foundation.</b> If the organization di	-	-				
20		a not oneon a		, 190, 01 190, 0			0 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedu	le A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
	on B. Type I Supporting Organizations			
			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? <i>If</i> "Yes," <i>explain in</i> <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		
Secti	on 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 control			

#### Section D. All Type III Supporting Organizations

the supported organization(s).

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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			

# significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

or management of the supporting organization was vested in the same persons that controlled or managed

#### 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 Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (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 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 of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

1

3

Vee Ne

Yes No

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):			
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	ion D - Distributions	<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2016</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
<u>с</u>	Excess from 2013			
	Excess from 2014			
u	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A, Part II, Line 10 - miscellaneous income including bank adjustments and tax refunds				

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

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

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

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

<ul> <li>Section 501(c)(4),</li> </ul>	(5), or (6) organizations: Complete Part III.
Name of organization	

Name	or organization		incation number	
CONS	SUMERS FOR A RESPONSIVE LEGAL SYSTEM	2	7-1966682	
Part	I-A Complete if the organization is exempt under section 501(c) or is a section 501(c) or i	ection 527 or	ganization.	
1	Provide a description of the organization's direct and indirect political campaign activities			
2	Political expenditures	🕨 💲		
3	Volunteer hours			
Part				
1	Enter the amount of any excise tax incurred by the organization under section 4955 .	► \$		
2	Enter the amount of any excise tax incurred by organization managers under section 495	5▶\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		. Yes	No No
4a	Was a correction made?		. Yes	No No
b	If "Yes," describe in Part IV.			
Part	I-C Complete if the organization is exempt under section 501(c), except a	section 501(c	;)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exemp			
	activities	► \$		
2	Enter the amount of the filing organization's funds contributed to other organizations for			
	527 exempt function activities	► \$		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1			
	line 17b			
4	Did the filing organization file Form 1120-POL for this year?		. 🗌 Yes	No No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 p organization made payments. For each organization listed, enter the amount paid from the the amount of political contributions received that were promotiv and directly delivered to	e filing organiza	ation's funds. Al	lso enter

the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	<b>(b)</b> Address	<b>(c)</b> EIN	<b>(d)</b> Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Pa	art	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	l Form 5768 (ele	ction under	
Α	Check ► 🗌 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's					
		· · · · ·	ses, and share of excess lobbying expenditur	•		
В	С		cked box A and "limited control" provisions a	pply.		
		-	ving Expenditures	(a) Filing	(b) Affiliated	
			ans amounts paid or incurred.)	organization's totals	group totals	
	1a	Total lobbying expenditures to influence	oublic opinion (grass roots lobbying)	0		
	b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	1,000		
	С	Total lobbying expenditures (add lines 1a	and 1b)	1,000		
	d Other exempt purpose expenditures			99,542		
	е	Total exempt purpose expenditures (add	lines 1c and 1d)	100,542		
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			20,108		
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not over \$500,000	20% of the amount on line 1e.			
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
		Over \$17,000,000	\$1,000,000.			
	g	Grassroots nontaxable amount (enter 259	% of line 1f)	5,027		
	h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0		
	i	Subtract line 1f from line 1c. If zero or les	s, enter -0	0		
	j	If there is an amount other than zero or reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
2a	Lobbying nontaxable amount	0	8,628	13,957	20,108	42,693
b	Lobbying ceiling amount (150% of line 2a, column (e))					64,040
С	Total lobbying expenditures	0	1,000	1,000	1,000	3,000
d	Grassroots nontaxable amount	0	2,157	3,489	5,027	10,673
е	Grassroots ceiling amount (150% of line 2d, column (e))					16,010
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2015

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)	(b)
	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	c)(5), c	or se	ction
				Yes No

				-	Yes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		

Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is
	answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

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

SCHE	DUL	EC	)	
(Form	990	٥r	990	)-F

#### 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

Department of the Treasury Internal Revenue Service Name of the organization

CONSUMERS FOR	A RESPONSIVE	LEGAL SYSTEM
---------------	--------------	--------------

Z)

Employer identification number	
27-1966682	


#### Other Revenue Structured Explanation

Description	Amount
tax refund	47
Total:	47

#### Other Expenses Structured Explanation

Description	Amount
banking and credit card fees	1,911
state registration fees	1,686
insurance	915
travel and meetings	651
dues and memberships	440
interns	117
books and reference	24
Total:	5,744

#### Other Liabilities Structured Explanation

Description	EOY Amount
payroll liabilities	16,984
employee reimbursements owed	4,894
Total:	21,878

Primary Exempt Purpose

#### Primary Exempt Purpose

Consumers for a Responsive Legal System works to make the legal system more accessible, affordable, and accountable to its users.