# Form **990-EZ**

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(except private foundations)
► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

, 2015, and ending

OMB No. 1545-1150

2015

Open to Public Inspection

B Check if applicable: C	D Employe	r identification number
Address change  Name change  Free Law Project	46-3	342480
Initial return  4115 Adeline St	<b>E</b> Telephon	
Final return/terminated Emeryville, CA 94608	909-	576-4123
Amended return		
Application pending	<b>F</b> Group I Numbe	Exemption r►
G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ► H	Check ► if th	e organization is <b>not</b>
	required to attac	
J Tax-exempt status (check only one) $ \boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$ 527	(Form 990, 990-E	EZ, or 990-PF).
K Form of organization: X Corporation Trust Association Other		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		33, 110.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see th		for Part I)
Check if the organization used Schedule O to respond to any question in this Part I		X
1 Contributions, gifts, grants, and similar amounts received	<u>1</u>	67,919.
2 Program service revenue including government fees and contracts	2	27,506.
3 Membership dues and assessments		
4 Investment income.	4	21.
5a Gross amount from sale of assets other than inventory		
b Less: cost or other basis and sales expenses		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).      Gaming and fundraising events	50	
, , ,		
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contribution	าร	
	15	
of such gross income and contributions exceeds \$15,000)		
c Less: direct expenses from gaming and fundraising events		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
7a Gross sales of inventory, less returns and allowances		
b Less: cost of goods sold. 7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)	8	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	95,446.
10 Grants and similar amounts paid (list in Schedule O)		
11 Benefits paid to or for members	11	
E   12   Salaries, other compensation, and employee benefits		27,004.
	13	
14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.	14	
The printing, publications, postage, and shipping		
16 Other expenses (describe in Schedule O). See Schedule	e . O 16	1,053.
17 Total expenses. Add lines 10 through 16	▶ 17	28,057.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		67,389.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return)		0.
s 20 Other changes in net assets or fund balances (explain in Schedule O).		0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20.		67,389.
BAA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2015)

ı aı	Check if the organization used Scho	edule O to respond to any qu	estion in this Part II			X
				(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments				22	65,991.
23	Land and buildings				23	
24	Other assets (describe in Schedule O) .	See Schedule	e U		24	1,398.
25	Total assets			0	. 25	67,389.
26	Total liabilities (describe in Schedule O	)		0	26	0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	0	. 27	67,389.
Par	t III Statement of Program Service A	ccomplishments (see the inst	ructions for Part III)			Expenses
	Check if the organization used So	chedule O to respond to any o	question in this Part	IIIX	(Regi	uired for section 501
What	s the organization's primary exempt purpose? Se	e Schedule O			(c)(3)	) and 501(c)(4)
Desc	ribe the organization's program service a sured by expenses. In a clear and concis	accomplishments for each of	its three largest pro	gram services, as		nizations; optional
meas	sured by expenses. In a clear and concis fited, and other relevant information for $\epsilon$	e manner, describe the servi- each program title	ces provided, the nu	imber of persons	tor of	thers.)
28	C C -1 11 - O					
	pee poiledate o				1	
					1	
	(Grants \$ ) If the	nis amount includes foreign a	rants check here		28 a	20 057
29	(Cirants \$\frac{1}{2}\)	iis amount includes foreign g	rants, check here		20 a	28,057.
25						
				. – – – – – – – .	-	
	(Grants \$ ) If the	nis amount includes foreign g	ronto obsolvhoro	·	20	
20	(Grants \$ ) ii ti	ils amount includes foreign g	rants, check here		29 a	
30						
	70	nis amount includes foreign g	,,,	· <sub>-</sub> - <del></del>		
					30 a	
31	Other program services (describe in Sch					
	(Grants \$ ) If th	nis amount includes foreign g	rants, check here	🟲 📙		
	Total program service expenses (add li				32	28,057.
Par	t IV List of Officers, Directors,					
	Check if the organization used So	chedule O to respond to any o	question in this Part	1		
	(-) Nigran and Aidig	(b) Average hours per	(c) Reportable compensa	tion (d) Health benefit contributions to emp	ts, Jovee	(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)		ferred	other compensation
1/1	haal Tiaanan	·		compensation		
MIC	<u> hael Lissner</u>	-	0.4.00	2	_	0
	ecutive Dir.	40	24,80	3.	0.	0.
	<u>an Carver</u>				•	•
	easurer	2		0.	0.	0.
	<u>omas Bruce</u>				•	
	ard member	2		0.	0.	0.
	ry Goldman	_		_	_	
Boa	ard member	2		0.	0.	0.
		_				
		]				
		1				
		1				
		1				
		1				
		1				
DAA		TEEA0812L 1	0/12/15			Farm 000 F7 (0015)
BAA		TEEAU812L I	U/ 12/ 13			Form <b>990-EZ</b> (2015)

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule Ö	33		X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	37		
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Χ
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant	000		
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37 b		X
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total			
amount involved	7		
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	_		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			37
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41 List the states with which a copy of this return is filed <b>CA</b>			
42 a The organization's			
books are in care of ► Michael Lissner Telephone no. ► 909-5		1 <u>23</u>	
books are in care of ► Michael Lissner  Located at ► 4115 Adeline St Emeryville CA  Telephone no. ► 909-5  ZIP + 4 ► 94608			
books are in care of ► <u>Michael Lissner</u> Located at ► <u>4115 Adeline St Emeryville CA</u> Description At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		123_ Yes	No v
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  B 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)?			No X
books are in care of ► <u>Michael Lissner</u> Located at ► <u>4115 Adeline St Emeryville CA</u> Description At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  B 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)?			
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  B 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)?			
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42 b		X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  Telephone no. 909-5  Located at 4115 Adeline St Emeryville CA  Tole 4 94608  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?			
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42 b		X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  Telephone no. 909-5  Located at 4115 Adeline St Emeryville CA  Tole 4 94608  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 b		X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  Telephone no. 909-5  Located at 4115 Adeline St Emeryville CA  Tole 4 94608  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 b		X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  Telephone no. 909-5  Located at 4115 Adeline St Emeryville CA  Tole 4 94608  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 b	Yes	X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  Tolephone no. 909-5  Located at 4115 Adeline St Emeryville CA  Tolephone no. 909-5  In a foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:	42 b	Yes	X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  Label 115 Adeline St Emeryville CA  ZIP + 4 9 94 608  ZIP + 4 9 94 608  ZIP + 4 9 94 608  To Emeryville CA  ZIP + 4 9 94 608  It is exempt interest in or a signature or other authority over a financial account)?  Label 22	42 b	Yes	X X N/A
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	X X N/A N/A No
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42 b	Yes	X X N/A N/A
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c 44 a 44 b	Yes	X  N/A N/A No X  X
books are in care of Michael Lissner  Located at 115 Adeline St Emeryville CA  ZIP + 4 94608  b 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c	Yes	X  X  N/A  N/A  No  X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  ZIP + 4 94608  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a 44 b	Yes	X  N/A N/A No X  X
books are in care of Michael Lissner  Located at 115 Adeline St Emeryville CA  ZIP + 4 94608  b 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 44 a 44 b 44 c	Yes	X  N/A N/A No X  X
books are in care of Michael Lissner  Located at 4115 Adeline St Emeryville CA  ZIP + 4 94608  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O.	42 b 42 c 44 a 44 b 44 c 44 d	Yes	X  N/A  N/A  No  X  X  X

Form **990-EZ** (2015)

						Yes	No
<b>46</b> Did t	he organization engage, directly or indire lidates for public office? If 'Yes,' complete	ctly, in political campai Schedule C. Part I	ign activities on behalf o	of or in opposition to	46		Х
Part VI	Section 501(c)(3) organizations				40		Λ
I alt VI	All section 501(c)(3) organizations		uestions 47-49b and	d 52. and complete	the table	:S	
	for lines 50 and 51.	,		,			
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.				
47 Did +1	he organization engage in lobbying activities	or have a coation E01/h	) alastian in offect during	the tay year? If IVes!		Yes	No
	olete Schedule C, Part II				47		Х
<b>48</b> Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		X
<b>49 a</b> Did t	he organization make any transfers to an	exempt non-charitable	e related organization?		49 a		Χ
	es,' was the related organization a section	-					
<b>50</b> Comp	plete this table for the organization's five hig oyees) who each received more than \$100,0	hest compensated emplo 00 of compensation from	oyees (other than officers, the organization of there	directors, trustees and k	ey		
СПР	- The cash received more than \$100,0		T the organization. If there	(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimate other com		
		to position	(1 011113 11 271033 111100)	compensation	outer com	perisatio	,,,
None							
-							
	I number of other employees paid over \$			_			
51 Comp	plete this table for the organization's five hig bensation from the organization. If there i	hest compensated indep s none. enter 'None.'	endent contractors who ea	ach received more than \$	5100,000 of		
	(a) Name and business address of each independent of		<b>(b)</b> Type	of service	(c) Comp	ensatio	
None	<u> </u>		(1) 3111		(7)		
NOIIC _							
<b>d</b> Total	I number of other independent contractors	s each receiving over \$	S100,000				
<b>52</b> Did t	he organization complete Schedule A? N	ote: All section 501(c)(	(3) organizations must a	ttach a		Г	
	oleted Schedule A				► X Yes		No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying scheer) is based on all information of	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and be ledge.	lief, it is		
Sign	Signature of officer			Date			
Here	Michael Lissner Type or print name and title			Executive Dir.			
	Print/Type preparer's name	Preparer's signature	Date	I⊽I   P	TIN		
	2			Check A if		1	
Paid	Patricia A. Foley, EA  Firm's name ► Patricia A. Fol	<u> Patricia A. Fo</u> ey, E.A.	DICY, EA	sen-employed F	0002689	т	
Preparer Use Only	Firm's address > 991 MIDWAY AVE	Су, Ц.11.		Firm's EIN ►	81-2440	329	
222 Giily		94577-1344			5896820		
May the IF	RS discuss this return with the preparer sl		uctions	•	► X Yes		No

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number							
Free Law Project 46-3342480							
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The organization is not a private found	dation because it is: (	For lines 1 through 11,	check o	nly one	box.)		
1 A church, convention of church	nes, or association of cl	hurches described in <b>sec</b>	tion 1 <mark>70</mark> (	b)(1)(A)(	i).		
2 A school described in <b>section</b>	<b>170(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	r 990-EZ)	).)			
3 A hospital or a cooperative h	nospital service organ	ization described in sec	ction 170	)(b)(1)(A	\)(iii).		
4 A medical research organiza	ation operated in conju	unction with a hospital	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii).	Enter the hospital's	
name, city, and state:							
5 An organization operated for the 170(b)(1)(A)(iv). (Complete	Part II.)		_	•		d in <b>section</b>	
A federal, state, or local gov	-						
7 An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II )	part of its support from a	governm	ental un	t or from the general p	oublic described	
8 A community trust described		A)(vi). (Complete Part	II.)				
9 X An organization that normally	receives: (1) more than	33-1/3% of its support fr	om conti	ributions	membership fees, an	d aross receipts	
from activities related to its ex investment income and unre June 30, 1975. See section	empt functions – subje Ilated business taxabl	ct to certain exceptions, e income (less section	and (2) r	o more t	han 33-1/3% of its sur	port from gross	
10 An organization organized a		,	,		` ' '		
An organization organized a or more publicly supported c lines 11a through 11d that d	organizations describe	ed in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a	)(2). See section 509	(a)(3). Check the box in	
a Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup t a majority of the directo	oported or rs or trus	rganizat tees of t	ion(s), typically by givinhe supporting organiza	ng the supported tion. <b>You must</b>	
b Type II. A supporting organize management of the supporting must complete Part IV, Section 1.	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having control or ation(s). <b>You</b>	
c Type III functionally integrated organization(s) (see instruct	. A supporting organizations). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, ai	nd functiond <b>E.</b>	onally integrated with, it	s supported	
d Type III non-functionally integ functionally integrated. The instructions). You must com	rated A supporting ord	anization operated in cor	nection	with ite	supported organization	(s) that is not	
e Check this box if the organize integrated, or Type III non-fu	ation received a writt	en determination from	the IRS				
f Enter the number of supported	, ,	11 3 3					
<b>q</b> Provide the following information	-						
(i) Name of supported	(ii) EIN		(iv)	s the	(v) Amount of monetary	(vi) Amount of other	
organization		(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)	
			Yes	No			
(A)							
(B)							
, <del>* *</del>							
<u>(C)</u>							
(D)							
(E)							
Total			200 55			000 000 57 0015	
<b>BAA For Paperwork Reduction Act N</b>	ιοτιce, see the Instruc	ctions for Form 990 or 9	19U-EZ.		Schedule A (Fo	rm 990 or 990-EZ) 2015	

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

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

Sec	tion A. Public Support		1	_	1		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	n 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				%
	Public support percentage from 2						%
16 a	<b>33-1/3% support test</b> — <b>2015.</b> If and <b>stop here.</b> The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a brganization	nd line 14 is 33-1/	3% or more, check	this box      ▶     ☐
k	33-1/3% support test — 2014. If t and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
Ł	• 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	s box and see inst	ructions ►

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

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

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) >	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					67,919.	67,919.
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.					077313.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	67,919.	67,919.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	, and the second	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	<b>Public support.</b> (Subtract line 7c from line 6.)						67,919.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 6	0.	0.	0.	0.	67,919.	67,919.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
С	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	0.	67,919.	67,919.
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, second	I, third, fourth, o	r fifth tax year as	a section 501(c)(3)	) ► X
	tion C. Computation of Pul						
	Public support percentage for 20	•	1,				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
	Investment income percentage f						%
	<b>33-1/3% support tests</b> – <b>2015.</b> If is not more than 33-1/3%, check	this box and stop	here. The organize	zation qualifies a	is a publicly suppo	orted organization.	
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3% Private foundation. If the organia	, check this box a	and <b>stop here.</b> The	organization qua	alifies as a publicl	y supported organ	ization ►
_0	vate roundation. If the organia		ON A DOV OU HILE I	-, 12a, 01 13b, 6	noon una bux anu	SOC II ISTI UCTIONS	

# Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
2.		_		
36	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
Ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
		30		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
L	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(	Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b>	9a		
Ł	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c		
10 a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,'	16		
	answer 10b below	10a		
t	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.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
k	A fam	nily member of a person described in (a) above?	11b		
		% 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 I	B. Type I Supporting Organizations		1	
1	Did th	divertors, trustees, or memberable of one or more supported organizations have the newer to regularly appoint.		Yes	No
'	or ele <b>Part \</b> If the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in III how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, end to such powers during the tax year.	1		
2	that c	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such			
	benei supp	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		
Sec		C. Type II Supporting Organizations			
		71 11 9 9		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of eac	ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization'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			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	all tin	in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
<u> </u>		s regard.	3		
Sec	tion	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
á	a 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	ד 🗌 כ	he organization is the parent of each of its supported organizations. Complete line 3 below.			
C	: T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
ā	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subst	antially all of its activities	2a		
ł	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	organ	ization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
â	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
ŀ	Did th	be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pai	∕t V	ınızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	er 20, 1970. <b>See instruct</b> ons A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c).	1d		
•	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization

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

	t v   Type III Non-Functionally integrated 509(a)(3) Su	pporting Organiza	tions (continuea)		
Sec	tion D — Distributions			Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations.			
4	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in $\textbf{Part VI}).$ See instructions				
7	<b>Total annual distributions.</b> Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
С					
	From 2013				
е	From 2014				
f	<b>Total</b> of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2015 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7	Excess distributions carryover to 2016. Add lines 3j and 4c				
8	Breakdown of line 7:				
а					
b					
С	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015				

BAA

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

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

# Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

Free Law Project	46-3342480
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the Ge	eneral Rule or a Special Rule.
<b>Note.</b> Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	90-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Co	mplete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
For an organization described in section	on 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A	)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form	ing the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) m 990-EZ, line 1. Complete Parts I and II.
	F04 ( ) (T) (O) (10) (U) (F 000 000 F7 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U
during the year, total contributions of r	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of crue	Ity to children or animals. Complete Parts I, II, and III.
_	
	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,
	ely for religious, charitable, etc., purposes, but no such contributions totaled more than ere the total contributions that were received during the year for an exclusively religious,
	lete any of the parts unless the <b>General Rule</b> applies to this organization because
it received nonexclusively religious, ch	aritable, etc., contributions totaling \$5,000 or more during the year ▶ \$
Caution. An organization that is not covere	ed by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it does not me	V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

Name of organization

Employer identification number

Free Law Project 46-3342480

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>10,258.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,001</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>35,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

of Part II

Free Law Project

Name of organization

46-3342480

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (see instructions) Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page of Part III Name of organization Employer identification number Free Law Project 46-3342480 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-3342480 Free Law Project Form 990-EZ, Part I, Line 16 Other Expenses Dues, Subscriptions, Fees..... 53. Information Technology..... .000 Total 1,053. Form 990-EZ, Part II, Line 24 Other Assets Ending Beginning 1,398. 0. Total

### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Free Law Project is a California non-profit public benefit corporation and a federally-recognized 501(c)(3) public charity whose specific purposes are primarily:

to provide free, public, and permanent access to primary legal materials on the Internet for educational, charitable, and scientific purposes to the benefit of the general public and the public interest;

to develop, implement, and provide public access to technologies useful for legal research;

to create an open ecosystem for legal research and materials;

to support academic research on related technologies, corpora, and legal systems; and to carry on other charitable activities associated with these purposes, including, but not limited to, publications, meetings, conferences, trainings, educational seminars, and the issuance of grants and other financial support to educational institutions, foundations, and other organizations exclusively for educational, charitable, and scientific purposes as allowed by law.

### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

1. Collaborated with University of Baltimore to create new tool for academic researchers and practitioners to study Supreme Court Cases

Name of the organization

Free Law Project

46-3342480

# Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

- 2. With support from Columbia University Library, expanded court coverage to include all new cases in American state and federal courts of last resort.
- 3. Received grant from Knight Foundation to create first-of-its-kind judicial database.
- 4. Launched database of legal reporters for use by academics and other organizations.
- 5. Expanded board of directors to include valuable perspectives of Thomas Bruce and Jerry Goldman.
- 6. Upgraded CourtListener system to provide enhanced access by researchers, attorneys and other organizations.

# Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a)	Did the organization, during the year, receive any funds, directly or	
indi	rectly, to pay premiums on a personal benefit contract?	No
(b)	Did the organization, during the year, pay premiums, directly or	
indi	rectly, on a personal benefit contract?	No