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Form **990**

Department of the Treasury

PAGE 3

OMB No. 1545-0047 2017

Open to Public

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.

-		enue Ser				about Form	990 and its				orm990.		Inspect	ion
A	For th	ne 201	7 calen	dar year, or ta	k year beg	inning		, 2017	7, and endi	ing			, 20	
p.	Check if a	nolienh!-		of organization							D Employer ic	lentifica	ation number	
0			PUB	LIC JUSTIC	E FOUND	ATION								
	Addr chan		Doing	Business As							59-173	0478	1	
	Nam	e change	Numb	er and street (or P.	O, box if mail i	s not delivered to	o street addres	s)	Room/suite		E Telephone r	number		
-	Initia	Ireturn	162	0 L STREET	, N.W.,	SUITE 6	30				(202) 79	97-86	600	
	Term	inated	City or	town, state or pro	vince, country,	and ZIP or fore	ign postal code	3	1					
	Amei		WAS	HINGTON, D	C 20036						G Gross receip	ots \$	6,700	,586.
	retur Appli	cation		and address of prir			UL BLAN	D			H(a) Is this a gro			XNC
L	pend	ing		O L STREET	•				DC 200	36	subordinates H(b) Are all subor		luded? Yes	No
1	Tay.ey	empt sta		X 501(c)(3)	501(c) (sert no.)	T					(see instructions)	L
				UBLICJUSTI) - (ine		4947(a)(1)	01 5.	27			•	
J						A					H(c) Group exem tion: 1975 M			TN
			ization:	X Corporation	Trust	Association	Other 🕨	•	L Year	of format		State c	of legal domicile:	1 IN
P	art I		nmary							00 00	VIND 2 MIT ON	7	NONDORT	
	1			e the organizatio								, A	NONPROFI.	
JCe				IP ORGANIZ							ASES AND			
nar				THE PUBLI										
Governance	2			▶ if the o	-		•	•				1 1		
	3			ng members of t								3		88.
Activities &	4	Numb	er of ind	ependent voting i	nembers of	the governing	g body (Part ∖	/I, line 1b)				4		88.
itie	5	Total r	number o	of individuals emp	oloyed in cal	endar year 20	17 (Part V, li	ne 2a)				5		20.
ť	6			of volunteers (esti								6		115.
A	7a	Total ι	inrelated	l business revenu	e from Part \							7a		0
				ousiness taxable								7b		0
	1									T	Prior Year		Current Ye	ear
	8	Contril	butions a	nd grants (Part V	III line 1h)					, 	5,131,52	21.	6,381	,615
Revenue	9	Drogra	m son <i>ic</i>	e rovonuo (Part V	$\frac{11}{100} \frac{100}{20}$			COP	Y FOR			0.		
vel		Invoit	mont inc	e revenue (Part V ome (Part VIII, co	(A) (A)	· · · · · · · · ·	•••••	PUBLIC IN	SPECTION		114,82	24	131	,543
Re	10										-3,7			,000
	11			(Part VIII, colum							5,242,62		6,542	
	12			add lines 8 thro							1,453,13		1,580	
	13			nilar amounts paid							1,400,1.	0.	1,000	
	14			o or for members							1,602,42		2,058	2 133
es	15			compensation, e							1,002,42		2,050	0
Expenses	16a	Profes	sional fu	indraising fees (Pan ng expenses (Pan	art IX, colum	n (A), line 11e)					0.		
ž	b													- 000
ш	17	Other	expense	s (Part IX, columr	ı (A), lines 1'	1a-11d, 11f-24	le)				986,79		1,156	
	18	Total e	xpenses	. Add lines 13-17	' (must equa	l Part IX, colur	nn (A), line 2	5)			4,042,33		4,795	
		Reven	ue less e	expenses. Subtra	ct line 18 from	n line 12					1,200,28		1,746	5,745
or										Begin	ning of Current	/ear	End of Yea	
Net Assets or Fund Balances	20	Total a	ssets (P	art X, line 16)							7,824,54		9,830	
As: 1Ba	21			(Part X, line 26)							1,115,84	43.	1,073	
Pet Net	22			und balances. Su							6,708,69	99.	8,757	,468
	rt II		nature			······································								
				declare that I hav	e examined th	nis return, inclu	ding accompa	nying schedu	les and stater	nents, a	nd to the best of	f my kn	owledge and be	lief, it is
true	e, corre	ct, and c	complete.	Declaration of prep	arer (other tha	n officer) is base	ed on all inforr	nation of which	ch preparer ha	as any kr	owledge.			
											11/1	4/20	18	
Sig	n		Signature	of officer							Date	· · · ·		
He		, T		RIA NI				DEDITY	(DIRECT	OR				
		🕨 –		int name and title										
				arer's name		Preparer's sig	nature		Date			if PT	IN	
Paic	i					D/			11/15/	1018	Check self-employ] "	200367740	
	parer	<u> </u>		DOW, CPA		K C			10101	<u> (* * 0</u>				
	Only	Firm's		SARFINO									961657	
		A		▶ 11921 ROCKVI					52-2794		Phone no.	301-	770-5500	
Мау	the II	≺S disc	uss this	return with the p	reparer show	n above? (see	e instructions) <u></u>	<u></u>		<u>.</u>	• • • •	X Yes	No
For	Paper	work F	Reductio	n Act Notice, se	e the separa	te instructions	5.						Form 990	(2017)

-	Form 990 (2017)	Page 2
P	Part III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
•	PUBLIC JUSTICE FOUNDATION, A NONPROFIT MEMBERSHIP ORGANIZATION,	
	SUPPORTS PUBLIC JUSTICE, P.C.'S CASES THAT SUPPORT THE FOUNDATION'S	
	MISSION AND EDUCATES THE PUBLIC ABOUT THE IMPORTANT ISSUES AT STAKE.	
-	2. Did the examination undertake any eignificant program convine during the upper thick are at listed as 4	
2	2 Did the organization undertake any significant program services during the year which were not listed on th prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	 3 Did the organization cease conducting, or make significant changes in how it conducts, any progra services? 	
4	If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program serv	fannyanyayad kanananyayi
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	allocations to others,
4a	4a (Code:) (Expenses \$ 3,522,948. including grants of \$ 1,580,000.) (Revenue \$ DEVELOPED NEWSLETTERS, BROCHURES AND OTHER PUBLICATIONS CONCERNING)
	PUBLIC JUSTICE ISSUES AND TRIAL ACTIVITY. ORGANIZED CONFERENCES,	
	SEMINARS, AND MEETINGS ON CURRENT PUBLIC JUSTICE ISSUES. SUPPORT	
	THE WORK OF PUBLIC JUSTICE, P.C.	
4b	4b (Code:) (Expenses \$including grants of \$) (Revenue \$))
		·····
4c	4c (Code:) (Expenses \$including grants of \$) (Revenue \$))
4d	Id Other program services (Describe in Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$)	
4e JSA	te Total program service expenses ► 3,522,948.	Form 990 (2017)
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Par	t IV Checklist of Required Schedules		1	
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
~	complete Schedule A.		X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		х
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		x	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
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,			х
~	Part III.	5		
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			х
_	"Yes," complete Schedule D, Part I.	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	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	and and the
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1. 1. 1.	
	VII, VIII, IX, or X as applicable.			107
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Χ
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
	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 (see instructions).	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	Х	
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		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
20 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		Х
•••	If "Yes," complete Schedule L, Part I	250		• •
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			х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	~~		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):			37
а	······································	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			**
	Schedule L, Part IV	28b		X
C	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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,		1	
	Part I	31		<u>X</u>
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•••	or IV, and Part V, line 1	34	x	
35 a		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
5	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	x	
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	• • • • • • • • • • • • • • • • • • • •	37		х
20	Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
	ro: note. Air rount aao hiers are required to complete obliedule O.			

Pai				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	, L
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 20			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	x	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
		14a		X
	Bid the organization receive any payments for indeor taining betweed daming the tax year of the test of the	14b		
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Form !	PUBLIC JUSTICE FOUNDATION 59-173	0478		Page 🤅
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	ion A. Governing Body and Management			
		~	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	8		
	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	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
v	describe in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by			
5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
џа		16a		х
h	with a taxable entity during the year?			
IJ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
ecti	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1			
7	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/-	·)(3)o	only
8	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	//0/5	Uniy
	X Own website Another's website X Upon request Other (explain in Schedule O)			
		aract	001-	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, an
~	financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and record VICTORIA NI 475 14TH STREET, SUITE 610 OAKLAND, CA 94612 5106228204	S. 🗩		
<u>д</u>			990	(201)
1042	000	r orm	220	201

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than c is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MICHAEL PITT	2.00									
PRESIDENT-ELECT	0.	X		x				Ο.	0.	0.
(2)ERIC CRAMER	2.00									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(3)BETH TERRELL	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4) DANIEL BRYSON	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5) ^{ANNE} KEARSE	2.00									
IMMEDIATE PAST PRESIDENT	0.	Х						0.	0.	0.
(6) ^{MARY} ALEXANDER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)BENJAMIN BAILEY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)LEONARD BENNETT	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)RAYMOND BOUCHER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)ALAN BRAYTON	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)RUSSELL BUDD	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) JOAN CLAYBROOK	2.00								_	_
BOARD MEMBER	0.	X						0.	0.	0.
(13)LINDA CORREIA	2.00								_	-
BOARD MEMBER	0.	X						0.	0.	0.
(14) JOSEPH W. COTCHETT	2.00								_	-
BOARD MEMBER	0.	X						0.	0.	0.

JSA 7E1041 1.000

Porm 990 (2017) Part VII Section A. Officers, Directors, T	rustees Ko	w En	nnlo		00	and	Hia	hest Compensat	ted Employees (Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do box,	not c unle er an	Pos heck ss pe d a d	C) sition mor erson	e than o is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) HARRY DEITZLER	2.00									
BOARD MEMBER	0.	X			ļ			0.	0.	0.
16) THOMAS DEMPSEY	2.00									
BOARD MEMBER 17) CONAL DOYLE	0.	X						0.	0.	0.
BOARD MEMBER	0.	x						0.	o.	o.
18) SANFORD DUMAIN	2.00	~						0.		<u>_</u>
BOARD MEMBER	0.	х						0.	0.	0.
19) MATTHEW EDLING	2.00									
BOARD MEMBER	0.	х						0.	0.	0.
20) JEFFREY EISENBERG	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
21) INGRID EVANS	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
22) STEVEN FINEMAN	2.00									_
BOARD MEMBER	0.	X						0.	0.	0.
23) JEFFREY FOOTE	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
24) THOMAS GIRARDI BOARD MEMBER	2.00	v						Ο.	0.	0.
25) JEFFREY GOLDBERG	2.00	X						U.	<u> </u>	
BOARD MEMBER	0.	x						0.	0.	0.
1b Sub-total			l	I	1	1		0.	0.	0.
c Total from continuation sheets to Part VII,	Section A	•••	• • •	•••	•••	•••		890,803.	480,781.	125,302.
d Total (add lines 1b and 1c)								890,803.	480,781.	125,302.
2 Total number of individuals (including but no reportable compensation from the organization	t limited to th		isted				re	ceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	0,00	00?	lf	"Yes,	" С	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5 X
Section B. Independent Contractors		-1							them \$100,000 -	
 Complete this table for your five highest cor compensation from the organization. Report year. 										
(A) Name and business ac	ldress							(B) Description of se	rvices C	(C) Compensation
2 Total number of independent contractors (more than \$100,000 in compensation from t				ited	to 0		e lis	sted above) who	received	
JSA 7E1055 1.000			_							Form 990 (2017)

	JUSTICE	FOU	NDA	ATI	ON				59	9-1730	_
Form 990 (2017)						and L	lial	haat Campanaa	ad Emplo		Page 8
Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any	(do box	not cl	(C Pos heck ss pe	C) ition more	e than or is both a	ne an	(D) Reportable compensation from	(E) Reportable compensation from related	able ìon from ed	(F) Estimated amount of other
	hours for related organizations below dotted line)	or director	and Institutional trustee	a Officer	Key employee	or/truster Highest compensated employee	e Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
26) ROBIN GREENWALD	2.00	4								_	_
BOARD MEMBER	0.	X						0.		0.	0.
27) RODNEY GREGORY	2.00									0	0
BOARD MEMBER	0.	X						0.		0.	0.
28) J. GARY GWILLIAM BOARD MEMBER	2.00	x						0.		0.	0.
29) J.D. HAYS	2.00							0.		0.	0.
BOARD MEMBER	0.	x						0.		ο.	0.
30) WAYNE HOGAN	2.00		╞──┼				-	0.		· ·	~ •
BOARD MEMBER	0.	x						0.		ο.	0.
31) JAMES HUMPHREYS	2.00										
BOARD MEMBER	0.	x						0.		ο.	0.
32) NEVILLE JOHNSON	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
33) STEVEN KAZAN	2.00										_
BOARD MEMBER	0.	X					\square	0.		0.	0.
34) AMY KELLER	2.00							0			0
BOARD MEMBER	0.	X						0.		0.	0.
35) JACK LANDSKRONER BOARD MEMBER	2.00	х						ο.		о.	0.
36) J. BURTON LEBLANC	2.00							v.			0.
BOARD MEMBER	0.	х						0.		ο.	0.
1b Sub-total					l	l					
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								****			
2 Total number of individuals (including but not reportable compensation from the organization	limited to th		istec					ceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No 3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00)0?	lf	"Yes,"	° C	omplete Schedul	e J for	the <i>such</i>	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npen	satio	n fr	om	any i	unre	elated organizatio	on or indivi		5 X
Section B. Independent Contractors											
 Complete this table for your five highest com compensation from the organization. Report o year. 											
(A) Name and business add	Iress							(B) Description of se	rvices	с	(C) ompensation
2 Total number of independent contractors (ir more than \$100,000 in compensation from the				ited	to	those	lis	ited above) who	received		
Indre than \$ 100,000 in compensation from the	o organizati									Here and the	Form 990 (2017

											Page 8
Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	bye	es,	and I	Hig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos heck ss pe d a d	erson lirect	e than c is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organizal (W-2/1099	on from d tions	(F) Estimated amount of other compensation from the organization and related organizations
	line)	frustee	al trustee		yee	Highest compensated employee					organizations
37) J.D. LEE	2.00										
BOARD MEMBER	0.	X						0.		0.	0.
38) ANDREW LEMMON	2.00										0
BOARD MEMBER	0.	X						0.		0.	0.
39) THEODORE LEOPOLD BOARD MEMBER	2.00	x						0.		ο.	0.
10) SETH LESSER	2.00							0.			0.
BOARD MEMBER	0.	x						0.		ο.	Ο.
1) SALVADOR LICCARDO	2.00	<u></u>									···
BOARD MEMBER		x						0.		ο.	0.
2) JASON LICHTMAN	2.00										
BOARD MEMBER	0.	x						0.		0.	Ο.
3) MIMI LIU	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
4) FREDERICK LONGER	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
5) ROGER MANDEL	2.00									[
BOARD MEMBER	0.	X						0.		0.	0.
6) HADLEY MATARAZZO	2.00										0
BOARD MEMBER	0.	Х						0.		0.	0.
7) PAUL MILLER	2.00							0.		ο.	0.
BOARD MEMBER	0.	Х]				0.			0.
1b Sub-total c Total from continuation sheets to Part VII.			•••	• •	• •	••					
d Total (add lines 1b and 1c)	• •										
 2 Total number of individuals (including but no reportable compensation from the organization) 	t limited to th		isteo				re	ceived more than	\$100,000 c	of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schell											Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations g individual.	reater than	\$15 • • •	0,00		lf	"Yes,	" c	complete Schedul	le J for s 	such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5 X
Section B. Independent Contractors											-
 Complete this table for your five highest cor compensation from the organization. Report year. 	npensated ir compensatio	ndepe on for	nde the	nt c cal	ont end	ractor ar yea	s th ar ei	nat received more nding with or with	than \$100 in the orga	,000 o nizatior	f n's tax
(A) Name and business ac	ldress							(B) Description of se	rvices	с	(C) ompensation
 Total number of independent contractors (more than \$100,000 in compensation from t 				ited	to	those	e lis	sted above) who	received		

Form 990 (2017) Part VII Section A. Officers, Directors, Tr	ustoos Ka		nla		06	and	Hia	host Companya	ed Employees	Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do box, office	not c unle er an	Pos heck ss pe d a c	C) sition c mor erson direc	e than o is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated n arrount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)) from the organization and related organizations
48) ROBERT MONGELUZZI	2.00									
BOARD MEMBER	0.	X						0.	0	. 0.
49) CHRISTOPHER NACE	2.00									
BOARD MEMBER	0.	X						0.	0	. 0.
50) MAJED NACHAWATI	2.00	-								
BOARD MEMBER	0.	X						0.	0	. 0.
51) GRETCHEN NELSON	2.00	17							0	
BOARD MEMBER 52) STUART OLLANIK	2.00	X						0.	0	. 0.
BOARD MEMBER	2.00	x						0.	0	
53) MARY PARKER	2.00	~						U.	0	· · · ·
BOARD MEMBER	0.	x						0.	0	. 0.
54) EUGENE PAVALON	2.00								`	
BOARD MEMBER	0.	x						0.	0	. 0.
55) GALE PEARSON	2.00									
BOARD MEMBER	0.	x						0.	0	. 0.
56) PETER PERLMAN	2.00									-
BOARD MEMBER	0.	Х						0.	0	. 0.
57) JOSEPH POWER	2.00									
BOARD MEMBER	0.	Х						. 0.	0	. 0.
58) ANNA PRAKASH	2.00								······································	
BOARD MEMBER	0.	Х						0.	0	. 0.
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the	• • •	 iste	• • •	•••	• • •	re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	cer, directo Jule J for suc	ch indi	ividu	ual .	• •	• • • •	•••			Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15 • • • •	0,00	00? • • •	/f 	"Yes	," (• • •	complete Schedul	le J for such	4 X
5 Did any person listed on line 1a receive or										5 X
for services rendered to the organization? <i>If "Y</i> Section B. Independent Contractors	e s, complet	e sch	eau	ie J	10ľ	SUCH	pers		•••••	<u> </u>
 Complete this table for your five highest com compensation from the organization. Report of year. 	pensated ir	ndepe on for	nde the	ent c cal	cont end	racto ar yea	rs tl ar e	hat received more nding with or with	than \$100,000 in the organization	of on's tax
(A) Name and business add	dress							(B) Description of se	rvices	(C) Compensation
2 Total number of independent contractors (i more than \$100,000 in compensation from th				ited	l to	thos	e li:	sted above) who	received	
JSA 7E1055 1 000										Form 990 (2017)

-	n 990 (2017) art VII Section A. Officers, Directors, Tru	ustees. Ke	ev En	olan	ove	es.	and I	Hia	hest Compensat	ed Emplo	ovees (c	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related	(do box,	not c unle: er and	Pos heck sspe dac	C) sition mor erson direc	e than c is both tor/trust	one an tee)	(D) Reportable compensation from the organization	(E) Report compensat relat organiza (W-2/109) table tion from ed ations	(F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(00-2)103.		organization and related organizations
59	DEAN ROBB	2.00										
<u> </u>	BOARD MEMBER	0.	X						0.		0.	0.
60;	SANDRA ROBINSON	2.00										0
611	BOARD MEMBER LEE ROHN	0.	X						0.		0.	0.
01	BOARD MEMBER	2.00	x						0.		ο.	0.
621	WILLIAM ROSSBACH	2.00									0.	
	BOARD MEMBER	0.	x						0.		ο.	0.
63)	ROBERT SACHS	2.00										
	BOARD MEMBER	0.	x						0.		ο.	0.
64)	SUSAN SALADOFF	2.00										
	BOARD MEMBER	0.	х						0.		Ο.	0.
65)	L. NICOLE SCHULTHEIS	2.00										
	BOARD MEMBER	0.	X						0.		0.	0.
66)	FREDERICK SCHWARTZ	2.00										_
	BOARD MEMBER	0.	X						0.		0.	0.
67)	TODD SMITH	2.00										0
<u> </u>	BOARD MEMBER	0.	X						0.		0.	0.
68)	GERSON SMOGER BOARD MEMBER	2.00	х						0.		ο.	0.
691	PAUL STRITMATTER	2.00										· · ·
	BOARD MEMBER	0.	х						0.		ο.	0.
1h	Sub-total			I								
С	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)					•••	· · ·					
2	Total number of individuals (including but not l reportable compensation from the organizatior	limited to th						re	ceived more than	\$100,000	of	
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i>											Yes No 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00)0?	lf	"Yes,	" Ο	complete Schedul	e J for	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npen	satic	on f	rom	any	unr	elated organizatio	on or indiv	ridual	5 X
	ction B. Independent Contractors											
1	Complete this table for your five highest component compensation from the organization. Report converse.											
	(A) Name and business add	ress							(B) Description of se	rvices	с	(C) ompensation
									·····			
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	those	e lis	sted above) who	received		
194	more than \$ 100,000 m compensation nom the	- orgunizati	U II P								12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	- 000

Form 990 (2017) Part VII Section A. Officers, Directors, Tru	ustoos Ka		anlo			and	Uia	haat Campanad	ad Employ		Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do box, office	not ch unles er and	Pos Pos eck s pe lad	C) sition mor erson tirect	e than o is both tor/trust	one an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
70) TARA SUTTON	2.00										
PRESIDENT	0.	X		X				0.		0.	0.
71) CHRISTOPHER THORMAN	2.00										0
BOARD MEMBER 72) MICHAEL THORNTON	0.	X						0.		0.	0.
BOARD MEMBER	0.	х						о.		ο.	0.
73) PRESTON TISDALE	2.00			\neg				0.			
BOARD MEMBER	0.	Х						0.		ο.	0.
74) RICHARD TRAULSEN	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
75) JANET VARNELL	2.00										_
BOARD MEMBER 76) MONA LISA WALLACE	0.	X						0.		0.	0.
BOARD MEMBER	2.00	х						0.		ο.	0.
77) MELISSA WEINER	2.00	~~~~									0.
BOARD MEMBER	0.	x						0.		ο.	0.
78) STEVEN WILLIAMS	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
79) HASSAN ZAVAREEI	2.00										-
BOARD MEMBER	0.	X						0.		0.	0.
BO) MICHAEL WITHEY BOARD MEMBER	2.00	x						ο.		0.	0.
1b Sub-total c Total from continuation sheets to Part VII, Set d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 1)	imited to th	iose I	isted				► ► rec	ceived more than s	\$100,000 c	of	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul 	er, director ile J for suc	h indi	trus vidua	al.		•••	•••			•••	Yes No 3 X
 4 For any individual listed on line 1a, is the sorganization and related organizations gree individual. 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yee" 	ater than accrue con	\$15 • • • • • • •	0,00 satio	0? ••• n fr	lf rom	"Yes, any	" C • •	omplete Schedul	e J for s	uch ••• dual	4 X 5 X
Section B. Independent Contractors											
 Complete this table for your five highest comp compensation from the organization. Report co year. 											
(A) Name and business addr	ress							(B) Description of ser	vices	Co	(C) ompensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ted	to	those	e lis	sted above) who	received		Form 990 (2017)

Part VII Section A. Officers, Directors, Tr	rustees, Ke	ey En	nplo	oye	es,	and	Hig	hest Compensat	ed Employee	s (c	Page { Ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, offic	unle: er an	Pos heck sspe dac	erson lirect	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation f related organization		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations
81) DAVID ARBOGAST	2.00										
BOARD MEMBER	0.	X						0.		0.	0.
82) ESTHER BEREZOFSKY	2.00	-									_
BOARD MEMBER	0.	X						0.		0.	0.
83) STEVE HERMAN	2.00										0
BOARD MEMBER 84) STANLEY MARKS	0.	X	-					0.		0.	0.
BOARD MEMBER	· +	x						0.		ο.	0
85) BRAD MOORE	0.		$\left - \right $					U.			0.
BOARD MEMBER	0.	x						0.		ο.	0.
B6) ELLEN PRESBY	2.00	<u> </u>	-								
BOARD MEMBER	0.	x						0.		0.	0.
37) RON RODRIGUEZ	2.00										
BOARD MEMBER	0.	х						0.		0.	0.
38) DON SLAVIK	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
39) TOM SOBOL	2.00										
BOARD MEMBER	0.	Х						0.		0.	0.
00) STEPHEN TILLERY	2.00										_
BOARD MEMBER	0.	X						0.		0.	0.
91) WILLIAM TRINE	2.00										0
BOARD MEMBER	0.	Х						0.		0.	0.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)				• •							
2 Total number of individuals (including but not reportable compensation from the organizatio		nose I 3		d ab	ove) who	red	ceived more than S	\$100,000 of		
reportable compensation from the organizatio								·····			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00)0?	lf	"Yes,	" С	omplete Schedul	e J for such	e n	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	satio	n fr	rom	any	unr	elated organizatio	n or individua		5 X
Section B. Independent Contractors											
 Complete this table for your five highest com compensation from the organization. Report of year. 											
(A) Name and business add	Iress							(B) Description of ser	vices	Co	(C) ompensation
2 Total number of independent contractors (ir more than \$100,000 in compensation from th				ited	to	those	e lis	ited above) who	received		F 980 (0047

Form 990 (2017)						112			Page 8
Part VII Section A. Officers, Directors, Tr		ey En	nploy		and	Hig			
(A) Name and title	(B) Average			(C) ositior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any		not cheo unless j				compensation from	compensation from related	amount of other
	hours for	offic	er and a		tor/trus	tee)	- the	organizations	compensation
	related	or d	Institut	2 E	emp	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	dividual director	Institutional	Key employee	Highest employe	ner	(W-2/1099-MISC)		organization and related
	line)	P =	nal	oloye	ë Com				organizations
		Individual trustee or director	trus	ě	pen				
			ee		ee				
92) FRANK PAUL BLAND	22.00					┼			
EXECUTIVE DIRECTOR	18.00		x				227,083.	36,538.	18,163.
93) DAVID SEABROOK	20.00			·	+		22170001		
DIRECTOR OF FINANCE & ADMIN	20.00		x				74,000.	72,562.	17,229.
94) VICTORIA NI	30.00			+				,	
DEPUTY DIRECTOR AS OF 8/1/17	10.00		X				97,115.	41,327.	4,243.
95) ARTHUR BRYANT	22.00			+					
CHAIRMAN	18.00				x		219,060.	3,494.	23,804.
96) JAMES HECKER	10.00			1					
DIRECTOR, ENVIRONMENTAL ENF.	30.00				X		33,719.	152,703.	18,364.
97) ADELE KIMMEL	20.00			1	1				
SENIOR ATTORNEY	20.00				X		81,525.	82,828.	19,846.
98) LESLIE BRUECKNER	10.00						· ·		
SENIOR ATTORNEY	30.00				X		39,147.	91,329.	14,174.
99) STEVE E. RALLS	40.00								
DIRECTOR OF EXTERNAL AFFAIRS	0.				Х		119,154.	0.	9,479.
· ·									
1b Sub-total									
c Total from continuation sheets to Part VII, S									
 d Total (add lines 1b and 1c)							asived mars than	\$100.000 of	
reportable compensation from the organizatio		10se i 3		DOV	e) who) le	ceived more than	\$100,000 01	
									Yes No
3 Did the organization list any former offic	or director	- or	tructo	~		mn	lovoo or bigbost	companyated	
employee on line 1a? If "Yes," complete Sched									3 X
4 For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization	sum or rep∈ ≏ater than	s15	10 000'	ipen 7 <i>If</i>	satior "Ves	an " c	a other compens	ation from the	
individual									4 X
5 Did any person listed on line 1a receive or									
for services rendered to the organization? If "Ye									5 X
Section B. Independent Contractors									
1 Complete this table for your five highest com									
compensation from the organization. Report c	ompensatio	n for	the ca	lenc	lar yea	ar ei	nding with or with	in the organization	r's tax
year.						1			
(A) Name and business add	Iross						(B) Description of se		(C) ompensation
					****** ,				
					*				
						+			
					_				
2 Total number of independent contractors (ir more than \$100,000 in compensation from th				d to	those	e lis	sted above) who	received	
more than \$100,000 in compensation from th	e organizati				······			teranti e contra	- 000

Form	990 ((2017) PUBLIC J	ATION		59-1730	59-1730478 Page		
Pa	rt VI							
		Check if Schedule O contains a res	ponse or note to a	Iny line in this Part (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax	
<u>ស ស</u>		Federated campaigns			function revenue	revenue	under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		2,045,993. 295,192.	-				
Cont	g	Noncash contributions included in lines 1a-1f: \$		_				
	h	Total. Add lines 1a-1f	Business Code	6,381,615	•			
Program Service Revenue	2a b							
Servi	c d							
am	e							
rogr	f	All other program service revenue						
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2f		0.	·			
	J	and other similar amounts). ATTACHME	NT 2	131,443.			131,443.	
	4	Income from investment of tax-exempt bo	ond proceeds . 🕨	0.				
	5	Royalties	(ii) Personal	0.			+	
	6a	Gross rents						
	b c	Less: rental expenses						
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of (i) Securities	(ii) Other 4,787.					
	b	Less: cost or other basis						
		and sales expenses	4,687.					
	c d	Gain or (loss)		100.			100.	
a	8a	Gross income from fundraising				na a de secondo ana con el contra de la contra		
Other Revenue		events (not including \$295, 192. of contributions reported on line 1c).	АТСН З					
ler F		See Part IV, line 18						
đ		Less: direct expenses	b <u>153,741.</u> → ATCH 4	-30,849.	and the second second			
	с 9а	Gross income from gaming activities. See Part IV, line 19		-30,049.				
	b c	Less: direct expenses	b	0.				
	10a	Gross sales of inventory, less returns and allowances	-					
	b c	Less: cost of goods sold	<u> </u>	0.				
	44-	Miscellaneous Revenue MISCELLANEOUS	Business Code 900099	59,849.			59,849.	
	11а b	MISCELLANEOUS		59,049.				
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		59,849.		alabara washi ku	101.000	
JSA	12	Total revenue. See instructions		6,542,158.	L		191, 392. Form 990 (2017)	
7F105	1 1.000)						

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	art IX Statement of Functional Expenses		- All - 41		- (0)
Se	ction 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a respo	<u>complete all columns</u>	 All other organization a this Part IX 	ons must complete colun	nn (A).
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u> </u>
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,580,000.	1,580,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	680,695.	395,763.	106,149.	178,783
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,066,854.	620,161.	166,167.	280,526
8	Pension plan accruals and contributions (include	41 104	22 041	6 100	10 601
_	section 401(k) and 403(b) employer contributions)	41,104.	23,941. 82,513.	6,482.	10,681 36,813
9	Other employee benefits	128,114.	74,620.	20,203.	33,291
10	Payroll taxes		/4/020.	20,200.	
11	Fees for services (non-employees):	ο.			
	Management	2,858.	1,648.	482.	728
	Accounting	78,465.	46,942.	12,104.	19,419
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.).	234,601.	138,268.	37,575.	58,758
12	Advertising and promotion	0.			
13	Office expenses	8,090.	5,459.	964.	1,667
14	Information technology	20,993.	18,242.	1,039.	1,712
15	Royalties	0.			50 (12
	Occupancy	202,468.	117,927.	31,928.	52,613
	Travel	107,176.	90,123.	15,182.	1,871
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	ο.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			2.2.4.2.4
22	Depreciation, depletion, and amortization	78,868.	45,937.	12,437.	20,494
23		33,380.	19,442.	5,264.	8,674
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	EVENTS EXPENSE	106,169.	72,509.	3,743.	29,917
-	OFFICE SYSTEMS	56,838.	33,602.	8,126.	15,110
	PRINTING AND MAILSHOP	55,311.	35,002.	3,846.	16,268
-	COMMUNICATIONS	37,517.	32,724.	464.	4,329
	All other expenses	134,246.	87,930.	43,220.	3,096
	Total functional expenses. Add lines 1 through 24e	4,795,413.	3,522,948.	497,715.	774,750
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	0.			<u> </u>

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Form	990	(2017)	

	rt X				
		Check if Schedule O contains a response or note to any line in this P		•••	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	704,285.		2,227,515
	2	Savings and temporary cash investments	56,068.		193,563
	3	Pledges and grants receivable, net	192,718.	3	496,893
	4	Accounts receivable, net	0.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0.	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	
ets	7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net	1,077,865.	7	(
Assets	8	Inventories for sale or use	0.	f	(
4	9	Prepaid expenses and deferred charges	55,134.	-	62,055
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,031,240.			
	b		593,499.	100	536,761
.	11	Less: accumulated depreciation10b494,479.Investments - publicly traded securitiesATCH6	5,079,823.		6,270,164
	12	Investments - other securities. See Part IV, line 11		12	(
	12	Investments - program-related. See Part IV, line 11		12	
				14	
	14	Intangible assets	65,150.	14	43,725
	15	Other assets. See Part IV, line 11	7,824,542.		9,830,670
	16	Total assets. Add lines 1 through 15 (must equal line 34)	72,420.		114,925
1	17	Accounts payable and accrued expenses			114,92
	18	Grants payable		18	500
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	(
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
S 2	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0.	22	(
- 2	23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	(
	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,043,423.	25	957,783
12	26	Total liabilities. Add lines 17 through 25	1,115,843.	26	1,073,208
ß		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	5,851,116.	27	7,957,833
	28	Temporarily restricted net assets	857,583.	28	799,635
2 2	29	Permanently restricted net assets	0.	29	C
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
3 3	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž ,	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,708,699.	33	8,757,468
1	34	Total liabilities and net assets/fund balances	7,824,542.	34	9,830,676
			.,02.,0.2.	~~	Form 990 (201

Form 9	990 (2017)				Pa	ige 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		•		158.
2	Total expenses (must equal Part IX, column (A), line 25)	2				413.
3	Revenue less expenses. Subtract line 2 from line 1	3			· · · ·	745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				699.
5	Net unrealized gains (losses) on investments	5		3	302,	
6	Donated services and use of facilities	6	ļ			0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>		*****	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_		
	33, column (B))	10		8,7	57,	468.
Part						[]
	Check if Schedule O contains a response or note to any line in this Part XII	• •		<u></u>		╷┷┷┻
				r	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n in			
	Schedule O.					x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>2a</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npileo	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			0	х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Δ	L
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	on a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			2c	х	l.
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, e	explai	n in			1
	Schedule O.					1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	n in	3a		х
	the Single Audit Act and OMB Circular A-133?			Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ine	3b		
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such ad	unto.			990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

Nam	ne of the organization					Employer identif	ication number
PU	BLIC JUSTICE FOUN	DATION				59-17304	78
Pa	art I Reason for Publ	ic Charity Status (All	organizations must	comple	te this p	art.) See instructions	<u>в.</u>
The	e organization is not a priva						
1		of churches, or associ		-	-		
2		n section 170(b)(1)(A)(i					
3		erative hospital service	, ,	,			
4	immenue (organization operated ir	-		•		(iii) Enter the
-	hospital's name, city,	•	r conjunction with a ne	opital ut	scibeu		
5		rated for the benefit of	f a college or univers		d or on	arated by a governme	ntal unit described in
5			a college of univers	ity owne	a or op	erated by a governme	and unit described in
~	permanang	(iv). (Complete Part II.)				// \/ #\/ #\/ \	
6		ocal government or gov				• • • • • • • •	and the senaral public
7		normally receives a su		upport fi	rom a go	overnmental unit or in	on the general public
-		170(b)(1)(A)(vi). (Comp	•				
8		escribed in section 170					
9		rch organization describ			•		
	•	-land-grant college of a	agriculture (see instruc	tions). E	nter the	name, city, and state o	f the college or
	university:						
10	receipts from activitie support from gross in	normally receives: (1) n es related to its exempt nvestment income and	functions - subject to unrelated business tax	certain e able inc	exceptior ome (les	ns, and (2) no more tha s section 511 tax) from	n 331/3 %of its
		nization after June 30, nized and operated exc					
11	· ·	•	•				are out the purposes
12		nized and operated exc	-	-			
		cly supported organiza					
		12a through 12d that o			-		
а		g organization operated	•	•		-	
		nization(s) the power to	• • • •		ajority o	f the directors or truste	es of the
		ation. You must comple					
b	Type II. A supporti	ng organization supervis	sed or controlled in co	nnectior	n with its	supported organization	on(s), by having
	control or manager	ment of the supporting	organization vested in	the sam	e persor	ns that control or man	age the supported
	organization(s). ۲οι	I must complete Part IV	/, Sections A and C.				
C	Type III functional	y integrated. A support	ting organization operation	ated in c	onnectio	n with, and functional	ly integrated with,
	its supported organ	ization(s) (see instructio	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d	Type III non-function	onally integrated. A sup	oporting organization of	perated	in conn	ection with its support	ted organization(s)
	that is not functiona	ally integrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement and	l an attentiveness
	requirement (see ir	structions). You must c	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		e organization received	•				I, Type III
		ed, or Type III non-func					••
f	Enter the number of sup						
g	Provide the following info	ormation about the supp	orted organization(s).				
	(i) Name of supported organization		(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	., ., .		(described on lines 1-10		ur governing	support (see	other support (see instructions)
			above (see instructions))	Yes	ment? No	instructions)	mstructions)
			······································				
(A)]			
			······································				
(B)							
				[
(C)							
(D)				[
(E)							
			-		<u> </u>		
Tota	al						

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

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Schedule A (Form 990 or 990-EZ) 2017

59-1730478

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,949,130.	4,063,991.	4,664,552.	5,131,521.	6,381,615.	23,190,809.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,949,130.	4,063,991.	4,664,552.	5,131,521.	6,381,615.	23,190,809.
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)						1,399,853.
$\frac{6}{8}$	Public support. Subtract line 5 from line 4					[[21,790,956.
	tion B. Total Support	(-) 2010	(1) 0044	4 1 0045	(1) 0040	(-) 0047	(f) Total
_	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4	2,949,130. 92,753.	4,063,991. 94,154.	4,664,552. 66,782.	5,131,521. 127,097.	6,381,615.	23,190,809.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			310.	447.	4,157.	4,914.
11	Total support. Add lines 7 through 10						23,707,952.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percentag	ge				
14	Public support percentage for 2017 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	91.91%
15	Public support percentage from 2016					15	87.68%
	331/3% support test - 2017. If the org box and stop here. The organization qu	ualifies as a pub	licly supported c	organization			► X
b	331/3% support test - 2016. If the org this box and stop here. The organization						
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets the organization	meets the "fac he "facts-and-ci	sts-and-circumsta	ances" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly su	xplain in upported ▶□
18	15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	inization meets on meets the "f did not check a	the "facts-and- facts-and-circum box on line 13,	-circumstances" stances" test. T 16a, 16b, 17a,	test, check th he organizatio or 17b, check	nis box and sto n qualifies as a this box and see	p here. publicly ►

59-1730478

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)	
(Complete only if you checked the box on line 10 of Part I or if the organization faile	d to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part I	l.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						······································
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3					_	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the yearAdd lines 7a and 7b	······································					
8 8	Public support. (Subtract line 7c from						
Ū							
Sec	line 6.)		L	l	<u> </u>		L
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(4) 2010	(0) 2014	(0) 2010	(4) 2010	(0) 2011	(1) 1010
9 10 a	Amounts from line 6	· · · · · · · · · · · · · · · · · · ·					
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
O	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	<u> </u>					
	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	•	-				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop here.			<u></u>	<u></u>	<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Supp		×				
15	Public support percentage for 2017 (line 8,						%
16	Public support percentage from 2016 Sched					16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2017 (lin	e 10c, column (f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2016 S	chedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org						and line
	17 is not more than 331/3%, check this						
b	33 1/3 % support tests - 2016. If the organ		-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d				-		
JSA	1 1 000					Schedule A (Form 9	
	4025DT C021		V 17-7.2F	6	4010		PAGE 2

V 17-7.2F

Schedule A (Form 990 or 990-EZ) 2017 Page 4 Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 3a (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С 3c purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination с 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) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disgualified 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. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b 9b the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С 9c from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 10 a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 10a supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

Supporting Organizations (continued)

Part IV

			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)		н. — — — — — — — — — — — — — — — — — — —	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
		17	Yes	No
4	Did the directory tructure or membership of any armore supported exceptions have the neuronted			
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? <i>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.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
t. · · ·			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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instant of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.	<u>2</u> a		
	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? <i>If "Yes," explain in Part VI the</i>			
b	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		-
Б 3	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b 3a		

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Yes No

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 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 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			ourrent real
2	Amounts paid to perform activity that directly furthers exer		ted	
~	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	
4	Amounts paid to acquire exempt-use assets	oses of supported organ	200013	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resr	onsive	
Ū	(provide details in Part VI). See instructions.	and organization to roop		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			······································
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		
3	Excess distributions carryover, if any, to 2017	and an		
а				-
b	From 2013	na an an an an an an an an Arain. Na Arthreachan an Arainn an Arainn an Arainn	a dan ta da sa	
С	From 2014			
d	From 2015			
е	From 2016		an a	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014	<u></u>		
С	Excess from 2015	and the second		
d	Excess from 2016	<u> </u>		-
е	Excess from 2017			

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

PUBLIC JUSTICE FOUNDATION

5	9-	-1	7	3	04	17	8

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)					
Name of organization	PUBLIC	JUSTICE	FOUNDATION		

Employer identification number 59–1730478

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$2,045,993.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$295,192.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$2,985,151.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$435,640.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$167,885.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 2
Name of organization PUBLIC JUSTICE FOUNDATION	Employer identification number 59–1730478

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 -		\$151,754.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page					
Name of organization	PUBLIC	JUSTICE	FOUNDATION	Employer identification number	
				59-1730478	

	Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF	⁵) (2017)	Page 4
Name of organization PUBLIC JU	USTICE FOUNDATION	Employer identification number

			59-1730478					
Part III	Exclusively religious, charitable, etc							
			tor. Complete columns (a) through (e) ar					
	contributions of \$1,000 or less for th		total of <i>exclusively</i> religious, charitable, et					
	Use duplicate copies of Part III if addi							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	·							
	(e) Transfer of gift							
	Transferee's name, address, a	nd $7IP + 4$ P	elationship of transferor to transferee					
(a) No.		r						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	(e) i ranster of gitt							
	Transferee's name, address, a	nd ZIP + 4 Re	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(c)	(0) 000 01 girt						
	W							
		(e) Transfer of gift						
	Transferee's name, address, ar		lationship of transferor to transferee					
	Transferee's name, address, ar		lationship of transferor to transferee					
	Transferee's name, address, ar		lationship of transferor to transferee					
	Transferee's name, address, ar		lationship of transferor to transferee					
(a) No.		nd ZIP + 4 Re						
(a) No. from Part I	Transferee's name, address, ar		lationship of transferor to transferee (d) Description of how gift is held					
from		nd ZIP + 4 Re						
from		nd ZIP + 4 Re						
from		nd ZIP + 4 Re						
from		nd ZIP + 4 Re						
from		nd ZIP + 4 Re						
from		nd ZIP + 4 Re						
from	(b) Purpose of gift	nd ZIP + 4 Re	(d) Description of how gift is held					
from	(b) Purpose of gift	nd ZIP + 4 Re	(d) Description of how gift is held					

SCHEDULE C	Political Campaign	and Lobbyin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Inco	me Tax Under sectio	n 501(c) and section 527	2017
Department of the Treasury	Complete if the organization is described		to Form 990 or Form 990-E	
Internal Revenue Service	► Go to www.irs.gov/Form990 f red "Yes," on Form 990, Part IV, line 3, or Fo			Inspection
	janizations: Complete Parts I-A and B. Do not co		to (Fontical Campaign Activity	es), men
 Section 501(c) (other 	than section 501(c)(3)) organizations: Comple	te Parts I-A and C below.	Do not complete Part I-B.	
U U	tions: Complete Part I-A only.			
	red "Yes," on Form 990, Part IV, line 4, or Fo anizations that have filed Form 5768 (election			lete Part II-B
	anizations that have NOT filed Form 5768 (election		•	
If the organization answe	red "Yes," on Form 990, Part IV, line 5 (Pro			
 Tax) (see separate instruct Section 501(c)(4), (5) 	tions), then), or (6) organizations: Complete Part III.			
Name of organization		······	Employer ident	tification number
PUBLIC JUSTICE	FOUNDATION		59-1730	478
Part I-A Complet	e if the organization is exempt unde	er section 501(c) or	is a section 527 organi	zation.
	ion of the organization's direct and indirec	t political campaign a	ctivities in Part IV. (see ins	tructions for
	cal campaign activities")			
	activity expenditures (see instructions)			
	r political campaign activities (see instruct e if the organization is exempt unde			<u></u>
	of any excise tax incurred by the organiza			
2 Enter the amount	of any excise tax incurred by organization	managers under sect	ion 4955 ▶ \$	
	incurred a section 4955 tax, did it file For			
	nade?			Yes No
b If "Yes," describe i				
	e if the organization is exempt unde			
	directly expended by the filing organizat			
2 Enter the amount	of the filing organization's funds contribut on activities	ed to other organizat	ions for section	
	tion expenditures. Add lines 1 and 2. I			
 4 Did the filing organ 5 Enter the names, a organization made the amount of pol 	ization file Form 1120-POL for this year? addresses and employer identification nun payments. For each organization listed, tical contributions received that were pro egated fund or a political action committee	nber (EIN) of all secti enter the amount pai omptly and directly de	on 527 political organizat d from the filing organiza elivered to a separate poli	tion's funds. Also enter tical organization, such
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's c funds. If none, enter -0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
				0 /
For Paperwork Reduction	Act Notice, see the Instructions for Form 990	or 990-EZ.	Schedule	C (Form 990 or 990-EZ) 2017

JSA 7E1264 1.000

Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	per's name,
В	Check Ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37,540.	
С	Total lobbying expenditures (add lines 1	a and 1b)	37,540.	
			4,873,148.	
		d lines 1c and 1d) [4,910,688.	
f		e amount from the following table in both		
	columns.	3	395,534.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	% of line 1f)	98,884.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0	0.	0.
		ss, enter -0	0.	0.
		on either line 1h or line 1i, did the organization	tion file Form 4720	
·				Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount				395,534.	395,534.	
b Lobbying ceiling amount (150% of line 2a, column (e))					593,301.	
c Total lobbying expenditures				37,540.	37,540.	
d Grassroots nontaxable amount				98,884.	98,884.	
e Grassroots ceiling amount (150% of line 2d, column (e))					148,326.	
f Grassroots lobbying expenditures						

Schedule	С	(Form	990	or	990-EZ)	2017	

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	filed For	m 5768
		(a)	(b)

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	10	<u> </u>	(10)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			······································
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2 a	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		ļ	
d				
				4.1

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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?	1 -		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

3 Pa		organization agree to carry over lobbying and political campaign activity expenditures from the prior Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s	sectio	n	
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Pa answered "Yes."	r	4, line 3, is	
1	Dues, a	ssessments and similar amounts from members	1		
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of lexpenses for which the section 527(f) tax was paid).			

	political expenses for which the section 527(f) tax was paid).		
а	Current year	<u>2a</u>	
b	Carryover from last year.	2b	
ĉ	Total.	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Page 4

Part IV Supplemental Information (continued)

Generation Supplemental Financial Statements Does 1343-007 Department of the Treasury ► Complete if the organization answored "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 114, 116, 111, 12a, or 12b. Does 1343-007 Name of the organization ► do to www.is.gov/Form990 for instructions and the latest information. Does 1343-007 PUBLIC JUSTICE FOUNDATION Employer identification number PUBLIC JUSTICE FOUNDATION 59-1730478 Part IV Organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of organization syncer, suddoor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all granese, donors, and donor advisor, or for any other purpose conferring impermissible private benefit? Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements. Preservation of a historically important land area proservation of alm of public use (e.g., recreation or education) Preserv
Department of the Treasury Internet Revence Service C ot to www.irs.gov/Form990 for instructions and the latest information. Open to Public inspection Name of the organization Employer identification number 59–1730478 Employer identification number 59–1730478 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year
Intermet Reveue Service Inspection Inspection Name of the organization Employer identification number PUBLIC USTICE FOUNDATION 59-1730478 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
Name of the organization Employer identification PUBLIC JUSTICE FOUNDATION 59–1730478 Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . 4 Aggregate value of grants from (during year) . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit? . Yes No 6 Did the organization answered "Yes" on Form 990, Part IV, line 7. . Yes No 7 Purpose(s) of conservation easements. 7 Purpose(s) of conservation easements. 8 Didlete lines 2a through 2d if the organization held a qualified conservation
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. I Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area preservation of one space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements . 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements .
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. I Total number at end of year
(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year
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 of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
 Aggregate value at end of year
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No PartII Conservation Easements. Yes" on Form 990, Part IV, line 7. Yes No 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 Number of conservation easements on a certified historic structure included in (a). 2a 2 Number of conservation easements on a certified historic structure included in (a). 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Yes No 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . Za b Total acreage restricted by conservation easements . Za c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . Za 3 Number of states where property subject to conservation easement is located ▶
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space Preservation of a historically important land area Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Image: Held at the End of the Tax Year a Total number of conservation easements
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements sincluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located
 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a Total number of conservation easements
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements
 Protection of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements
 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements
easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
 d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
 historic structure listed in the National Register
tax year ▶ 4 Number of states where property subject to conservation easement is located ▶
4 Number of states where property subject to conservation easement is located ►
bes the organization have a written policy regarding the periodic monitoring, inspection, handling or
violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
 (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b_ Assets included in Form 990, Part X
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PUBLIC JUSTICE FOUNDATION

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Sche	dule D (Form 990) 2017								Page 2
	rt III Organizations Maintaini	ng Collections of	Art, Historical	Treasures	or Oth	er Similar Asse	ts (cor		
3	Using the organization's acquisiti	the second se			· ·				
	collection items (check all that app					0			
а	Public exhibition	• •	d Loan	or exchang	ae progran	ns			
b	Scholarly research		e Othe						
С	Preservation for future gene	rations							
4	Províde a description of the orga		s and explain how	they furthe	er the ora	anization's exemp	t purpos	se in	Part
	XIII.			they read				•••••	
5	During the year, did the organization	on solicit or receive o	donations of art. his	torical trea	sures or o	ther similar			
	assets to be sold to raise funds rat						Yes		No
Pa	rt IV Escrow and Custodial A					<u></u>			
	Complete if the organiza	V	s" on Form 990, F	Part IV, line	e 9, or reg	ported an amoun	t on Fo	m	
	990, Part X, line 21.			,	, ,				
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for	contributior	s or other	assets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following ta	ble:				L	
			0			Amount			
с	Beginning balance			10	:				
d	Additions during the year								
е	Distributions during the year					<u>, , , , , , , , , , , , , , , , , , , </u>			
f	Ending balance								
2a	Did the organization include an am	ount on Form 990.	Part X, line 21, for	escrow or o		account liability?	Yes		No
	If "Yes," explain the arrangement i								-
	tV Endowment Funds.							-1	_ <u></u>
	Complete if the organizat	ion answered "Yes	" on Form 990, P	art IV, line	10.				
	<u> </u>	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four	years	back
1.5	Beginning of year balance	757,287.	853,763.		1,386.	1,051,884.	1,0	085,	738.
1a 5	Contributions								
b	1								
С	Net investment earnings, gains,								
А				1					
	Grants or scholarships								
e	Other expenditures for facilities and programs	110,486.	96,476.	13	7,623.	60,500.		33,	854.
£									
1	Administrative expenses	646,801.	757,287.	853	3,763.	991,384.	1,0)51,	884.
g	End of year balance	······	·····	1					
2 a	Provide the estimated percentage Board designated or quasi-endowm	or the current year e	end balance (line 1g	, column (a)) neio as:				
b	Permanent endowment ►	%	_/0						
c	Temporarily restricted endowment								
Ŭ	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·	00%						
3 9	Are there endowment funds not in	•		are held a	nd adminis	stared for the			
Ja	organization by:		e organization that	are new ar	lu auttinic		5	/es	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•						
	t VI Land, Buildings, and Equi		ion's endowment iu	nus.	<u>, , , , , , , , , , , , , , , , , , , </u>				
r ai	Complete if the organiza	tion answered "Yes	s" on Form 990, F	Part IV, line	e 11a. Se	e Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or		or other basis	(c) Accu) Book vai	Je	
1a	Land	(invest	(C	ther)	deprec				
b	Buildings								
c	Leasehold improvements			544,375.	a	1,227.	4 5	3.1	48.
d	Equipment			332,443.		6,357.		· · · ·	86.
e				154,422.		6,895.		<u> </u>	27.
	Other I. Add lines 1a through 1e. (Column	(d) must equal Form		•			53		61.
	n a unough re. (ourunn	(a) must equal i Om	555, r an A, colum		····	<u></u>		- / '	

	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
A) Einensi	· · · · · · · · · · · · · · · · · · ·		
	al derivatives		
		•••	
(A)	,		
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	•	
	Investments - Program Related.		Part IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)		······	
(2)			
(3)			
(4)			
(5) (6)	errererererer i		
(7)			
(8)			
(9)			
		ered "Yes" on Form 990, F Description	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)		- h.,	
(7)		· · ·	
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>
Part X	Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form 990, P	Part IV, line 11e or 11f. See Form 990, Part X,
•	(a) Description of liability	(b) Book value	
	al income taxes		
(2) DUE	TO PUBLIC JUSTICE, P.C.	156,90	
	RRED LEASE OBLIGATION	800,88	1.
(1)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)		1	(a) Statistical and a statistic statistical statis Statistical statistical statistica Statistical statistical statis Statistical statistical statisti statistical statistical statistical statistic
(5) (6) (7) (8)	аланын алан алан алан адар улар улар алан калан алан алан _{жай б} аралан алан алан алан алан алан алан ала		
 (5) (6) (7) (8) (9) 	n (b) must equal Form 990 Part X col (B) line :	25) ► 957.78	3.
(5) (6) (7) (8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line : or uncertain tax positions. In Part XIII, provide	,, _,, _	3. organization's financial statements that reports the

PUBLIC JUSTICE FOUNDATION

	PUBLIC JUSTICE FOUNDATION	59-17	30478
Schedu	ıle D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,959,457.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities]	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	·	
е	Add lines 2a through 2d	2e	417,299.
3	Subtract line 2e from line 1	3	6,542,158.
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		
b	Other (Describe in Part XIII.)	4	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,542,158.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	4,910,688.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIII.) 2d 115,275	•	
e	Add lines 2a through 2d	2e	115,275.
3	Subtract line 2e from line 1	3	4,795,413.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,795,413.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l		e 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

Schedule D (Form 990) 2017

JSA

FORM 990, SCHEDULE D, PART XI, LINE 2D SPECIAL EVENTS EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B.

FORM 990, SCHEDULE D, PART XII, LINE 2D SPECIAL EVENTS EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B.

FORM 990, SCHEDULE D, PART V, LINE 4 CARTWRIGHT ENDOWMENT FUND AND FRED BARON LEGACY FUND ARE BOARD DESIGNATED ENDOWMENTS FOR FELLOWSHIPS.

FORM 990, SCHEDULE D, PART X, LINE 2 FOR THE YEAR ENDED DECEMBER 31, 2017, NO PROVISION FOR INCOME TAXES WAS MADE, AS THE FOUNDATION HAD NO NET UNRELATED BUSINESS INCOME AND DID NOT INDENTIFY ANY UNCERTAINTY IN INCOME TAX REQUIRING RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS.

SCHEDULE G	Supplement	al Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if th	e organization answe organization entered	ered "Yes" or more than \$	n Form 990, F 15.000 on Fo	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a,	19, or if the	2017		
Deportment of the Treesury			Open to Public						
Department of the Treasury Internal Revenue Service	Internal Revenue Service Form990 for the latest instructions.								
Name of the organization PUBLIC JUSTICE	Employer identificati 59-1730478								
	ing Activities. Com	plete if the ora	anization	answered	"Yes" on Form				
	0-EZ filers are not r								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
	Internet and email solicitations f Solicitation of government grants								
	c Phone solicitations g Special fundraising events d In-person solicitations g								
	tion have a written or								
	s listed in Form 990,						Yes No		
	10 highest paid indiv least \$5,000 by the o		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be		
(i) Name and addr or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization		
	·		Yes	No		col. (i)	-		
1									
2	·	na zero talente kal terretaria.							
3									
4									
5		WP41W- 20							
6									
7									
8		<u> </u>							
9									
10									
	l		<u></u>						
	which the organizati				contributions or	has been notified	it is exempt from		
	ensing.								
Yantananan a araa da araa da ahaana da ahaana a									
					anna a sa a a a shaka ka sa a sa a sa a sa				
	- <u>, , , , , , , , , , , , , , , , , , , </u>								
For Paperwork Reduction A	ct Notice, see the Instruction	ons for Form 990 or 9	90-EZ.			Schedule G (For	rm 990 or 990-EZ) 2017		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 PRES PARTY	(b) Event #2 ANNUAL GALA	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	3,500.	311,357.	103,227.	418,084
œ	2	Less: Contributions	3,500.	291,692.		295,192
	3	Gross income (line 1 minus line 2).		19,665.	103,227.	122,892
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs		5,000.		5,000
t Expe	7	Food and beverages	12,479.	72,490.		84,969.
Direct I	8	Entertainment		1,600.		1,600.
	9	Other direct expenses	8,191.	51,224.	2,757.	62,172.
	10	Direct expense summary. Add lines 4	through 9 in column (d)			<u> 153,741</u> .
Pa	rt l	Net income summary. Subtract line 1 Gaming. Complete if the orga	nization answered "Y	es" on Form 990 Part	▶	
		than \$15,000 on Form 990-E	Z, line 6a.	5 of Form 330, Fall		

Revenue		(d) Total gaming (add col. (a) through col. (c))								
Rev	1 Gross revenue									
ses	2 Cash prizes									
Expens	3 Noncash prizes									
Direct Expenses	4 Rent/facility costs				·					
	5 Other direct expenses									
	6 Volunteer labor	Yes %	Yes% No	Yes% No						
	7 Direct expense summary. Add lines 2									
	8 Net gaming income summary. Subtra	ct line 7 from line 1, colu	umn (d)							
9 a b	Enter the state(s) in which the organization conducts gaming activities:									
	Were any of the organization's gaming li If "Yes," explain:	censes revoked, suspe	nded, or terminated durin	ng the tax year?	Yes No					

Schedule G (Form 990 or 990-EZ) 2017

PUBLIC JUSTICE FOUNDATION	JUSTICE FOUNDATIO	JUSTICE	PUBLIC	F
---------------------------	-------------------	---------	--------	---

lle G (Form 990 or 990-EZ) 2017 Does the organization conduct gaming activities with nonmembers?		Page 3
Does the organization conduct gaming activities with nonmembers?		
		Yes No
formed to administer charitable gaming?	· · · · []	Yes No
Indicate the percentage of gaming activity conducted in:		1
	13a	%
		%
Name		
Address ►		
		[]
		res No
If "Yes," enter the amount of gaming revenue received by the organization ► \$ a	and the	
amount of gaming revenue retained by the third party > \$		
It "Yes," enter name and address of the third party:		
Name ►		
Address ►		
Gaming manager information:		
Name ▶		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
Mandatory distributions:		
•	ceeds to	
		'es No
or spent in the organization's own exempt activities during the tax year ▶ \$		
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Address

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE I				ssistance t		-		OMB No. 1545-0047
(Form 990)	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
		lete if the or	-	tach to Form 990.	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	/	► Go t		/Form990 for the I	atest information	ı.		Inspection
Name of the organization							Employer identific	ation number
PUBLIC JUSTICE							59-173047	78
	Information on Grants and							
the selection cr	nization maintain records to su iteria used to award the grants	s or assistanc	e?	- • • • • • • • • • • •				X Yes No
	rt IV the organization's proced		-	-				
	nd Other Assistance to De t IV, line 21, for any recipi		-					es" on Form
	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 noncash assistance	(h) Purpose of grant or assistance
(1) PUBLIC JUSTICE,	P.C.	-						
1620 L ST, STE	630, NW WASHINGTON, DC 20036	52-1240142	N/A	1,580,000.				TO FURTHER THE EXEMP
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)		-						
(9)					-			
(10)								
(11)		_						
(12)								
2 Enter total nur	nber of section 501(c)(3) and	government	organizations li	sted in the line 1 ta	ble			
	nber of other organizations lis	-						1.
	ction Act Notice, see the Instruct							hedule I (Form 990) (2017)

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				·	
		· · ·			
7					

information. SCHEDULE I, PART I, LINE 2

THE ORGANIZATION HAS, AS ONE OF ITS PRIMARY PURPOSES, TO SUPPORT THE WORK

OF THE GRANTEE ORGANIZATION THAT ARE IN LINE WITH THE ORGANIZATION'S

MISSION. ALL THE ACCOUNTING AND TIMEKEEPING DONE BY PUBLIC JUSTICE, P.C.

IS COMPLETELY TRANSPARENT TO PUBLIC JUSTICE FOUNDATION. THE MONITORING

OF GRANTS IS INHERENT TO AND A BASIC COMPONENT OF COMPILING TIME RECORDS

AND FINANCIAL RECORDS FOR REPORTING AND INTERNAL MANAGEMENT PURPOSES.

SCH	EDULE J	Comper	nsation Information	0	/IB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		କ୍ରଲ	17	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23	ΔU		
	ment of the Treasury		Attach to Form 990.	0	pen t		
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identification		ectio	n and a start sta
	-	E FOUNDATION		59-1730478	11011150		
Par		is Regarding Compensation					
U WU						Yes	No
1a	990, Part VII, First-cla		provided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for	these items. personal use			
	Tax inde	emnification and gross-up payments ponary spending account	Payments for business use of person Health or social club dues or initiatio Personal services (such as, maid, ch	on fees			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	garding payment plete Part III to	1b		
2	Did the orga directors, trus	anization require substantiation prior	 to reimbursing or allowing expenses D/Executive Director, regarding the items	-	2		
3	Indicate which organization's related organi X Compen Indepen	n, if any, of the following the filing organ CEO/Executive Director. Check all tha	hization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensa	ds used by a art III.			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing			
a b c	Receive a sev Participate in, Participate in,	verance payment or change-of-control pa or receive payment from, a suppleme or receive payment from, an equity-ba	ayment? ntal nonqualified retirement plan? sed compensation arrangement? rovide the applicable amounts for each ite		4a 4b 4c		X X
5			rganizations must complete lines 5-9. line 1a, did the organization pay or accrue a	any			
a	compensation	contingent on the revenues of:			5a		x
b	Any related or If "Yes" on line	ganization?			5b		X
6	compensation	contingent on the net earnings of:	line 1a, did the organization pay or accrue a	-	6.0		x
a b	Any related or If "Yes" on line	ganization?			6a 6b		X
7 8	payments not	described on lines 5 and 6? If "Yes," de	n A, line 1a, did the organization provi escribe in Part III		7		<u> </u>
J	to the initial	contract exception described in F	Regulations section 53.4958-4(a)(3)? If	"Yes," describe	8		X
9			ow the rebuttable presumption procedu		9		

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

Page **2**

Schedule J (Form 990) 2017

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	-	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ARTHUR BRYANT	(i)	219,060.	0.	0.			219,060.	
1 ^{CHAIRMAN}	(1)	3,494.	0.	0.	6,825.	16,979.	27,298.	
FRANK PAUL BLAND	(i)	207,083.	20,000.	0.	7,969.	10,194.	245,246.	
2 ^{EXECUTIVE DIRECTOR}	(ii)	36,538.		0.			36,538.	
DAVID SEABROOK	(i)	74,000.		0.			74,000.	
3 DIRECTOR OF FINANCE & ADMIN	(ii)	72,562.		0.	4,495.	12,734.	89,791.	
JAMES HECKER	(i)	33,719.		0.			33,719.	
4 DIRECTOR, ENVIRONMENTAL ENF.	(ii)	152,703.		0.	5,630.	12,734.	171,067.	
ADELE KIMMEL	(i)	81,525.		0.			81,525.	
5 ^{SENIOR ATTORNEY}	(ii)	82,828.	0.	0.	5,104.	14,742.	102,674.	
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)	<u> </u>						
14	(ii)							
	(i)							
15	(ii)							1
	(i)	**************************************						
16	(ii)			· · · · · · · · · · · · · · · · · · ·				

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. 2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC JUSTICE FOUNDATION

FORM 990, PART VI, SECTION A, LINE 6 PUBLIC JUSTICE FOUNDATION HAS MEMBERS AT VARIOUS LEVELS TO SUPPORT THE WORK OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A MEMBERS CAN ELECT DIRECTORS FOR VACANT OR EXPIRED SEATS ON THE BOARD. THESE ELECTIONS ARE HELD AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11 THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE EXECUTIVE COMMITTEE REVIEWES AND APPROVES A DRAFT OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICTS MUST BE DISCLOSED ON AN ONGOING BASIS. IF A CONFLICT OF INTEREST ARISES, DIRECTORS ARE RECUSED FROM DECISION-MAKING AND PARTICIPATION IN DELIBERATION. THIS IS A PROFESSIONAL ETHICAL RESPONSIBILITY THAT OUR DIRECTORS TAKE VERY SERIOUSLY.

FORM 990, PART VI, SECTION B, LINE 15A BASED ON PERFORMANCE, FINANCES, AND THE COST OF LIVING, THE PERFORMANCE REVIEW COMMITTEE (PRC) RECOMMENDS TO THE EXECUTIVE COMMITTEE THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE PRC CONSIDERS WRITTEN

Name of the organization PUBLIC JUSTICE FOUNDATION		Employer identification no 59-1730478	umber
PERFORMANCE EVALUATIONS, COMPARABLE DATA, AND O	THER ORGANIZATIONS	3' 9905	
IN MAKING ITS RECOMMENDATION. THE LAST SUCH PROC	CESS WAS COMPLETED) ON	
12/12/17.			
ELEMENT OF THE ANNUAL BUDGET.			
FORM 990, PART VI, SECTION C, LINE 19			
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	DLICY AND FINANCIA	хL	
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	JEST.		
FORM 990, PART VI, LINE 17 - STATES		ATTACHMENT 1	
AL, AR, CA,			
FL,GA,HI,IL,KS,KY,MD,MA,MI,			
MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA,			
RI,SC,TN,UT,VA,WV,WI,			
FORM 990, PART VIII - INVESTMENT INCOME		ATTACHMENT 2	
(A)	(B)	(C)	(D)
TOTAL	RELATED OR EXEMPT REVENUE	UNRELATED BUSINESS REV.	EXCLUDED REVENUE
DESCRIPTION REVENUE			
INTEREST AND DIVIDENDS 131,44	3.		131,443.

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64010
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Schedule O (Form 990 or 9	90-EZ) 2017	Page 2
Name of the organization PUBLIC JUSTICE	FOUNDATION	Employer identification number 59-1730478
FORM 990, PART	VIII - EXCLUDED CONTRIBUTIONS	ATTACHMENT 3
DESCRIPTION	AMOUNT	
PRES PARTY	3,500.	
ANNUAL GALA	291,692.	
TOTAL	295,192.	

FORM 990, PART VIII - FUNDRAISING EVENTS

NET GROSS DIRECT EXPENSES INCOME DESCRIPTION INCOME 20,670. -20,670. PRES PARTY -110,649. ANNUAL GALA 19,665. 130,314. 100,470. 2,757. OTHER 103,227. -30,849. 153,741. 122,892. TOTALS

		2 21101112112
FORM 990, PART X - NOT	ES AND LOANS RECEIVABLE	
BORROWER:	PUBLIC JUSTICE, P.C.	
ORIGINAL AMOUNT:		
	1,077,865. 6.9600 %	
INTEREST RATE:		
DATE OF NOTE:	12/31/2016	
MATURITY DATE:	11/30/2017	_
REPAYMENT TERMS:	PRINCIPAL AND INTEREST DUE OF 11/30/1	.7
PURPOSE OF LOAN:	TO COVER OPERATING COSTS	
		1,077,865.
ENDING BALANCE DUE		
TOTAL BEGINNING NOTES	AND LOANS RECEIVABLE	1,077,865.
TOTAL ENDING NOTES AND	LOANS RECEIVABLES	

ATTACHMENT 4

ATTACHMENT 5

Name of the organization PUBLIC JUSTICE FOUNDATION		Employer identification num 59–1730478			
		ATTACHMENT 6			
FORM 990, PART X - INVESTMENTS - PUBLIC	CLY TRADED SECURITIES	=			
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV		
MONEY FUNDS	107,590.	86,829.	FMV		
COMMON STOCKS	20,905.	7,038.	FMV		
MUTUAL FUNDS	3,206,135.	3,970,639.	FMV		
EXCHANGE-TRADED FUNDS	1,745,193.	2,205,658.	FMV		
TOTALS	5,079,823.	6,270,164.			
FORM 990, PART X - DEFERRED REVENUE		ATTACHMENT 7			
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE			

Schedule O (Form 990 or 990-EZ) 2017

DEFERRED REVENUE

TOTALS

500.

500.

Page 2

OMB No. 1545-0047

Open to Public

Inspection

6

Employer identification number

59-1730478

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

PUBLIC JUSTICE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)	-				
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	rolled
						Yes	No
(1)							
(2)							
(3)							
(4)					2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(5)	-						
(6)							
(7)							

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

Page **2**

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) (c) (d) **(e)** Predominant (f) (g) (h) (a) (i) (i) (k) Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Code V - UBI Percentage General or Disproportionate income (related, related organization domicile entity income year assets amount in box 20 ownership allocations? managing unrelated. (state or of Schedule K-1 excluded from partner? (Form 1065) foreign tax under country) sections 512 - 514) Yes No Yes No (1) (2) (3) (4) (5) (6) (7) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	country)			income	end-of-year assets	ownership	Section 512(b) contro entity	ion)(13) blied v?
							Yes N	
		-						
LAW FIRM - PU	DC	N/A	C CORP					
_								
-								
	LAW FIRM - PU	LAW FIRM - PU DC	LAW FIRM - PU DC N/A	LAW FIRM - PU DC N/A C CORP	LAW FIRM - PU DC N/A C CORP	LAW FIRM - PU DC N/A C CORP		

PUBLIC JUSTICE FOUNDATION

59-1730478

Schedu	le R (Form 990) 2017				Paç	ge 3
Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 a c d e f g h	During the tax year, did the organization engage in any of the following transactions with one or more r Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s)			1b 1c 1c 1d 1e 1f 1f 1g 1h	X	X X X X X X X X X
	Lease of facilities, equipment, or other assets to related organization(s)					X
l m o p q r s	Lease of facilities, equipment, or other assets from related organization(s)			11 1m 1n 1o 1p 1q 1r 1s	erminin	
(1)	PUBLIC JUSTICE, P.C.	В	1,580,000.	CASH GRAN	NT.	
(2)	PUBLIC JUSTICE, P.C.	N	197,850.	SHARED EX	KPEN	SES
(3)	PUBLIC JUSTICE, P.C.	0	814,958.	TIMESHEE	rs	
(4)	PUBLIC JUSTICE, P.C.	Р	24,835.	ACTUAL E	XPEN	ISES
(5)	PUBLIC JUSTICE, P.C.	Q	114,155.	ACTUAL EX	XPEN	ISES
(6)						

Page **4**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	income (related, sect unrelated, excluded 501(c from tax under organiza	section total income 01(c)(3) anizations?		section total income en D1(c)(3) Inizations?		(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentag ownersh
			sections 512-514)	Yes	No			Yes	No		Yes	No	ļ	
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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.