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Form '990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

	nal Revenue		► Information about Form 990 and its instructions is at www.ir				IIIspec	
A	For the 2	014 cale	ndar year, or tax year beginning July 1 , 2014, and endi	ng .	June		, 20 15	
<u>B</u> (Check if ap	oplicable	C Name of organization The C.S. Lewis Institute, Inc		_ '	Employer	identification r	umber
	Address ch	nange	Doing business as C.S. Lewis Institute		1		54-1802015	
	Name char	nge	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E	Telephone	number	
	Initial retur	n	8001 Braddock Road	301		7	03-914-5602	
	Fınal retum/	terminated	City or town, state or province, country, and ZIP or foreign postal code		- [
	Amended ı	-	Springfield, VA 22151-2110		<u></u>	Gross rece	eipts \$	1,495,22
	Application	n pending	F Name and address of principal officer	H(a) Is the	s a gro	up return for sub	oordinates? 🔲 Ye	s 🔽 No
			Joel Woodruff - Same address as above	H(b) Are	all su	ıbordınates ıı	ncluded? 🔲 Ye	s 🗌 No
<u> </u>	Tax-exemp	ot status	√ 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or □ 527	11	f "No	," attach a l	st (see instructi	ons)
J	Website:	► ww	w.cslewisinstitute org	H(c) Gr	oup e	xemption nu	ımber ▶	
K	Form of org	ganization	✓ Corporation Trust Association Other ► L Year of formal	ation: 19	76	M State of	legal domicile	MD
Pa	art (Summ	ary					
	1 E	Briefly de	escribe the organization's mission or most significant activities: The C	.S. Lewis I	nstit	ute develo	ps disciples	who can
8			, defend, and live their faith in Christ through personal and public life.					
ğ			······································					
E	2 0	heck th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more th	nan :	25% of its	s net assets.	
Activities & Governance			of voting members of the governing body (Part VI, line 1a)			3		1-
8			of independent voting members of the governing body (Part VI, line 1b			4		1
es es			nber of individuals employed in calendar year 2014 (Part V, line 2a)			5		1
<u> </u>			nber of volunteers (estimate if necessary)			6		
Act			elated business revenue from Part VIII, column (C), line 12			7a		25
`			lated business taxable income from Form 990-T, line 34		•	7b		
		tor unio	accordant to the control of the cont	Prio	r Yea		Current \	
_	8 0	Contribu	tions and grants (Part VIII, line 1h)			421,032		1,241,74
Revenue								
Ye.		_	service revenue (Part VIII, line 2g)			167,572		123,88
. Be						152		25
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			176,099		129,34
<u>, —</u>			enue—add lines 8 th/ough 1 (most equal Part VIII, column (A), line 12)		1,	76 <u>4,855</u>		1,495,22
- NO V			nd similar amounts/paid (Part IX, Column (A), lines 1–3)					
			paid to or for members (Part IX, column (A), line 4)					
es			other compensation, employee benefits (Part IX, column (A), lines 5–10)			555,575		629,49
E E			onal fundraising fees (Part IX, column (A), line 11e)			 -		
SCANNED Expenses	Б]	otal fun	draising expenses (Part IX, column (D), line 25) ▶	<u> </u>				
۳. س			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	}	1,	012,745		924,45
ก			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,	568,320		1,553,95
		Revenue	less expenses. Subtract line 18 from line 12			196,535	 	58,72
ats or ances	ļ		1008	Beginning o	f Cur	rent Year	End of Y	ear
sets	, 20	Fotal ass	sets (Part X, line 16)			355,046		317,27
Net Asse Fund Bala	1		oilities (Part X, line 26)			34,799		55,75
			ts or fund balances. Subtract line 21 from line 20	ł		320,247		261,52
Pa	art II	Signa	ture Block					
Une	der penaltı	es of perju	ry, I declare that I have examined this return, including accompanying schedules and state	ements, and	to th	e best of my	knowledge an	d belief, it i
true	e, correct,	and comp	lete Declaration of preparer (other than officer) is based on all information of which prepar	er has any kr	nowle	dge.		
		\leq	foll A. Woodrull			Deto be	-27 20	5
Sig		Sign	ature of officer		Date	9	,	
He	re	L	Joel S. Woodruff, President					
	- 1	Тур	e or print name and title					-
Pa	id	Print/Ty	pe preparer's name Preparer's signature	Date		Check	1 if PTIN	
	iu eparer	.				self-emple		
	•	1	name ►		Fırm	s EIN ▶		
US	e Only		address ▶			ne no.		
Ma	y the IRS		s this return with the preparer shown above? (see instructions)				TY	s 🗆 No
				No. 11282Y	·			990 (2014
ror	raperwo	urk Medil	icuon aci nouce, see ine sedarale instructions. (at.	INO. 11282Y			rom	(2U

Part	V 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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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, Part V	10		1
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		
b	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	11b	_	1
С	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	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
	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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
	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		1
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		1
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		1
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
	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	1	
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	_	1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		_

Part I	Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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? If "Yes," complete Schedule L, Part II	26		✓
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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, ,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	
		, 55	-	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	•		
4.	5 · # · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	}	ļ	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	·		
·	reportable gaming (gambling) winnings to prize winners?	1c	1	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	 	 	\ <u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a_		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	l		
	(FBAR).	_	ļ	_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C En	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va	<u> </u>	-
•	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	İ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		✓_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	l <u>.</u>		ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			ļ
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)]]		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Socti	on A. Governing Body and Management	• •	• •	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
4.	Fatou the according a second are of the according to the distance and of the territory		103	
1a	Enter the number of voting members of the governing body at the end of the tax year	1		}
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		7
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		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			\vdash
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓ .
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			+
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	L.,	✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		,	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	✓	-
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	*	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	▼	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125	<u> </u>	\vdash
·	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	7	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	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?			l ,
а	The organization's CEO, Executive Director, or top management official	15a	1	1 '
b	Other officers or key employees of the organization	15b	✓	
	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			1
	with a taxable entity during the year?	16a		1
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			İ
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Auctin Sutor, address came as above. 571,250,2169			

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	١.		
Form	OOO	1201	A١

	<u> </u>					
Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees, h	lighest Compe	nsated Employees, a	nc
	Independent Contractors					

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	nor any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joel S. Woodruff, President	40	1		✓	1	1		90,000		21,256
(2) Thomas W. Simmons, Executive VP	40			1				53,000		7,713
(3) Thomas A. Tarrants	40			1				49,600		3,397
(4) Marlise Streitmatter, Secretary	1	1								
(5) William R. Deven, Treasurer	16	1								
(6) Chris T. Morris, Chairman of the Board	2	1								
(7) John Chow, Director		1								
(8) Lynn Turpin Hendricks, Director		· ·				-				
(9) James R. Hiskey, Director		1							-	
(10) Kerry A. Knott, Director		- ✓			_					
(11) Jimmy Cheng-Ho Lin, Director		✓								
(12) Arthur W. Lindsley, Jr , Director		*								
(13) Bruce Matson, Director		1								
(14) Richard Parker, Director										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A)	(B)	(do not check more than or			one	(D)	(E)	(F)					
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation			mated ount of	
		week (list any	list any		<u> </u>	trom related								
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-M			ensatio m the	n
		organizations	dual	tior	4	<u>ğ</u>	st co	[역	(W-2/1099-MISC)		,	orga	nizatıon	
		below dotted line)	1 25	ıal tr) မွ) mp]				related ization:	
			Ê	uste		"	ensa					-		
				L e			藍							
(15) St	isan O. Ward, Director													
(4.0)		_	/	_					-					
(16) Ka	thy Wills Wright, Director		1											
(17) C	ırl Wylie, Director		-			-	ļ—.				-			
111129	iri wylie, Director		1					•			i			
(18)			┢					<u> </u>						
3			ĺ								1			
(19)														
						<u> </u>								
(20)		ļ												
/04\														
(21)		 	-				ŀ							
(22)	·													
3 ?		·					ŀ							
(23)														
(24)														
(25)					i									
	Sub total	L						Ļ	400.000		_			
C	Sub-total		 n A	•	•	•	•		192,000					32,36 <u>6</u>
d				•			•	•	192.000				3	32,366
2	Total number of individuals (including but							e) w		ore than \$10	00,000	f		
	reportable compensation from the organ										-			
													Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete a</i>							emp	oloyee, or high	est compei	nsated			,
	• •											3	1	✓
4	For any individual listed on line 1a, is the organization and related organizations													
	individual											4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	un (related organiz	ation or ind	ividual	Ť		'
	for services rendered to the organization	? If "Yes," c	ompi	lete	Sch	nedi	ıle J f	or s	such person			5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	h or within t	he orgai	nızatı	on's ta	ax
	year.							Τ						
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) mpens	ation	
	<u>.</u>										· ···········			
									44					
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen-	รสแบท ทั่งที่	tile 0	ryal	шZа	เนบท								

Par	t VIII	Statement of Revo			and lime in Alain	D4 \/III		г
i İ		Check if Schedule C) contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b			ŀ		
S, C	С	Fundraising events .	1c	93,330				
Gift lar	d	Related organizations	s 1d]	J		
ini,	е	Government grants (cor						
tion or S	f	All other contributions, g						
草葉		and similar amounts not inc	cluded above 1f	1,148,417				
E D	g	Noncash contributions inclu	ded in lines 1a-1f \$		_	i		
	h	Total. Add lines 1a-1	<u>f</u>		1,241,747			
Ę				Business Code				
ě.	2a	Conferences and Lect			165	165		
<u>~</u>	b	Discipleship and Ment	oring		<u>/ 123,717</u>	123,717		
ξ	С							
Š	d							
E,	е						. <u>.</u>	
Program Service Revenue	f	All other program ser						
<u> </u>	3	Total. Add lines 2a-2 Investment income			123,885			
	"	and other similar amo			254	1	254	
	4	Income from investmen	· ·		254		254	
:	5		_ · · · ·	·	89	89		
		rioyanioo	(i) Real	(ii) Personal	- 03	- 03		
	6a	Gross rents			1	1		
	Ь	Less: rental expenses						
	c	Rental income or (loss)						
	ď	Net rental income or	(loss)		- 1			-
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory						
	ь	Less: cost or other basis		· · · · · · · · · · · · · · · · · · ·		Į.		
		and sales expenses .				i		
	С	Gain or (loss)				1		
	d	Net gain or (loss) .		<u> ▶</u>				
enne	8a	Gross income from fu	ındraising					
Other Revenue		of contributions reporte See Part IV, line 18						
¥	ь	Less: direct expenses	s b			ļ		
•	C	Net income or (loss) f	rom fundraising	events . ►				
	9a	Gross income from gassee Part IV, line 19 .	aming activities a	1				
		Less: direct expenses				1		
		Net income or (loss) f		ıvıtıes . ▶				
	10a	Gross sales of in						
		returns and allowance	es a	14,867				
		Less: cost of goods s			ļ]		
	С	Net income or (loss) f			-39,916	-39,916	-	
		Miscellaneous R		Business Code				_
	11a	Miscellaneous		<u> </u>	1,901	1,901		· · · · · · · · · · · · · · · · · · ·
		Donated Services		<u> </u>	167,270	167,270	···-	
	C	A.11 .11		<u> </u>				·
	đ	All other revenue .						
	e 12	Total. Add lines 11a- Total revenue. See in		🟲 📙	1 495 227	252 226	254	
	16	. Juli 16 Vellue, Offe II	เอย ผบไปปาเวี.		1 AUL 777!	つにり つつだし	OEA!	

	90 (2014)				Page 10
	IX Statement of Functional Expenses	unioto all calumna Al	l other erganization	n must complete colu	mn (A)
Secur	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons				niii (A).
	of include amounts reported on lines 6b, 7b, o, 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			generation	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	189,900	163,400	26,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	351,670	279,313	47,187	25,170
9	Other employee benefits	63,517	57,574	5,943	
10	Payroll taxes	24,409	18,772	3,711	1,926
11	Fees for services (non-employees):	<u>, </u>			<u> </u>
а	Management				
b	Legal	225		225	
C	Accounting	3,295		3,295	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				·
9	(A) amount, list line 11g expenses on Schedule O.)	22,654	22,654		
12	Advertising and promotion	17,525	22,034	17,525	
13	Office expenses	32,433	16,216	16,217	· -
14	Information technology	52,554	42,043	10,511	
15	Royalties	51,705	25,852	25,853	
16	Occupancy				
17	Travel	73,757	70,310	3,447	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	344,912	344,912		
20	Interest				
21	Payments to affiliates	40.540		40.540	
22 23	Depreciation, depletion, and amortization . Insurance	10,549		10,549	
24	Other expenses. Itemize expenses not covered	6,128		6,128	
24	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.)				
а	Newsletters	39,928	39,928		
b	Fundraising	20,463			20,463
C	Banquet	100,047			100,047
d	Donated Services	145,080	119,640	25,440	
e	All other expenses	3,199	1,600	1,599	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,553,950	1,202,214	204,130	147,606
26	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)				

Р	art X	Balance Sheet					
		Check if Schedule O contains a response o	r note	to any line in this Pa	rt X		
			•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			162,776	1	68,772
	2	Savings and temporary cash investments			100,258	-	125,528
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,622	4	60,396
	5	Loans and other receivables from current and trustees, key employees, and highest co					
		Complete Part II of Schedule L				5	
Ø	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd cont ntary e	ributing employers and mployees' beneficiary	·- - - · · -	6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			15,203	8	14,471
	9	Prepaid expenses and deferred charges			8,095	9	8,295
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	62,538			
	ь	Less: accumulated depreciation	10b	22,722	52,092	10c	39,816
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	355,046	16	317,278
	17	Accounts payable and accrued expenses			621	17	6,996
	18	Grants payable		18			
	19	Deferred revenue			34,178	19	48,760
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part I\	of Schedule D .		21	
S	22	Loans and other payables to current and for	ormer	officers, directors,			
Ĕ		trustees, key employees, highest comper					
Liabilities		disqualified persons. Complete Part II of Schedu	ıle L			22	
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		l.		25	·
	26	Total liabilities. Add lines 17 through 25			34,799	26	55,756
ces		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck here ► 🗌 and			_
a	27	Unrestricted net assets			285,247	27	219,623
Ba	28	Temporarily restricted net assets		[35,000	28	41,900
Þ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), ch	eck here ► 🔲 and			
S	30	Capital stock or trust principal, or current funds			-	30	
se	31	Paid-in or capital surplus, or land, building, or ed				31	
As	32	Retained earnings, endowment, accumulated in				32	
ا إ	33	Total net assets or fund balances			320,247	33	261,523
_	34	Total liabilities and net assets/fund balances .		•	355,046		317,278
							Form 990 (2014)

_	4	•
Page	-1	~
· ugo		_

					3-1-
Part				•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,49	5,227
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,55	3,950
3	Revenue less expenses. Subtract line 2 from line 1	3		-5	8,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32	20,247
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	33, column (B))	10		26	51,52 <u>4</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n		
	Schedule O.		İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account			✓	
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın ı	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to				
	the Single Audit Act and OMB Circular A-133?				✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.	3b		
			Fo	m 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	or the organization					Employer Identificati	on number	
	C.S. Lewis Institute, Inc.			-,			802015	
Pa							ions.	
1 ne (organization is not a private found A church, convention of chur							
2	A school described in section				SCOLIOI1 I	10(b)(1)(b-y(i).		
3	☐ A hospital or a cooperative he				on 170(b)	(1)(A)(iii).		
4	A medical research organizat	ion operated in	conjunction with a ho	spital des	scribed in	section 170(b)(1)(A	.)(iii). Ente	r the
_	hospital's name, city, and sta An organization operated for	ite:				had by a gayawaa		anarihad in
5	section 170(b)(1)(A)(iv). (Con	nplete Part II.)					itai unit u	escribed in
	A federal, state, or local gove						46	مالطن مالمال
7	An organization that normally described in section 170(b)(1	I)(A)(vi). (Comple	ete Part II.)		m a gove	ernmental unit or fro	m the ger	ierai public
	A community trust described				_			
9	An organization that normally	receives: (1) m	ore than 331/3% of its	support	from co	ntributions, member	ship tees,	and gross
	receipts from activities relate support from gross investment	ent income and	i iunctions—subject i Lunrolated business	tavahle	income	flass section 511 t	e man so	husinesses
	acquired by the organization						<i>D</i> , 110111 1	D4011100000
10	☐ An organization organized and							
11	An organization organized and							
	one or more publicly supporte	d organizations	described in section 5	509(a)(1)	or sectio	n 509(a)(2). See sec	tion 509(a)(3). Check
	the box in lines 11a through 11							
а	☐ Type I. A supporting organize the supported organization(zation operated,	supervised, or contro	olled by it	s suppon ority of th	ted organization(s), t se directors or truste	ypically by	y giving
	organization. You must con	nplete Part IV, \$	Sections A and B.					
b	☐ Type II. A supporting organi							
	control or management of the			he same	persons t	hat control or mana	ge the sup	ported
	organization(s). You must c	-		tod in on	nnootion	with and functional	ly integrat	od with
С	Type III functionally integra its supported organization(s)	(see instruction	s). You must comple	ete Part I	V, Sectio	ns A, D, and E.		
d	☐ Type III non-functionally in that is not functionally integr	tegrated. A sup	porting organization (operated	in connec	ction with its suppor	ted organi	ization(s)
	requirement (see instructions						an alleni	IVEI IESS
e	☐ Check this box if the organiz	•	•				II, Type III	
_	functionally integrated, or Ty	pe III non-functi	onally integrated supp	oorting o	ganizatio	n.	_	
f	Enter the number of supported of						[
<u>g</u>	Provide the following information	, 				l		
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see		ount of oport (see
			above or IRC section (see instructions))	docu	ment?	instructions)	instru	ctions)
			(see instructions))	Yes	No			
(A)								
(B)		-						
(C)						_		
(D)								
(E)							<u></u>	
								
Total								

Part II

	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)		
Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,					
6	Public support. Subtract line 5 from line 4.	jandrum umus um uses pu	i Andrews and the same and	j		†}21 ±±1		
	on B. Total Support	* **** * * * * * * * * * * * * * * * *	The second of th	· · · · · · · · · · · · · · · · · · ·	<u> </u>			_
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	al
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10		1	1		! <u></u>		
12	Gross receipts from related activities, etc	•	•			12		
13	First five years. If the Form 990 is for the	•						-
	organization, check this box and stop he			<u></u>	· · · · ·	<u> </u>	<u> ▶</u>	<u> </u>
	on C. Computation of Public Suppor							
14	Public support percentage for 2014 (line 6		•			14		<u>%</u>
15	Public support percentage from 2013 Sch 331/a% support test—2014. If the organize					15	book thin	<u>%</u>
16a	box and stop here. The organization qua							
b	331/3% support test—2013. If the organ							
U	check this box and stop here . The organ						_	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization)14. If the org	anization did n	ot check a box ances" test, ch	c on line 13, 16 eck this box a	Sa, or 16b, and nd stop here.	line 14 is Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check t	his box and st	top here.	_
40	supported organization		hay an line 19			u thin hav a-d		Ц
18	instructions				a, OI 17D, CI160		>	П

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 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.)

	tion A. Public Support				-	,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	761,411	811,938	924,023	1,421,032	1,241,747	5,160,151
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	39,667	37,705	27,373	178,999	138,758	422,502
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	Ì					
	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	801,078	849,643	951,396	1,600,031	1,380,499	5,582,653
7a	Amounts included on lines 1, 2, and 3	ŀ					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			į			
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000	l		1			
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	<u>-</u>	. -		· ·		5,582,653
	ion B. Total Support	(-) 0010 I	6 -1 0011	(0) 0010	(d) 2012	(e) 2014	(f) Total
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013		
9	Amounts from line 6	801,078	849,643	951,396	1,600,031	1,380,499	<u>5,582,653</u>
10a	Gross income from interest, dividends, payments received on securities loans, rents,		1			Ì	
	royalties and income from similar sources .			453	200	254	4 047
	•	401	233	157	202	254	1,247
b	Unrelated business taxable income (less section 511 taxes) from businesses	ľ					
	acquired after June 30, 1975		1		ļ		
_	Add lines 10a and 10b	401	233	157	202	254	1,247
	Net income from unrelated business	401	233	137	202	234	1,247
11	activities not included in line 10b, whether		l	1		1	
	or not the business is regularly carried on	ľ	ĺ	ŀ		ľ	
12	Other income. Do not include gain or			1			
-	loss from the sale of capital assets						
	(Explain in Part VI.)	179,240	126,009	213,022	216,942	169,260	904,473
13	Total support. (Add lines 9, 10c, 11,	,2	,				
	and 12.)	980,719	975,885	1,164,575	1,817,175	1,550,013	6,488,367
14	First five years. If the Form 990 is for the	e organization's	s first, second		or fifth tax yea	ar as a section	
	organization, check this box and stop her	e			. <u></u> .	<u></u>	<u> ▶ □</u>
ection	on C. Computation of Public Support				<u>.</u>		
15	Public support percentage for 2014 (line 8					15	86.0 %
16	Public support percentage from 2013 Sch			<u> </u>		16	86.2 %
	on D. Computation of Investment Inc					T .= T	
	Investment income percentage for 2014 (li					17	.02 %
	Investment income percentage from 2013					18	.04 %
19a	331/s% support tests—2014. If the organiz						
	17 is not more than 331/3%, check this box a		-		-	-	
	331/2% support tests—2013. If the organize						
	line 18 is not more than 33½%, check this b	-	-			-	_
20	Private foundation. If the organization did	HOLCHECK & DO	ж он III С 14,	iea, or ieu, ch	DOM HITS DOX B	in see ilistruct	ions ▶ 🔲

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 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.
- 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 (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 Part VI.
- 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).
- 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).
- 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 9(a)) 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 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 **Part VI**.
- 10a 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 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
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Sche	aule ∧ (romi aau or aau-cz.) 2014	га;	90 .
Par	t IV Supporting Organizations (continued)	- Iv I	
44	Has the organization accepted a gift or contribution from any of the following persons?	Yes	Vo
11 6			
•	below, the governing body of a supported organization?	11a	
t	A family member of a person described in (a) above?	11b	
	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	
Sec	tion B. Type I Supporting Organizations		
		Yes	10
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 Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	7	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
Soci	tion C. Type II Supporting Organizations	2	_
360	tion C. Type ii Supporting Organizations	Yes N	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1 1	
Sect	tion D. All Type III Supporting Organizations	124 24	_
	Dutation with the control of the comment of the comment of the least day of the fifth month of the	Yes N	ŝ
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	4	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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 Part VI the role the organization's		
	supported organizations played in this regard.	3	
Secti	ion E. Type III Functionally-Integrated Supporting Organizations	1. 9 .1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstructions):	
' 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 (s	ee instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No	_
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Ī
	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,	1 1	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
1 -	·	2a	F
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.	2b	•
3	Parent of Supported Organizations. Answer (a) and (b) below.		Ē
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Í
	trustees of each of the supported organizations? Provide details in Part VI.	3a	_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		E
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b i i	

1316V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	_		
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con	tru:	st on Nov. 20, 1970. See i lete Sections A through F.	nstructions. All
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):			<u> </u>
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		<u> </u>
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	 	
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	The second of th	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Γ	ಪ್ರಾಡವಾವಾ ಪರ್ಣಾಣದ ಪ್ರಾಣಾವ	
emergency temporary reduction (see instructions)	6	·	
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supportin	ng organization (see

Sched	ule A (Form 990 or 990-EZ) 2014			Page 7
Par		(3) Supporting Organ	izations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	<u> </u>	
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	cempt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
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 which	ch the organization is res	sponsive	
•	(provide details in Part VI). See instructions.			
9				
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			· · · · · · · · · · · · · · · · · · ·
9_	Applied to underdistributions of prior years			
h_	Applied to 2014 distributable amount			
<u> i </u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			<u> </u>
5	Remaining underdistributions for years prior to 2014, if			į
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1		
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

	rage u
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part III, line	12 is from Miscellaneous Income and Donated Services

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

	of the organization		Employer Identification number
	C.S. Lewis Institute, Inc. Organizations Maintaining Donor Adv	inad Europa or Other Similar Eu	54-1802015
Fa	Organizations Maintaining Donor Adv Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) borior advised raries	(b) t and and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	advisors is societies that the coasts	hold in donor advisord
5	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef		
Da	t II Conservation Easements.		· · · · · · · · · Yes N
га	Complete if the organization answered "	'Ves" to Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		<u></u>
•	Preservation of land for public use (e.g., recreat		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
		Freservation (or a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	ld a qualified concentration contributi	on in the form of a consequation
2	easement on the last day of the tax year.	da quamed conservation contributi	Held at the End of the Tax Yea
_	•		Marilla I
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in (
_	•		
3	Number of conservation easements modified, trans	terrea, released, extinguished, or ter	minated by the organization during the
	tax year ►	untion accompant in Incested N	
4	Number of states where property subject to consen	***************************************	nantian bandling of
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		· -
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation	easements during the year
_			
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation ease	ements during the year
_	> \$	N.D. ali anno anti-factor and anti-	- N - 4700-V4VDVC
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		_
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
D4	organization's accounting for conservation easemen		01-01-11-1
Part			Other Similar Assets.
4.	Complete if the organization answered ")		
	If the organization elected, as permitted under SFA	•	
	works of art, historical treasures, or other similar a public service, provide, in Part XIII, the text of the for	•	· · · · · · · · · · · · · · · · · · ·
	If the organization elected, as permitted under SF	, , ,	
	works of art, historical treasures, or other similar a public service, provide the following amounts relating		ucation, or research in furtherance of
	•	-	
	(i) Revenue included in Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
^	(ii) Assets included in Form 990, Part X		· · · ► \$
	If the organization received or held works of art, h		3 . 1
	following amounts required to be reported under SF/	· · · · · · · · · · · · · · · · · · ·	
	Revenue included in Form 990, Part VIII, line 1		
b .	Assets included in Form 990, Part X		> S

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recoi	rds, check	any of the	follov	ving that are a s	ignificant use	of its
а	☐ Public exhibition		d	Loan o	r exchange	e progi	rams		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations	;							
4	Provide a description of the organizat XIII.	ion's collections a	ınd expla	ain how the	ey further t	the org	anization's exen	npt purpose i	n Part
5	During the year, did the organization	solicit or receive	donation	s of art, hi	storical tre	easure	s, or other simila	ır	
	assets to be sold to raise funds rather	than to be mainta	ined as p	part of the	organizatio	on's co	llection?	☐ Yes [] No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization 990, Part X, line 21.								m
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?					• •		☐ Yes [☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing tab	ole:		·		
						_	 	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1 <u>f</u>		0 [] Van [7 11-
2a	Did the organization include an amount								
Dos	If "Yes," explain the arrangement in Part Endowment Funds.	art XIII. Uneck nere	e if the ex	xpianation	nas been	provide	o in Part XIII .	<u>· · · </u>	
Par		anawarad "Vaa"	1 to For	- 000 Da	rt 1\/ inc	10			
	Complete if the organization	(a) Current year			(c) Two years		(d) Three years back	(a) Four years	back
4 -	Paristing of the balance	(a) Current year	(D) P11	Or year	(c) Two years	BUACK	(u) Tillee years back	(e) Four years	Dack
1a	Beginning of year balance							 	
b	Contributions							 	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							<u> </u>	
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses					_		J	
9	End of year balance							<u> </u>	
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g,	column (a)) held	as:		
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment >	<u></u> %							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2	•							
3a	Are there endowment funds not in the	e possession of th	e organi	zation that	are held a	and ad	ministered for th		
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	<u> </u>
	(ii) related organizations						· · · · · ·	3a(ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organi							3b	<u> </u>
4	Describe in Part XIII the intended uses		n's endo	wment fun	ids.				
Part					404"			n.av.	
	Complete if the organization								
	Description of property	(a) Cost or oti		(b) Cost or (oth			Accumulated epreciation	(d) Book valu	e
1a	Land				I				
b	Buildings								
С	Leasehold improvements		53,245				14,898	3	8,347
d	Equipment		9,293			_	7,824		1,469
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part)	K, column (B), line 10	c.)	▶ 🗀		9,816

mplete if the organization (a) Description of security or continuous (including name of security attives	ategory ity)	(b) Book value	(c) M Cost or er	ethod of valuation. id-of-year market value
equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F	orm 990, Part IV, line	e 11c. See Form	
equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F	orm 990, Part IV, line	e 11c. See Form	
equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F	orm 990, Part IV, line	e 11c. See Form	
equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F	orm 990, Part IV, line	e 11c. See Form	
equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F		e 11c. See Form	
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equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F		e 11c. See Form	
equal Form 990, Part X, col. (B) line 1. estments — Program Re nplete if the organization	2.) ▶ lated. answered "Yes" to F		e 11c. See Form	000 D 1 V 1 10
estments — Program Re nplete if the organization	lated. answered "Yes" to F		e 11c. See Form	
estments — Program Re nplete if the organization	lated. answered "Yes" to F		e 11c. See Form	
			e i ic. See com	
		(b) Book value	(c) M	ethod of valuation d-of-year market value
	·-·····		Cost of elli	o or you market value
				
				
 	· ·			
				
•		-		
equal Form 990. Part X. col. (B) line 13	.) ▶			
	<u>′</u>	_	· · · · · · · · · · · · · · · · · · ·	
plete if the organization	answered "Yes" to Fo	orm 990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
				
		·		
		· 		
				l
must squal Form 000 Port	V and (B) line 15)			
	х, соі. (в) ііпе тэ.)	 	· · · · · · ·	
plete if the organization a	answered "Yes" to Fo	rm 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	(b) Rook value	T		
	(a) Book value			
	- " '			
ual Form 990, Part X. col. (B) line 25.)	•			
	must equal Form 990, Part Applete if the organization must equal Form 990, Part Applete if the organization apple	must equal Form 990, Part X, col. (B) line 15.) er Liabilities. applete if the organization answered "Yes" to Form 25. Description of liability (b) Book value axes applete if the organization answered "Yes" to Form 990, Part X, col. (B) line 25.)	er Assets. Inplete if the organization answered "Yes" to Form 990, Part IV, line (a) Description must equal Form 990, Part X, col. (B) line 15.)	er Assets. Inplete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form (a) Description Imust equal Form 990, Part X, col. (B) line 15.) Per Liabilities. Inplete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See 25. Description of liability (b) Book value axes

Par	t XI	Reconciliation of Revenue per Audited Financial Statem		er Return.
	Total	Complete if the organization answered "Yes" to Form 990,		
1		revenue, gains, and other support per audited financial statements		
2		unts included on line 1 but not on Form 990, Part VIII, line 12:		
a		Inrealized gains (losses) on investments	2a	
b		ted services and use of facilities		
C		veries of prior year grants		
d		r (Describe in Part XIII.)		
е		ines 2a through 2d		. 2e
3		ract line 2e from line 1		. 3
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а		tment expenses not included on Form 990, Part VIII, line 7b		
þ	Other	r (Describe in Part XIII.)	4b	
C		ines 4a and 4b		. 4c
_5	_Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	XII	Reconciliation of Expenses per Audited Financial Stater	nents With Expenses	per Return.
		Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	
1	Total	expenses and losses per audited financial statements	,	. 1
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:		
а	Dona	ted services and use of facilities	2a	
b	Prior	year adjustments	2b	
C	Othe	r losses	2c	
d		r (Describe in Part XIII.)	2d	
е		ines 2a through 2d		. 2e
3	Subti	ract line 2e from line 1		. 3
4		unts included on Form 990, Part IX, line 25, but not on line 1:	1 1	The state of the s
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	
b		r (Describe in Part XIII.)		
		ines 4a and 4b		. 4c
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		
		Supplemental Information.	10 70.9	· 1 9 1
2; Par	τ XI, IIΓ	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
				•

				•

Schedule D (Fo		Page 3
Part XIII	Supplemental Information (continued)	
المستقدينيين		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

Inspection

Employer identification number

	C.S. Lewis Institute, Inc.	<u> </u>				4-1802015
Pa	Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ans	wered "Yes" on
1					nount of its grants and other n criteria used to award the	
	grants or assistance?				ii chiena used to award the	☐Yes ☐No
	gramo or aboletanoo					□ les □ lo
2			the organizat	ion's procedures for moni	itoring the use of its grant	s and other
	assistance outside the Unit	ted States.				
3	Activities per Region. (The f	ollowing Part	I, line 3 table	can be duplicated if additio	nal space is needed.)	_
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		region	agents, and	fundraising, program services,	describe specific type of	and investments
		1	independent contractors in region	investments, grants to recipients located in the region)	service(s) In region	in region
			in region	located in the region)		
(1)	London, United Kingdom	11	0	Program Services	Develop disciples who can	0
(2)					live faith in Christ	
(3)	Belfast, Ireland	1	2	Program Services	Develop disciples who can	
(4)		1			live faith in Christ	38,862
(5)						
(6)						
(7)						
						
(8)		1				
(9)						
(10)						
(11)						
(12)						
(13)						
14)						
15)						
16)						
17)						
3a	Sub-total					38,862
	Total from continuation					30,002
	sheets to Part I				Serger Serger	
С	Totals (add lines 3a and 3b)					38,862

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (f) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance cash disbursement (f) Manner of (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II Ê <u>E</u> ₹ 4 9 9 £ 22 £ 50 N Ñ Ŧ <u>a</u> <u>@</u> ත 6

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part III Grants and Other As	ssistance to Individua	als Outside t	he United States	. Complete if the	organization answ	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 900 Bart IV line 15	Page 3
Part III can be duplica	Part III can be duplicated if additional space is needed.	e is needed.					ירמונוע, יווופ וס:
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
(1)							otner)
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014

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Page	4

Schedule	c	/Eom	QQA)	2014
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Part I	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	☐ Yes	☑ No
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	 ✓ No
6	Did 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)	☐ Yes	☑ No

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).
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection
Employer Identification number

The C	C.S. Lewis Institute, Inc.						-1802015
Par	Fundraising Activities					Form 990, Part IV,	line 17.
- 4	Form 990-EZ filers are i						
1	Indicate whether the organization	on raised funds	through an	y of the foll	owing activities. C	Check all that apply.	
а	☐ Mail solicitations		е [☐ Solicitat	tion of non-govern	ment grants	
b	☐ Internet and email solicitation	ons	f [tion of governmen		
С	Phone solicitations		g [fundraising events	-	
d	☐ In-person solicitations		•	_ , .			
2a	Did the organization have a wri	tten or oral agre	ement with	anv indivi	dual (including off	icers, directors, trus	stees
	or key employees listed in Form						
b	If "Yes," list the ten highest paid	-	•			_	_
	compensated at least \$5,000 by	the organization	on.		•		
		-					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody of	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1]		
			 	ļ	 		
2						<u></u>	
3							
4							
5							
6							
7							
8							
9							
10							
			<u> </u>				
-tal					1	,	
otal 3	List all states in which the organ	ization is regist	orod or lies	opposed to so	lioit contributions	or has been notifie	d it is exempt from
	registration or licensing.	nzadon is regist		insect to se	Mon Contributions	or has been notine	d it is exempt from
	registration or nochaing.						
							
~							
				••••			
	•••••						

	•••••						

Part II

		gross receipts greater that				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Banquet - VA	Banquet - GA	4.4.1	(add col. (a) through col. (c))
Ф	l		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	80,330	13,000		93,330
-	2 3	Less: Contributions Gross income (line 1 minus			<u> </u>	
		line 2)	80,330	13,000		93,330
	4	Cash prizes			· · · · · · · · · · · · · · · · · · ·	
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,000			1,000
Ť.	7	Food and beverages	44,331	8,457		52,788
Direc	8	Entertainment				
	9	Other direct expenses .	54,716	4,543		59,259
	10 11	Direct expense summary. Ac Net income summary. Subtra	Id lines 4 through 9 in c	olumn (d)		100,047 -6,717
Рa	all!	Gaming. Complete if the	organization answer	red "Yes" to Form 990	0, Part IV, line 19, or	
		than \$15,000 on Form 9				
enne,	!		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bıngo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
ect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
ect Expenses	3	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes%		(c) Other gaming	
ect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	☐ Yes%	bingo/progressive bingo Yes% No	☐ Yes%	
ect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes%	bingo/progressive bingo Yes% No	☐ Yes%	
ect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	Yes% No	□ Yes% □ No	☐ Yes% ☐ No	
ect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No Id lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gas anduct gaming activities	bingo/progressive bingo Yes % No No olumn (d)	☐ Yes	col. (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No Id lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gas anduct gaming activities	bingo/progressive bingo Yes % No No olumn (d)	☐ Yes	col. (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes	Yes% No Id lines 2 through 5 in c y. Subtract line 7 from line ganization conducts ga anduct gaming activities	□ Yes % □ No olumn (d)	☐ Yes % No	col. (a) through col (c))

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Sched	dule G (Form 990 or 990-EZ) 2014		P	age (
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Y.	_	
13	Indicate the percentage of gaming activity conducted in:			%
a				- 70 - %
14	An outside facility	_		
	Name ►			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Ye	•s 🔲	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ▶			•••••
	Gaming manager compensation ▶ \$			
	Description of services provided ►			. -
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	∐ Yes	3 🔲 1	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informinstructions).			

SCHEDULE M (Form 990)

Noncash Contributions

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

OMR No. 1545-0047 2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number 54-1802015 The C.S. Lewis Institute, Inc. Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art—Historical treasures . . . 3 Art—Fractional interests . . . Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes . . . 8 Intellectual property Securities-Publicly traded . . 9 3 10 Securities—Closely held stock . 11 Securities-Partnership, LLC, or trust interests 12 Securities -- Miscellaneous . . Qualified conservation contribution - Historic structures 14 Qualified conservation contribution-Other 15 Real estate-Residential . . . Real estate-Commercial . . 16 17 Real estate-Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . Other ► (_____) 25 26 Other ► (____) 27 Other ► (____) 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**14**

Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public

The C.S. Lewis Institute, Inc.	54-1802015					
Part VI, Section B, 11b - Form 990 is reviewed by the Executive Committee of the Board of Directors a	nd the officers of the Corporation before					
it is filed with the IRS.						
Part VI, Section B, 15b - Compensation is compared with guidelines established by ECFA and other entitites.						
Part VI, Section C, 19 - Governing documents are listed in the Personnel Handbook and financial statements are shown on the website.						
•						
•						
	······································					

Name of the organization	Employer identification number