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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. and ending MAR 31, 2016 Open to Public Inspection

OMB No 1545-0047

A	For the	e 2015 calendar year, or tax year beginning APR 1, 20	015 and	ending]	MAR 31, 2016				
В	Check if	C Name of organization			D Employer identific	cation number			
	applicabl	e			' -				
	Addre chang		AL JUSTI	CE					
	Name	Dame have been as			93-1	193792			
	Initial	the state of the s	ddress)	Room/suite					
<u> </u>	lreturn Final	620 C W STU AVENTIE	duicssy	1225		295-8442			
_	—return termir		nootol oodo	1223	1	1,330,421.			
	ated Amen	City or town, state or province, country, and ZIP or foreign	postal code		G Gross receipts \$				
<u> </u>	return ∏Applic	PORTLAND, OR 9/204	000		H(a) Is this a group re				
L	tion pendi	F Name and address of principal officer MAIA CRAWE	JRD		for subordinates				
		SAME AS C ABOVE			H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 52	⊣	list (see instructions)			
		te: ► WWW.CEJ-OREGON.ORG	1		H(c) Group exemption				
_	_	organization: X Corporation Trust Association	Other -	L Year	of formation: 1991 M	State of legal domicile; OR			
<u>.P</u>	art I	Summary				<u> </u>			
<u></u>	1	Briefly describe the organization's mission or most significant act	ıvıtıes <u>SEE</u>	SCHED	JLE O				
Activities & Governance		<u></u>							
ריי בּׁ	2	Check this box if the organization discontinued its ope	rations or dispo	sed of mor	e than 25% of its net as	sets			
~ o	3	Number of voting members of the governing body (Part VI, line 1a	a)		3	19			
≝ ໘	4	Number of independent voting members of the governing body (F	Part VI, line 1b)		4	19			
A S	5	Total number of individuals employed in calendar year 2015 (Part	V, line 2a)		5	5			
Ţij.	6	Total number of volunteers (estimate if necessary)	,		6	300			
ું ફું	7 a	Total unrelated business revenue from Part VIII, column (C), line 1	12		7a	0.			
₹₹	h	Net unrelated business taxable income from Form 990-T, line 34	-		7b	0.			
子文文() Activ		Troc difficulties beginning taxable moonle from 1 of 11 of 12 of 1, 1110 of 1			Prior Year	Current Year			
3	8	Contributions and grants (Part VIII, line 1h)	1,228,129.	1,304,335.					
Ď ž	0	Program service revenue (Part VIII, line 2g)	—	18,600.	24,230.				
ال Revenue	9	, , , , ,	3,629.	1,856.					
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	1 250 250	1 220 421					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, colum	nn (A), line 12)		1,250,358.	1,330,421.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	750,180.	820,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		_	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column	1 (A), lines 5-10)	_	267,110.	272,713.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.	0.			
×	b	Total fundraising expenses (Part IX, column (D), line 25)	185,4	<u> 56.</u>		**			
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		===1	178,873.	224,131.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A)	line 25) [5] [7]		1,196,163.	1,316,844.			
	19	Revenue less expenses Subtract line 18 from line 12		10	54,195.	13,577.			
5	3	Total assets (Part X line 16)	1 6 9646	80-S	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	1 6 2016	 	1,378,745.	1,439,550.			
Net Assets or	21	Total liabilities (Part X, line 26)		<u> </u> ≅	762,017.	831,381.			
볼	22	Net assets or fund balances. Subtract line 21 from line 20 (50)	FN HT		616,728.	608,169.			
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accom	npanying schedul	es and stater	nents, and to the best of my	knowledge and belief it is			
		ct, and complete. Declaration of preparen (other than officer) is based op at				, momorgo ana bana, it is			
	,	Nalm I round		····o·· propure		28. 2016			
Si.		Signature of officer			Date	20, 2010			
Sig		MAYA CRAWFORD, EXECUTIVE DIREC	CMOD		54.0				
He	re	Type or print name and title	CIOR						
				/ 	Date Check	PTIN			
n-:	a	Print/Type preparer's name Preparer's sign.	ature		一 ∤				
Pai		YEE LEE MCGEE		-5-	If-employe	# P01294356			
	parer	Firm's name GARY MCGEE & CO. LLP	OTTTME 50		Firm's EIN				
USE	Only	· · · · · · · · · · · · · · · · · · ·	SUITE 70	U		 			
		PORTLAND, OR 97204			Phone no. (5	<u>03) 222-2515</u>			
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instru				Yes No			
532	001 12-	18-15 LHA For Paperwork Reduction Act Notice, see the ser	parate instruct	ions.		/ Form 990 (2015)			

	•		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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
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		X
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			ļ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	}		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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	 -	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	000	<u> </u>
		Form	990	(2015)

Form 990 (2015) THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE
Part IV Checklist of Required Schedules (continued)

			V	N1-
20-	. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		x
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			1
	Schedule J	23		х
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			ĺ
	Schedule K. If "No", go to line 25a	24a		Х
b		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 13		
Ŭ	any tax-exempt bonds?	24c		ľ
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b		200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		Х
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,"			l
	complete Schedule L, Part II	26		Х
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			ľ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			ĺ
а		28a		Х
b		28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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-chantable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			İ
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2015

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

 \mathbf{X}

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management						_
		1				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		19			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision		_		
	of officers, directors, or trustees, or key employees to a management company or other person?			-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	_	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		-	5		X
6	Did the organization have members or stockholders?			-	6		<u> X</u>
7a	·	ppoint	one or		_		₹.
	more members of the governing body?		lalana an	-	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockno	olaers, or	- 1	71.		
_	persons other than the governing body?	or hu th	s following:		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar by tii	e following.	Ì	0-	v	
_	The governing body?			H	8a	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ماممطم	.4 46-0	H	8b		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu a	u u ie		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	POVODUIO	Cada		9		^_
-	tion 5.1 Onotoo (mis dection a requests information about policies not required by the internal r	evenue	Code.)	-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters	s. affiliates.	-	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	· · aptor	, armatos,	- 1	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iv befo	re filing the form		11a	Х	
b		,	3 ·	<u> </u>			
12a				- 1	12a	х	
b		e to con	flicts?	_ F	12b	Х	
С							
	in Schedule O how this was done	•			12c	Х	
13	Did the organization have a written whistleblower policy?			Γ	13	Х	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official			Ĺ	15a	X	
b	Other officers or key employees of the organization				15b	X	
	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 arrange	ment w	rith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatıo	า'ร				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶OR		·				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	on 501(c)(3)s or	nly) av	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply						
	X Own website Another's website X Upon request Other (explain		•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy,	and	finan	cıal	
	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 be	ooks an	d records. 🕨 _				
	SANDRA HANSBERGER - 503-295-8442						_
	620 S.W. 5TH AVENUE, PORTLAND, OR 97204						

n 990 (2015)	THE LAWYERS'	CAMPAIGN F	OR EQUAL	JUSTICE	93-1193792	Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	box	, unle	ss pe	rson	inan is bot or/trus	h an	compensation	compensation	amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) HOWARD ARNETT	1.00	x						0.	0.	0.	
DIRECTOR (2) LARRY BRISBEE	1.00	7.							0.	<u></u>	
DIRECTOR		x	İ	;				0.	0.	0.	
(3) JEFFREY EDELSON	1.00										
DIRECTOR		X	L_			_		0.	0.	0.	
(4) BRIEN FLANAGAN	1.00									_	
DIRECTOR	1 00	X	_					0.	0.	0.	
(5) MARK FRIEL	1.00	x						0.	0.	_	
DIRECTOR	2.00	^						0.	0.	0.	
(6) EDWIN A. HARNDEN DIRECTOR	2.00	X						0.	0.	0.	
(7) RAY HEYSELL	1.00						t^-	<u> </u>	· ·	<u></u>	
DIRECTOR		x					ł	0.	0.	0.	
(8) NICHOLAS KAMPARS	1.00										
DIRECTOR		X						0.	0.	0.	
(9) FRANK V. LANGFITT, III	1.00										
DIRECTOR		Х					ļ	0.	0.	0.	
(10) JOEL MULLIN	1.00	ļ									
DIRECTOR	1 00	X				_	├	0.	0.	0.	
(11) KATHRYN OLNEY	1.00	X					ļ	0.	_	_	
DIRECTOR	1.00	12	-	-	-	\vdash	╁	<u> </u>	0.	0.	
(12) VICKI L. SMITH DIRECTOR	1.00	X						0.	0.	0.	
(13) CYNTHIA STARKE	1.00	-	-	-	一	├─	t	<u> </u>		<u>.</u>	
DIRECTOR		x			l		ŀ	0.	0.	0.	
(14) MARK WADA	2.00								-		
DIRECTOR		X						0.	0.	0.	
(15) IRA ZAROV	2.00]							-		
DIRECTOR		X	<u> </u>		<u> </u>	_	_	0.	0.	0.	
(16) GERRY GAYDOS	5.00	ļ			1			_	_	•	
PRESIDENT		X	_	Х	1	-	 _	0.	0.	0.	
(17) ELIZABETH KNIGHT	1.00			3,					_	_	
VICE PRESIDENT 532007 12-16-15		X	<u> </u>	X	<u> </u>		<u> </u>	<u> </u>	0.	0 . Form 990 (2015)	

532007 12-16-15

(A)
Name and business address
NONE

| Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation

Form 990 (2015)

	•	Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
ira Our	b	Membership dues	1b					
Ğ,Ğ	С	Fundraising events	1c					
a ii	d	Related organizations	1d					
s, E		Government grants (contribut	tions) 1e					
io io	f	All other contributions, gifts, gran	nts, and					
t e		similar amounts not included abo)	304,335.				
등	g	Noncash contributions included in lines		105,120.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		•	1,304,335.			
				Business Code				
e,	2 a	ANNUAL DINNER		900099	19,265.	19,265.		
اه ڲ	b	TICKET REVENUE		900099	4,965.	4,965.		
Program Service Revenue	С							
eve	d		·					
P. 0	е							
مّ ا	f	All other program service reve	enue .					
	g	Total. Add lines 2a-2f		•	24,230.			
1	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	1,856.			1,856.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		>	:			
			(ı) Real	(ıı) Personal				
- 1	6 a	Gross rents						
1	b	•						
- 1	С	Rental income or (loss)						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
İ	b	Less: cost or other basis		1				
1		and sales expenses						
		Gain or (loss)		<u> </u>				
		Net gain or (loss)						
9	8 a	Gross income from fundraisin	•					
Other Reven		including \$	of		İ			
Re		contributions reported on line Part IV, line 18	-					
her	L	•	a					
ŏ		Less: direct expenses Net income or (loss) from fund	b drawing events	•				
		Gross income from gaming a	-					
	9 4	Part IV, line 19	a a					
	h	Less direct expenses	b					
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					<u> </u>
		and allowances	а					
	b	Less: cost of goods sold	b					
Į		Net income or (loss) from sale	es of inventory					j
[Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c	·	-					
	d	All other revenue						
	е	Total. Add lines 11a-11d	•	•				
	12	Total revenue. See instructions.		•	1,330,421.	24,230.	0	1,856.

	Check if Schedule O contains a respons	se or note to any line in	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	000 000	000 000		
	and domestic governments. See Part IV, line 21	820,000.	820,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	116 006	01 267	11 (10	22 210
_	trustees, and key employees	116,096.	81,267.	11,610.	23,219
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	122,213.	58,555.	12,357.	51,301
7	Other salaries and wages	144,413.	36,333.	14,357.	21,301
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	15,663.	4,583.	3,067.	8,013
9	Other employee benefits	18,741.	10,811.	1,839.	6,091
10	Payroll taxes Fees for services (non-employees)	10,741.	10,011.	1,033.	0,091
11	` ' ' '				
a	Management				
b	Legal	17,249.		17,249.	
C	Accounting	11,443.		11,247.	
d	Lobbying Professional fundralising converse. See Part IV. June 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	8,123.	5,228.	391.	2,504
12	Advertising and promotion	1,020.	1,020.	371.	2,301
13	Office expenses	60,348.	22,112.	4,311.	33,925
14	Information technology	00,510.	2271120	1/311.	
15	Royalties				
16	Occupancy	28,178.	14,935.	3,944.	9,299
17	Travel	11,886.	8,260.	616.	3,010
18	Payments of travel or entertainment expenses		31233	0200	0,020
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,161.		2,161.	
24	Other expenses. Itemize expenses not covered			•	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	EVENTS EXPENSE	72,221.	44,264.	88.	27,869
b	MISCELLANEOUS	22,945.	1,678.	1,042.	20,225
С					
d					
	All other expenses	1 216 044	1 070 710	F0 (85	105 456
25	Total functional expenses. Add lines 1 through 24e	1,316,844.	1,072,713.	58,675.	185,456
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2015)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	401,218.	1	596,972
2	Savings and temporary cash investments	207,671.	2	94,655
3	Pledges and grants receivable, net	193,415.	3	159,811
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		ļ	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ب	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	.,
$^2 \mid _8 \mid$	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	14,784.	9	12,043
10				· · · · · · · · · · · · · · · · · · ·
1.51	basis Complete Part VI of Schedule D 10a			
	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	250.	11	250
12	Investments other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	561,407.	15	575,819
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,378,745.	16	1,439,550
17	Accounts payable and accrued expenses	12,017.	17	11,381
18	Grants payable	750,000.	18	820,000
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
ة ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	762,017.	26	831,381
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
y	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	218,519.	27	250,730
g 28	Temporarily restricted net assets	127,553.	28	83,321
n 29	Permanently restricted net assets	270,656.	29	274,118
5	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u>.</u>	and complete lines 30 through 34.			
27 28 29 30 31 32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
K 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	616,728.	33	608,169
34	Total liabilities and net assets/fund balances	1,378,745.	34	1,439,550

Form **990** (2015)

	990 (2015) THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE	<u>93-11</u>	<u>93792</u>	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,330),4:	<u>21.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,31	5 <u>,8</u>	<u>44.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1:	3,5°	<u>77.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61	5,7:	<u> 28.</u>
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	-22	2,1	3 <u>6</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	608	3,1	<u>69.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. L. Cash X Accrual L. Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both:			ŀ	
	X Separate basis Consolidated basis Both consolidated and separate basis			ł	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	99U (2015)

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE Employer identification number 93-1193792

Pai	tΠ	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part) Se	e instructions				
he c	organi	zation is not a private found	ation because it is. (For lines 1 through 11, o	heck only	one box)					
1		A church, convention of chi	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(ı).				
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative		·			i).				
4	\equiv	A medical research organiza					•	the hospital's name.			
•		city, and state.		·,				,			
5		An organization operated for	r the benefit of a col	llege or university owner	d or operat	ed by a go	overnmental unit describ	ed in			
•		section 170(b)(1)(A)(iv). (C		.	· - · - · · ·	, 5					
6		A federal, state, or local gov		nental unit described in s	section 17	O(b)(4)(A)	\w\				
1	X	•	_					nublic described in			
•	41	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust describe	· ·	1VAVvi) (Complete Bar	F II V						
9	一	An organization that normal	, ,		•	contributio	ano momborobio foco o	nd aross resounts from			
3 1		activities related to its exem	•	•	•		•	•			
		income and unrelated busin	=	·			• •	•			
		See section 509(a)(2). (Cor		(less section 511 tax) in	Jili buşirle	sses acqu	iled by the organization	aitei Julie Ju, 1975			
10		An organization organized a	•	valy to tast for public sa	foty Son	costion EC	0/0/4/				
14	=	An organization organized a	•	= -	-			nurnesses of one or			
• •		more publicly supported or	=		•		•	* *			
		lines 11a through 11d that	•					neck the box in			
_		Type I. A supporting orga	••	• •		•		an una			
а	L	the supported organization		=	•			• •			
		organization You must c	• • • •		а пајопту с	on the direc	tors or trustees or trie s	upporting			
h	Γ	Type II. A supporting organization	•		tion with it	e cupport	od organization(s), by ba	vina.			
D		••	· ·				• , , ,	•			
		control or management of			arrie perso	iis iiai co	ntrol of manage the sup	ported			
_	Г	organization(s) You mus	•			طفسي جميا	and francisconally assessment				
С		Type III functionally inte	-				• •	ea with,			
_		its supported organization		•	-	-	-				
a	L	Type III non-functionally	•				· · · · · · · · · · · · · · · · · · ·	, ,			
		that is not functionally int					•	veness			
_		requirement (see instructi		•							
е	ъ	J Check this box if the orga functionally integrated, or					турет, турет, турет				
	Ento	, ,	• •	nally integrated support	ing organia	zation					
		r the number of supported on the state of the supported of the support of the sup	-	d organization(s)							
g) Name of supported	(ii) EIN		(ıv) is the o	rganization	(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9	listed i governing o	n your	support (see	other support (see			
				above (see instructions))	Yes	No	instructions)	instructions)			
						- 110					
							 -				
			-								
-					l						

Schedule A (Form 990 or 990-EZ) 2015 THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE 93-1193792 Page 2 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						 _
	membership fees received. (Do not]	
	ınclude any "unusual grants.")	1,033,295,	1,185,924.	1,174,944.	1,228,129,	1,304,335,	5,926,627.
2	Tax revenues levied for the organ-						
	ızatıon'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	1,033,295,	1,185,924,	1,174,944.	1,228,129,	1,304,335.	5,926,627,
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)						<u> 292,173.</u>
	Public support. Subtract line 5 from line 4						5 634 454
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,033,295.	1,185,924,	1,174,944.	1,228,129,	1,304,335.	5,926,627,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	868.	436.	173.	3,629.	1,856.	6,962.
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)						
	Total support. Add lines 7 through 10						5,933,589,
	Gross receipts from related activities,	•	•			12	167,714.
13	First five years. If the Form 990 is for	-	first, second, third	I, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ	<u>here</u> ic Support Peı	centage				
14	Public support percentage for 2015 (I	ıne 6, column (f) dı	vided by line 11, co	olumn (f))		14	94.96 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	96.49 %
16a	a 33 1/3% support test - 2015. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
t	33 1/3% support test - 2014. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶
17a	a 10% -facts-and-circumstances tes	t - 2015. If the org	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not cl	heck a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or
	more, and if the organization meets th						•
	organization meets the "facts-and-circ						ightharpoons
<u>18</u>	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	<u>s</u> ▶□
					Sche	dule A (Form 990	or 990-EZ) 2015

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

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

<u>Se</u>	ction A. Public Support		·				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					<u> </u>	-
•	ization's benefit and either paid to					-	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
•	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support				<u> </u>		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		1-1-1-1	(0) 23.13	(5) = 5 · ·	(0) = 0.10	10,000
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) orgar	nization,
	check this box and stop here						▶ □
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			, , , ,	
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage			<u> </u>	
17	Investment income percentage for 20)15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a		-		.,		▶□
ı	b 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						on 🕨 🛄
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Schedule A (Form 990 or 990-EZ) 2015 THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE 93-1193792 Page 4

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				
	Section A	All Sunno	rting Organ	nizations

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

 	Yes	No
	.03	
1		
2		
3a		
3b		
0		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
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7		
8		
9a		
9b		
9c		
10a		
10b		
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	dduie A (Form agu of aguez) 2015 THE LAWIERS CAMPAIGN FOR EQUAL JUSTICE 93-11	7313	<u> 4</u> Pa	age 5
Pa	rt IV Supporting Organizations (continued)		I.,	
44	Log the every retion assented a cuft or contribution from any of the following increase?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	44.		
_	A family member of a person described in (a) above?	11a	\vdash	
		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. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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			
	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		İ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		,	,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors]	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		Ì	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
	Delths are not a second to see the first are not also are the state of the first and the state of the state o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	i	
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		
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 yea(see Instructions):			
а	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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	_ 3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2015 THE LAWYERS' CAMPAIGN F			3-1193792 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		uctions. All
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	mplete S	Sections A through E (A) Prior Year	(B) Current Year (optional)
		<u> </u>		(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		
Sect	ion B - Minimum Asset Amount	ļ	(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)	\perp		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	į		
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting ord	janization (see
	instructions)	. .		,

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 THE LAWYERS ' CAMPAIGN FOR EQUAL JUSTICE 93-1193792 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: а h С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2015, if 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). Excess distributions carryover to 2016. Add lines 3 and 4c. Breakdown of line 7 8 а b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 THE	LAWYERS'	CAMPAIGN	FOR E	OUAL J	USTICE	93-119379	2 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8, and Pa (See instructions)	Provide the exp c, 4b, 4c, 5a, 6, 9 d 3, Part IV, Sect	lanations required a, 9b, 9c, 11a, 11b tion E, lines 1c, 2a,	by Part II, I , and 11c; I 2b, 3a and	ine 10, Part Part IV, Sec I 3b, Part V,	II, line 17a or tion B, lines 1 line 1, Part V,	17b, Part III, line 12 and 2, Part IV, Sec Section B, line 1e,	; tion C,
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

2015

Open to Public Inspection

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

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

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

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

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

Section 5 Name of orga	01(c)(4), (5), or (6) organiza	tions: Complete Part III.		Emn	loyer identification number
rianio or orga		YERS' CAMPAIGN F	חם פרוואודוו	· ·	93-1193792
Part I-A	Complete if the ord	panization is exempt und	er section 501(c)	or is a section 527 o	organization.
1 Provide	a description of the organizexpenditures	ation's direct and indirect politic		ın Part IV	s
Part I-B	Complete if the org	anization is exempt und	er section 501(c)	(3).	
1 Enter the	amount of any excise tax	incurred by the organization und	ler section 4955	▶ 9	B
2 Enter the	e amount of any excise tax	incurred by organization manage	ers under section 4955	▶ \$	\$
3 If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		└── Yes
	orrection made?				Yes No
T = 1	describe in Part IV.				(-)(0)
Part I-C	·	anization is exempt und	· · · · · · · · · · · · · · · · · · ·		
	• •	by the filing organization for se	•		S
		ization's funds contributed to ot	ner organizations for s	ection 527	•
•	function activities	Add lines 1 and 2 Enter here a	nd on Form 1120-POL		P
line 17b	sinplification expenditures	Add lines Fand 2 Liner here a	ind on Form 1120-FOL		2
	iling organization file Form	1120-POL for this year?			Yes No
made pa contribu	ayments For each organiza tions received that were pr	nployer identification number (Ei tion listed, enter the amount pair omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org	olitical organizations to whic zation's funds. Also enter t ganization, such as a separa	ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
-					

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 'Part II-A Complete if the org	THE LAWYERS anization is exen	' CAMPAIGN Enpt under section	FOR EQUAL JI 501(c)(3) and file	<u>USTICE 93-1</u> ed Form 5768 (e	193792 Page 2 lection under
section 501(h)). A Check In the filing organization	tion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN.
	e of excess lobbying e			3	-,,,
. — ' '	, •	d "limited control" prov	risions apply.		
Limit	s on Lobbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (c	urass roots lobbying)		4,500.	
b Total lobbying expenditures to influ		• •		2,000.	
c Total lobbying expenditures (add lii	-	, (,,,,,,,,,,,,,		6,500.	
d Other exempt purpose expenditure			1	1,098,780.	
e Total exempt purpose expenditure		1	ľ	1,105,280.	
f Lobbying nontaxable amount Ente	•		columns	185,528.	
	* '	ying nontaxable amo		103,320.	-
If the amount on line 1e, column (a) o Not over \$500,000	1	he amount on line 1e	unt is.		
			900 0V0r \$500 000		
Over \$500,000 but not over \$1,000		O plus 15% of the exce			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		O plus 5% of the exces	s over \$1,500,000		
Over \$17,000,000	\$1,000,0	000.			
- Crassista mentavahla amazunt (an	tor OEO/ of line 16			46,382.	
g Grassroots nontaxable amount (en				0.	
h Subtract line 1g from line 1a. If zero			ŀ	0.	
i Subtract line 1f from line 1c If zero	•	one 1. did the ergenizer	tion file Form 1720	0.	
j If there is an amount other than ze		ine II, did the organiza	HON THE FORM 4720	Г	Yes No
reporting section 4911 tax for this		raging Period Under s	nestion FO1(h)		105 110
(Some organizations th	nat made a section 50	• •	nave to complete all	of the five columns b	elow.
	Lobbying Expen	ditures During 4-Year	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	179,145.	179,986.	179,513.	185,528.	724,172.
 b Lobbying ceiling amount 	i				
(150% of line 2a, column(e))					1,086,258.
- Tatal labbuma aynanditur	6,700.	6,000.	7,000.	6,500.	26,200.
c Total lobbying expenditures	0,700.	0,000	7,000.	0,500.	40,400.
d Grassroots nontaxable amount	44,786.	44,997.	44,878.	46,382.	181,043.
e Grassroots ceiling amount		•	•	•	
(150% of line 2d, column (e))					271,565.
f Grassroots lobbying expenditures	6,425.	5,050.	5,500.	4,500.	21,475.

4,500. 21,475. Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990 EZ) 2015 THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE 93-1193792 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	3)	(b)
of the	e lobbying activity	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Described of the date of the color of the color of the date of the				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	504()	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 504(c)(6) and if sith an (c) BOTH Both III. A lines 4 and 9 are appropriately				- O :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	i "No," Ui	K (D) Par	t III-A, IIn	ie 3, is
	answered "Yes."			-	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		_ 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
_	expenditure next year?		4		
Day	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5		
					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list), Part II	-A, lines 1 a	and 2 (see	
mstr	uctions), and Part II-B, line 1 Also, complete this part for any additional information				
-					
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE

Employer identification number 93-1193792

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserve	ation easements during the year
	S		- (1) (1) (1) (1) (1) (1) (1) (1
8	Does each conservation easement reported on line 2(d) abo	eve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization.	ation's financial statements that describes	sthe organization's accounting for
Pa	rt III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
<u> </u>	Complete if the organization answered "Yes" on Form		other Olimai Assets.
10	If the organization elected, as permitted under SFAS 116 (A	· · · · · · · · · · · · · · · · · · ·	ment and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that described		arice of public service, provide, in Fart XIII,
h	If the organization elected, as permitted under SFAS 116 (A		at and halance cheet works of art, historical
U	treasures, or other similar assets held for public exhibition, e		
	relating to these items.	education, or research in furtherance of pr	ablic service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		\$ \$ \$
2	If the organization received or held works of art, historical tre	easures or other similar assets for financi	
~	the following amounts required to be reported under SFAS		a. gam, provide
а	D	. To v .30 500, rolating to these items.	▶ \$
_	Assets included in Form 990. Part X		*

_		YERS' CAMP.				<u>93-11</u>			ge 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Otl	<u>ner Simil</u>	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ıtems	;
	(check all that apply).								
а	Public exhibition	d	I <u></u> Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simi	lar assets		_		_
	to be sold to raise funds rather than to be ma					L	<u>Yes</u>		No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	on Form 99	0, Part IV,	lıne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets n	ot included		_		
	on Form 990, Part X?						」 Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					_	
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				<u>1e</u>				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account lia	bility?		」Yes		No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete			· · · · · · · · · · · · · · · · · · ·					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years t	oack_
1a	Beginning of year balance	594,940.	544,125,	492,256	•	<u>443,275,</u>	ļ	435	<u>523.</u>
ь	Contributions	3,462.	33,136,	6,400	•	14,975.	ļ	7 .	<u>365.</u>
С	Net investment earnings, gains, and losses	-22,136.	17,679,	45,469	•	34,006.	ļ		<u>387.</u>
d	Grants or scholarships				ļ				
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	576,266.	594,940,	544,125	.1	<u>492,256,</u>	l	443	<u>275.</u>
2	Provide the estimated percentage of the cur			a)) held as					
а	Board designated or quasi-endowment	38.46	_%						
	Permanent endowment ► 47.57	%							
С		3.97%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posses.	ession of the organiza	ation that are held a	and administered for	the organi	ization	Г		
	by.							Yes	<u>No</u>
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations		d O-b-d-d- D0	•			3a(ii)	-	<u> </u>
ď	If "Yes" on line 3a(ii), are the related organiza	•		,			3b		
Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment tunas						
	Complete if the organization answere) Part IV line 11a (See Form 990 Part	Y line 10				
	Description of property	(a) Cost or o				ad l	(d) Dool		
	Description of property	basis (investr	1	\-/	Accumulat lepreciation		(d) Bool	value	,
4-	Land	2230 (11148311		(53/101)	- CPI COIETIOI	•			
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1a (Column (d) must a	aual Form 000 Part	V column (P) line	100)					

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 THE LAWYERS ' CAMPAIGN FO				193792 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat		nue per Re	turn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		. T	1 210 700
1	Total revenue, gains, and other support per audited financial statements		-	1	1,310,700.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities	2b	2,415.		
C	Recoveries of prior year grants	2c	2,413.		
d	Other (Describe in Part XIII.)		22,136.		
e	Add lines 2a through 2d			2e	-19,721.
3	Subtract line 2e from line 1		ļ	3	1,330,421.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ľ	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,330,421.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per P	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			_
1	Total expenses and losses per audited financial statements			1	1,319,259.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	2,415.		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d		-	
е	Add lines 2a through 2d		_	2e	2,415.
3	Subtract line 2e from line 1		_	3	1,316,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		ŀ	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			0
C	Add lines 4a and 4b			4c	0.
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			4c 5	0. 1,316,844.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.)		5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4) , Part IV, lines 1b and 2t		5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.) , Part IV, lines 1b and 2t		5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4) , Part IV, lines 1b and 2t		5	
5 Pa Prov Ines	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an) , Part IV, lines 1b and 2t		5	
5 Pa Prov Ines	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4) , Part IV, lines 1b and 2t		5	
par Prov Innes	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an) , Part IV, lines 1b and 2i y additional information	o; Part V, line 4,	Part	X, line 2, Part XI,
par Prov Innes	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4:) , Part IV, lines 1b and 2i y additional information	o; Part V, line 4,	Part	X, line 2, Part XI,
Pal Prov Innes	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4:	Part IV, lines 1b and 2by additional information OE SUPPORT F	OR THE C	Part	X, line 2, Part XI,
Provinces PAI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDENT LEGAL SERVICES FOR THE POOR, A PORT	Part IV, lines 1b and 2b y additional information DE SUPPORT F	OR THE CO	Part	PAIGN'S
Provinces PAI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDENT.	Part IV, lines 1b and 2b y additional information DE SUPPORT F	OR THE CO	Part	PAIGN'S
c 5 Pai Prov Innes PAI NET	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT PROVIDE TO THE ELICATION OF THE	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
c 5 Pai Prov Innes PAI NET	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDENT LEGAL SERVICES FOR THE POOR, A PORT	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
c 5 Pa Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDED TO PROVIDED TO THE ELICATION OF THE POOR, A PORTOPORT LEGAL SERVICES PROVIDED TO THE ELICATION OF JACKSON COUNTY, AS WELL AND ADDRESS OF JACKSON COUNTY.	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
c 5 Pa Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT PROVIDE TO THE ELICATION OF THE	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
c 5 Pa Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDED TO PROVIDED TO THE ELICATION OF THE POOR, A PORTOPORT LEGAL SERVICES PROVIDED TO THE ELICATION OF JACKSON COUNTY, AS WELL AND ADDRESS OF JACKSON COUNTY.	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
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c 5 Pal Prov lines PAI NE' SUI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: FENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT POOR LEGAL SERVICES PROVIDED TO THE ELICATIONS OF JACKSON COUNTY, AS WEIGHT AS A SERVICES OF JACKSO	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
c 5 Pal Prov lines PAI NE' SUI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: TENDOWMENT RETURN IS INTENDED TO PROVIDED TO PROVIDED TO THE ELICATION OF THE POOR, A PORTOPORT LEGAL SERVICES PROVIDED TO THE ELICATION OF JACKSON COUNTY, AS WELL AND ADDRESS OF JACKSON COUNTY.	Part IV, lines 1b and 2b y additional information DE SUPPORT F ION OF WHICH DERLY AND LE	OR THE CO	Part :	PAIGN'S IDE TO ES PROVIDED
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C Provinces PAI NET SUI FOI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: FENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT POOR LEGAL SERVICES PROVIDED TO THE ELICATIONS OF JACKSON COUNTY, AS WEIGHT AS A SERVICES OF JACKSO	Part IV, lines 1b and 2by additional information DE SUPPORT FOR SUPPORT FOR SUPPORT AND LECTOR LECTOR SUPPORT	OR THE COIS SET	Part ASI	PAIGN'S IDE TO ES PROVIDED AMPAIGN'S
C FOI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: If ENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT POORT LEGAL SERVICES PROVIDED TO THE ELICATION OF JACKSON COUNTY, AS WELLEGAL OPERATIONS. RT XI, LINE 2D - OTHER ADJUSTMENTS: CREASE IN BENEFICIAL INTEREST IN THE ASSETTED AND ASSETTED	Part IV, lines 1b and 2by additional information DE SUPPORT FOR SUPPORT FOR SUPPORT AND LECTOR LECTOR SUPPORT	OR THE COIS SET	Part ASI	PAIGN'S DE TO AMPAIGN'S N COMMUNITY
C FOI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: I ENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORTOPORT LEGAL SERVICES PROVIDED TO THE ELICATEDE TO THE ELICATEDE SERVICES PROVIDED SERVICES PROVIDED SERVICE	Part IV, lines 1b and 2by additional information DE SUPPORT FOR SUPPORT FOR SUPPORT AND LECTOR LECTOR SUPPORT	OR THE COIS SET	Part ASI	PAIGN'S IDE TO ES PROVIDED AMPAIGN'S
C FOI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: If ENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT POORT LEGAL SERVICES PROVIDED TO THE ELICATION OF JACKSON COUNTY, AS WELLEGAL OPERATIONS. RT XI, LINE 2D - OTHER ADJUSTMENTS: CREASE IN BENEFICIAL INTEREST IN THE ASSETTED AND ASSETTED	Part IV, lines 1b and 2by additional information DE SUPPORT FOR SUPPORT FOR SUPPORT AND LECTOR LECTOR SUPPORT	OR THE COIS SET	Part ASI	PAIGN'S DE TO AMPAIGN'S N COMMUNITY
C FOI GEI	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: If ENDOWMENT RETURN IS INTENDED TO PROVIDE VIL LEGAL SERVICES FOR THE POOR, A PORT POORT LEGAL SERVICES PROVIDED TO THE ELICATION OF JACKSON COUNTY, AS WELLEGAL OPERATIONS. RT XI, LINE 2D - OTHER ADJUSTMENTS: CREASE IN BENEFICIAL INTEREST IN THE ASSETTED AND ASSETTED	Part IV, lines 1b and 2by additional information DE SUPPORT FOR SUPPORT FOR SUPPORT AND LECTOR LECTOR SUPPORT	OR THE COIS SET	Part ASI	PAIGN'S DE TO AMPAIGN'S N COMMUNITY

Part XIII Supplemental Information (continued)	S CAMPAIGN FOR EQUAL JUSTICE 93-1193/92 Page
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4789	
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SCHEDULE I (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2015	Open to Public	Inspection

Employer identification number

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

┢	RS' CAMPAIGN	IGN FOR EQUAL	AL JUSTICE	Œ			93-1193792
Part General mormation of Grants and Assistance Part Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	lon
cnteria used to award the grants or assistance?	stance?			` `			X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for moni		of grant funds in the United States	States	:		
Part II Grants and Other Assistance to Domestic Organizations and D	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	ınızatıon answered "Y	omestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated	\$5,000 Part II car		if additional space is needed	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON LAW CENTER							
522 S.W. 5TH AVENUE, SUITE 812 PORTLAND OR 97204	93-1194564	501(C)(3)	469 878	0			DEERATING SUPPORT
LEGAL AID SERVICES OF OREGON 520 S.W. 6TH AVENUE, SUITE 700							
	93-0635480	501(C)(3)	191,992,	0			OPERATING SUPPORT
LANE COUNTY LAW & ADVOCACY							
EUGENE, OR 97401	93-1189114	501(C)(3)	94,588.	0			OPERATING SUPPORT
CENTED FOR NON-DROETH LEGAL.							
SERVICES - 2250 WEST MAIN STREET -		- <u>-</u> -					
뜅	93-7227761	501(C)(3)	48,542.	0			OPERATING SUPPORT
DISABILITY RIGHTS OF OREGON							
610 s.w. BROADWAY, SUITE 200							
PORTLAND, OR 97205	93-0686170	501(C)(3)	15,000.	0.			OPERATING SUPPORT
i							4
	nd government or	ganizations listed in th	e line 1 table				.
-1	s listed in the line						0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

Page 2

THE CAMPAIGN RECEIVES COPIES OF FINANCIAL STATEMENT AUDITS AND TAX RETURNS Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 5 F GRANT RECIPIENTS ARE ALSO MONITORED BY THE OREGON STATE BAR LEGAL SERVICES PROGRAM AND THE CAMPAIGN HAS ACCESS FROM ALL GRANT RECIPIENTS. LINE PART I,

THOSE REVIEWS

532102 10-28-15

Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

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

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE

Employer identification number 93-1193792

Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu				
1	Art - Works of art		THE STATE OF THE STATE OF	1					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	-							
6	Cars and other vehicles		,						
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	х	2	100 620.	FAIR VALUE				
10	Securities - Closely held stock			100,020.	711110				
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial				·				
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens .								
24	Archeological artifacts								
25	Other ► (EVENT SUPPLIE)	X	2	4,500.	FAIR VALUE				
26	Other • ()								
27	Other								
28	Other ► (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		ı			
					,	Ye	es	No	
30a	During the year, did the organization receive b				-				
	must hold for at least three years from the date		al contribution, and	d which is not required to be	used for		Ì	х	
	exempt purposes for the entire holding period?								
b	If "Yes," describe the arrangement in Part II						-		
31	Does the organization have a gift acceptance	-		-		31	_	<u>X</u>	
32a	Does the organization hire or use third parties	or related or	rganizations to sol	cit, process, or sell noncash					
	contributions?		•			32a	\dashv	<u>X</u>	
	if "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	necked,				
	describe in Part II								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

Schedu	ıle M											FOR							193			ge 2
Part	Ш	Supp	lem	enta	l Info	rma	tion.	Provid	de the	ınforr	nation re	equired i	by Parl	t I, line	s 30b, 3	2b, and	33, and	d whet	her the	organiz	ation	
	•	is repo	orting	ın Par	t I, colı	Jmn ((b), the	numb	er of	contri	butions,	the num	nber of	items	receive	d, or a co	ombina	tion of	both A	Also con	nplete	
COUL	זוריב	TE N	,	ומגם	т т	~	∩	MAT	/ D \													
SCH	חחק	Tr L	1,	PAR	<u>r_ 1</u> ,	<u>, C</u>	OTO	МПЛ	(<u>B)</u>	:												
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Employer identification number

THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE 93-1193792 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE ("THE CAMPAIGN") WORKS TO INCREASE CIVIL ACCESS TO JUSTICE FOR LOW-INCOME OREGONIANS BY INCREASING RESOURCES FOR OREGON'S STATEWIDE LEGAL AID PROGRAMS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND WORKING TO INCREASE GOVERNMENT FUNDING AND FOUNDATION SUPPORT FOR LEGAL AID. FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY THE EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE OF THE BOARD. ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A DRAFT OF THE FORM, ARE ASKED TO COMMENT AND REVIEW THE FORM FOR ACCURACY, AND THEN RECEIVE ANOTHER COPY INCORPORATING ANY CHANGES BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY - DISCLOSURE OF CONFLICTS IS IMPLICIT IN THE ORGANIZATION'S WRITTEN CONFLICTS OF INTEREST POLICY, WHICH IS A PART OF THE ORGANIZATION'S BYLAWS. THE ORGANIZATION HAS ADOPTED A POLICY EXPLICITLY REQUIRING THAT THE CONFLICT OF INTEREST POLICY BE MONITORED FOR COMPLIANCE BY BEING DISTRIBUTED TO BOARD MEMBERS ON AN ANNUAL BASIS FOR REVIEW AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE	Employer identification number 93-1193792
THE EXECUTIVE DIRECTOR, REVIEW COMPARABLE COMPENSATION DA	TA, DELIBERATE,
AND PRESENT RECOMMENDATIONS REGARDING SALARY TO THE BOARD	FOR APPROVAL.
ALL DECISIONS ARE CONTEMPORANEOUSLY RECORDED IN THE BOARD	MINUTES.
THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS REGARDING CO.	MPENSATION FOR THE
ASSISTANT DIRECTOR AND REVIEWS THOSE RECOMMENDATIONS WITH	THE BOARD
PRESIDENT AND THE PERSONNEL COMMITTEE. SALARIES ARE ALSO	APPROVED DURING
THE BUDGETING PROCESS BY THE FINANCE COMMITTEE AND THE BO	ARD.
FORM 990, PART VI, SECTION C, LINE 19:	
THE LAWYERS' CAMPAIGN FOR EQUAL JUSTICE MAKES ITS GOVERNIX	NG DOCUMENTS,
FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAI	LABLE TO THE
PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO A	VAILABLE ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DECREASE IN THE BENEFICIAL INTEREST IN ASSETS HELD	
BY THE OREGON COMMUNITY FOUNDATION	-22,136.
TOTAL TO FORM 990, PART XI, LINE 9	-22,136.
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