Electronic Return Acknowledgement

Tax Year: 2018 Return No: 4025DT

Taxpayer:

ID No : 59-1730478

Return Identification Number :

Return Type : 990

Filing Type Description : FEDERAL RETURN

Tax Period Beg. Date : 01/01/2018

Tax Period End Date : 12/31/2018

Contained Alerts :

IRS Received Date :

Completed Validation :

Electronic Postmark : 11/13/2019

Return Status : ACCEPTED

IRS Processed Date :

Balance Due :

Expected Refund :

Payment Indicator : N

PIN Code : PRACTITIONER PIN

Debt Code

Embedded CRC32 :

Computed CRC32 :

CONTAINED ALERTS : (Y/N) INDICATES WHETHER THE SUBMISSION CONTAINS ANY ALERTS FROM IRS (INTERNAL REVENUE SERVICE).

COMPLETED VALIDATION: (Y/N) INDICATES WHETHER THE SUBMISSION WENT THROUGH ALL POSSIBLE VALIDATION PROCESSING FROM IRS.

EMBEDDED CRC32 : "HASH" OR "CHECK SUM" WHICH COUNTS EACH BYTE OF ELECTRONIC TAX RETURN DATA GENERATED BY TTA AND INCLUDES

THIS TOTAL IN THE TRANSMISSION FILE SENT TO IRS BY TTA.

COMPUTED CRC32 : "HASH" OR "CHECK SUM" WHICH COUNTS EACH BYTE OF ELECTRONIC TAX RETURN DATA RECEIVED BY IRS AND INCLUDES

THIS IN THE ACKNOWLEDGEMENT FILE SENT BY IRS TO TTA.

ELECTRONIC POSTMARK: IS THE DATE AND TIME (CENTRAL TIME ZONE) THE ELECTRONIC FILE IS RECEIVED AT OUR HOST COMPUTERS.

Return of Organization Exempt From Income Tax

orm **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A F	or th	e 201	8 calendar year, or tax year begin	nning	, 2018,	and ending				, 20		
B c	heck if ap	oplicable:	C Name of organization PUBLIC JUSTICE FOUNDATE	PT ON			D	Employer ide	entific	cation num	ber	
	Addre	ess		ITON			_	59-1730	1/7	Ω		
	chang		Doing Business As Number and street (or P.O. box if mail is	not delivered to street address	.)	Room/suite	F	Telephone n				
	+	change	1620 L STREET, N.W., S		"	(Com/suite		202) 79				
	+	return	City or town, state or province, country, a				(4	202) 19	7 - 0	5000		
	Termi		WASHINGTON, DC 20036	and zir or loreign postal code			٦	Ci-	4- f	6	612	838.
	returr		F Name and address of principal officer:	F. PAUL BLAND			_	Gross receip Is this a ground			_	X No
	pendi					DC 20026		subordinates	?	\vdash	-	
_	_		1620 L STREET, N.W., S				— H(b	Are all subord			Yes	No
		empt st	tatus: X 501(c)(3) 501(c) (WWW.PUBLICJUSTICE.NET) (insert no.)	4947(a)(1) o	r 527				t. (see instruc	tions)	
_				A a a a a i a ti a a		I Van at ta) Group exem 1975 M				TN
$\overline{}$	art I		nization: X Corporation Trust mmary	Association Other		L Year of for	rmation:	1973 W	State	or regar dor	nicile:	111
			y describe the organization's mission or	r mont nignificant nativities	. DITRITC	TIISTICE	FOIIN	DATTON	Δ	NONDRO	FTT	
•	1	MEM	y describe the organization's mission of BERSHIP ORGANIZATION, SU	r most significant activities TDDORTS DITRITE .T	HODDIC	D C 'S C	'ACEC	AND				
ü			CATES THE PUBLIC ABOUT T									
ırna	,											
Governance	3			•	•				1 1			100.
ن ھ	4	Numb	per of voting members of the governing per of independent voting members of t	body (Part VI, lifle Ta)	/I lino 1h\				3 4			100.
ies		Total	number of individuals employed in cale	onder voor 2019 (Part V. lir	1, IIIIe 10)				5			25.
i×i									6			8.
Activities &	70	Total	number of volunteers (estimate if necess	odiy)					7a			0.
			unrelated business revenue from Part V nrelated business taxable income from I						7b		13	,128
		ivet ui	meiated business taxable income from	FOITH 990-1, IIIIe 34				rior Year	7.0	Curr	ent Ye	
	8	Contri	ibutions and grants (Part VIII, line 1h)					,381,61	5.			, 869 .
Revenue	9	Drogr	am service revenue (Part VIII, line 2g)		COPY	FOR		,,,,,,,	0.		,	0
, ve	10		tment income (Part VIII, column (A), line		PUBLIC IN	SPECTION		131,54			91	,647
Re	11		revenue (Part VIII, column (A), lines 5,					29,00				,311
	12		revenue - add lines 8 through 11 (must				6	,542,15		6		,205
_	13		s and similar amounts paid (Part IX, colu					,580,00			,	0
	14		fits paid to or for members (Part IX, colu					, ,	0.			
"	4.5		ies, other compensation, employee bene				2	,058,43	33.	2	,286	,070.
Expenses	16a		ssional fundraising fees (Part IX, column					, , .	0.		,	0
ber	b	Total	fundraising expenses (Part IX, column (I	D) line 25) >	925,551.							
ñ	17		expenses (Part IX, column (A), lines 11				1	,156,98	30.	2	,634	,109.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX. column (A), line 2	5)			,795,41				,179.
			nue less expenses. Subtract line 18 from					,746,74				,026.
or								of Current \	_		of Year	
ets	20	Total	assets (Part X, line 16)				9	,830,67	76.	10	,804	,276.
Ass I Ba	21		liabilities (Part X, line 26)				1	,073,20	8.		924	,250
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				8	,757,46	8.	9	,880	,026.
	rt II		gnature Block									
Und	der per	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	nying schedul	es and statemen	ts, and t	o the best of	f my l	knowledge	and bel	ief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whic	n preparer nas a	ny knowi	eage.				
٠.								11/1	3/2	019		
Sig			Signature of officer					Date				
He	re		VICTORIA NI		DIR OF	FINC & A	DMIN					
			Type or print name and title									
D-:		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paid	ı parer	BRI.	AN W DOW, CPA					self-employ	ed	P00367	740	
	Only	Firm's	sname > SARFINO AND RHOA	DES, LLP			Firr			096165		
	•		s address > 11921 ROCKVILLE PIKE, ST						301	-770-5	500	
May	the I	RS dis	scuss this return with the preparer show	n above? (see instructions))					. X Ye		No
			Reduction Act Notice, see the separat							Form	990	(2018)

Page 2 Form 990 (2018)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	. [21]
	PUBLIC JUSTICE PURSUES HIGH IMPACT LAWSUITS TO COMBAT SOCIAL AND	
	ECONOMIC INJUSTIC, PROTECT THE EARTH'S SUSTAINABILITY, AND CHALLENGE	
	PREDATORY CORPORATE CONDUCT AND GOVERNMENT ABUSES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes	X No
	If "Yes," describe these new services on Schedule O.	
3		X No
1	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu	irod by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,017,066. including grants of \$) (Revenue \$)	
	FOOD PROJECT-THE FOUNDATION'S FOOD PROJECT TAKES A MULTIFACETED	
	APPROACH TO SUPPORT A MORE SUSTAINABLE, HONEST, HUMANE AND SAFE	
	FOOD SYSTEM. IN ITS LAWSUITS, IT REPRESENTS FARMERS, RURAL	
	COMMUNITIES, CONSUMERS AND WORKERS WHO SHARE ITS VISION. IN ITS	
	ADVOCACY, IT SPREADS AWARENESS OF THE SYSTEMIC INEQUITIES THAT	
	HAVE ALLOWED THE CORPORATE TAKEOVER OF THE FOOD SYSTEM AND SHOW	
	POLICYMAKERS AND THE PUBLIC HOW THEY CAN SUPPORT A RETURN TO	
	FARMING FOCUSED ON SUSTAINING COMMUNITIES RATHER THAN EXTRACTING	
	PROFIT.	
4b	(Code:) (Expenses \$400,695. including grants of \$) (Revenue \$) ACCESS TO JUSTICE-THIS PROGRAM INCLUDES LEGAL AND ADVOCACY EFFORTS AND CAMPAIGNS TO FIGHT FORCED ARBITRATION, FEDERAL PREEMPTION AND COURT SECRECY. THIS PROGRAM WORKS TO ENSURE THAT AMERICA'S COURTHOUSES REMAIN OPEN, AND ACCESSIBLE, FOR EVERYONE.	
4c	(Code:) (Expenses \$280,220. including grants of \$) (Revenue \$)	
	ANTI-BULLYING CAMPAIGN-THE FOUNDATION'S ANTI-BULLYING CAMPAIGN IS	
	DESIGNED TO HOLD SCHOOLS ACCOUNTABLE WHEN THEY FAIL TO RESPOND TO	
	BULLYING. THE GENDER AND SEXUAL VIOLENCE PROGRAM REPRESENTS	
	STUDENTS WHEN THEIR SCHOOLS FAIL TO RESPOND ADEQUATELY TO THE	
	GENDER-BASED VIOLENCE THEY HAVE EXPERIENCED.	
<u> </u>	Other program services (Describe in Schedule O.)	
-u	(Expenses \$ 1,543,510. including grants of \$) (Revenue \$)	

4e Total program service expenses ▶

3,241,491.

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Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III , 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27		20		21
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			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
38	19? Note. All Form 990 filers are required to complete Schedule O.	20	х	
Dark		38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	N.c.
	Fotostho combinatoria d'a Rego ef Form 4000. Fotos 0. W. et al. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form **990** (2018)

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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			
	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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

PUBLIC JUSTICE FOUNDATION 59-1730478 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 100 Enter the number of voting members of the governing body at the end of the tax year 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. 100 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

| X | Own website | Another's website | X | Upon request | Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► VICTORIA NI 475 14TH STREET, SUITE 610 OAKLAND, CA 94612 5106228204

Form **990** (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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	box,	not ch unles:	s pe	ition more rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DANIEL BRYSON	2.00									
TREASURER	0.	Х		x				0.	0.	0.
(2)ERIC CRAMER	2.00									
VICE PRESIDENT	0.	Х		х				0.	0.	0.
(3)MICHAEL PITT	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(4)THOMAS SOBOL	2.00									
SECRETARY	0.	Х		X				0.	0.	0.
(5)BETH TERRELL	2.00									
PRESIDENT-ELECT	0.	Х		Х				0.	0.	0.
(6)BENJAMIN BAILEY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)LAUREN BARNES	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)LEONARD BENNETT	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)ESTHER BEREZOFSKY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) RAYMOND BOUCHER	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.	Х						0.	0.	0.
(13)LINDA CORREIA	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)CONAL DOYLE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	n oor/trust e is or/trust e mployee	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
15) SANFORD DUMAIN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
16) MATTHEW EDLING	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
17) JEFFREY EISENBERG	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
18) INGRID EVANS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
19) MYRIAM GILLES	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
20) THOMAS GIRARDI	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
21) ROBIN GREENWALD	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
22) RODNEY GREGORY	2.00									0
BOARD MEMBER	0.	X						0.	0.	0.
23) J.D. HAYS	2.00	37								0
BOARD MEMBER 24) STEPHEN HERMAN	2.00	X						0.	0.	0.
BOARD MEMBER	2.00							0	0.	0
25) WAYNE HOGAN	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
	0.	Λ						0.	0.	0.
1b Sub-total c Total from continuation sheets to Part VII, S								870,960.		126,938.
d Total (add lines 1b and 1c)	-		• •	• •				870,960.		126,938.
2 Total number of individuals (including but not					hov	2) who	re			
reportable compensation from the organization		11030	11310 7	u ui	000	o) wiic	, 10	cored more than	φ100,000 01	
	<u> </u>									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	oortab \$15	le 0	com 00?	per	satior "Yes	n aı s,"	nd other compens	sation from the left of the sation from the	4 X
										7 11
for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	nancated i	ndana	ande	ant /	con	tracto	re t	hat received more	than \$100 000 a	f

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Form **990** (2018)

Part VII Section A. Officers, Directors (A)	(B)	ĺ		, (C				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck i ss per	tion more	e is or/trust e mployee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			:ee			sated				
26) NEVILLE JOHNSON	2.00									
BOARD MEMBER	0.	Х						0.	0.	
7) STEVEN KAZAN	2.00									
BOARD MEMBER	0.	Х						0.	0.	
28) ANNE KEARSE	2.00									
BOARD MEMBER	0.	Х						0.	0.	
29) AMY KELLER	2.00									
BOARD MEMBER	0.	Х						0.	0.	
30) RAYNA KESSLER	2.00									
BOARD MEMBER	0.	Х						0.	0.	
31) JACK LANDSKRONER	2.00									
BOARD MEMBER	0.	Х						0.	0.	
32) J. BURTON LEBLANC	2.00									
BOARD MEMBER	0.	Х						0.	0.	
33) ANDREW LEMMON	2.00									
BOARD MEMBER	0.	Х						0.	0.	
34) THEODORE LEOPOLD	2.00									
BOARD MEMBER	0.	Х						0.	0.	
35) SETH LESSER	2.00									
BOARD MEMBER	0.	Х						0.	0.	
36) JASON LICHTMAN	2.00									
BOARD MEMBER	0.	Х						0.	0.	
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c) Total number of individuals (including bu	t not limited to t	hose	liste			e) who	> re	eceived more than	\$100,000 of	
reportable compensation from the organ	ization >	7	7							
3 Did the organization list any former employee on line 1a? If "Yes," complete S										Yes 3
4 For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15	0,0	00?	lf	"Yes	3, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization?	ve or accrue co	mpen	satio	on f	ron	n any	un	related organizati	on or individual	5
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. Re 										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

(A)	(B)			(0	2)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posineck ss pe	ition more	o or/trustree is both or/trustree employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amoun othe compens from t organiza and rela organiza	ated nt of er sation the ation ated
) MIMI LIU	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) FREDERICK LONGER	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) ROGER MANDEL	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) HADLEY MATARAZZO	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) PAUL MILLER	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) KRISTEN MILLER	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) ROBERT MONGELUZZI	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) BRAD MOORE	2.00										
BOARD MEMBER	0.	Х						0.	0.		
) CHRISTOPHER NACE	2.00										
BOARD MEMBER	0.	X						0.	0.		
) MAJED NACHAWATI	2.00										
BOARD MEMBER	0.	X						0.	0.		
) GRETCHEN NELSON	2.00										
BOARD MEMBER	0.	X						0.	0.		
b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) Total number of individuals (including but not	limited to tl	hose	liste			e) who	re	ceived more than	\$100,000 of		_
reportable compensation from the organization	1 P	- 4	7							1	_
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 Ye	:S
For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,00	00?	lf	"Yes	,"	complete Schedu	le J for such	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	satio	on f	rom	n any	un	related organization	on or individual	5	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Name and title	from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensati from the organization and related organization
BOARD MEMBER D. X	0. 0. 0. 0.	0. 0. 0.	
STUART OLLANIK 2.00	0. 0. 0. 0.	0. 0. 0.	
BOARD MEMBER 0. X 0) GALE PEARSON 2.00 BOARD MEMBER 0. X .) ANNA PRAKASH 2.00 BOARD MEMBER 0. X 2) ELLEN PRESBY 2.00 BOARD MEMBER 0. X 3) TROY RAFFERTY 2.00 BOARD MEMBER 0. X 4) RONALD RODRIGUEZ 2.00 BOARD MEMBER 0. X 5) LEE ROHN 2.00 BOARD MEMBER 0. X 6) WILLIAM ROSSBACH 2.00	0. 0. 0. 0.	0.	
O GALE PEARSON 2.00 X	0. 0. 0. 0.	0.	
BOARD MEMBER	0. 0. 0.	0.	
ANNA PRAKASH 2.00	0. 0. 0.	0.	
BOARD MEMBER	0.	0.	
ELLEN PRESBY 2.00	0.	0.	
BOARD MEMBER	0.	0.	
TROY RAFFERTY 2.00	0.	0.	
BOARD MEMBER 0. X) RONALD RODRIGUEZ 2.00 BOARD MEMBER 0. X) LEE ROHN 2.00 BOARD MEMBER 0. X) WILLIAM ROSSBACH 2.00	0.		
) RONALD RODRIGUEZ 2.00 BOARD MEMBER 0. X) LEE ROHN 2.00 BOARD MEMBER 0. X) WILLIAM ROSSBACH 2.00	0.		
BOARD MEMBER		0.	
) LEE ROHN 2.00 BOARD MEMBER 0. X) WILLIAM ROSSBACH 2.00		0.	
BOARD MEMBER 0. X) WILLIAM ROSSBACH 2.00	0		
) WILLIAM ROSSBACH 2.00	1		
	U.	0.	
BOARD MEMBER 0. X			
	0.	0.	
) ROBERT SACHS 2.00			
BOARD MEMBER 0. X	0.	0.	
) FREDERICK SCHWARTZ 2.00			
BOARD MEMBER 0. X	0.	0.	
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who reportable compensation from the organization	received more than	\$100,000 of	
reportable compensation from the organization > 7			1,,
Did the organization list any former officer, director, or trustee, key ememployee on line 1a? If "Yes," complete Schedule J for such individual			Yes 3
For any individual listed on line 1a, is the sum of reportable compensation organization and related organizations greater than \$150,000? If "Yes," individual	complete Schedu	ıle J for such	4 X
Did any person listed on line 1a receive or accrue compensation from any u for services rendered to the organization? If "Yes," complete Schedule J for such persons in the compensation of the compensation o	nrelated organization	on or individual	5

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

(A)	(B)			(0	J)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posineck ss pe	ition more	e than or the both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount of other pensated om the anization d related	of tion e on ed
DONALD SLAVIK	2.00	stee	ustee			ensated						_
BOARD MEMBER		Х						0.	0.			
TODD SMITH	2.00							0.	0.			_
BOARD MEMBER		Х						0.	0.			
DAVID SUGERMAN	2.00	Λ.						0.	0.			_
BOARD MEMBER		Х						0.	0.			
TARA SUTTON	2.00	- 1						0.	0.			_
BOARD MEMBER		Х						0.	0.			
CHRISTOPHER THORMAN	2.00	- 1						0.	0.			_
BOARD MEMBER		Х						0.	0.			
MICHAEL THORNTON	2.00	21						0.	0.			-
BOARD MEMBER		Х						0.	0.			
PRESTON TISDALE	2.00	21						0.	0.			_
BOARD MEMBER		Х						0.	0.			
RICHARD TRAULSEN	2.00	21						0.	0.			-
BOARD MEMBER		Х						0.	0.			
JANET VARNELL	2.00							0.				-
BOARD MEMBER	0.	Х						0.	0.			
MELISSA WEINER	2.00							0.				-
BOARD MEMBER	0.	Х						0.	0.			
STEVEN WILLIAMS	2.00							0.	Ŭ.			-
BOARD MEMBER		Х						0.	0.			
Sub-total												-
Total from continuation sheets to Part \	/II Section A											_
Total (add lines 1b and 1c)	-											-
Total number of individuals (including but						e) who	re	ceived more than	\$100,000 of			_
reportable compensation from the organiz			7			,			,,			
											Yes	Τ
Did the organization list any former employee on line 1a? <i>If</i> "Yes," complete S										3		
For any individual listed on line 1a, is organization and related organizations individual	greater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for such	4	Х	
Did any person listed on line 1a receiv for services rendered to the organization?	e or accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individual	5		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Director (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more	e than the sort Highest compensated entry to the sort that	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Φ	tee			sated				
0) TINA WOLFSON	2.00									
BOARD MEMBER	0.	Х						0.	0.	
1) HASSAN ZAVAREEI	2.00									
BOARD MEMBER	0.	Х						0.	0.	
2) ESTHER BEREZOFSKY	2.00									
BOARD MEMBER	0.	Х						0.	0.	
3) ALAN BRAYTON	2.00									
BOARD MEMBER	0.	Х						0.	0.	
4) JOSEPH COTCHETT	2.00									
BOARD MEMBER	0.	Х						0.	0.	
5) HARRY DEITZLER	2.00									
BOARD MEMBER	0.	Х						0.	0.	
6) THOMAS DEMPSEY	2.00									
BOARD MEMBER	0.	Х						0.	0.	
7) STEVEN FINEMAN	2.00									
BOARD MEMBER	0.	Х						0.	0.	
8) JEFFREY FOOTE	2.00									
BOARD MEMBER	0.	Х						0.	0.	
9) JEFFREY GOLDBERG	2.00									
BOARD MEMBER	0.	Х						0.	0.	
0) J. GARY GWILLIAM	2.00									
BOARD MEMBER	0.	Х						0.	0.	
1b Sub-total c Total from continuation sheets to Par d Total (add lines 1b and 1c) Total number of individuals (including lines)						e) who	> re	eceived more than	\$100.000 of	
reportable compensation from the orga			7			,				, .
3 Did the organization list any forme employee on line 1a? If "Yes," complete										Yes 3
For any individual listed on line 1a, organization and related organization individual.	ons greater than	\$15	0,0	00?	' If	"Yes	3,"	complete Schedu	ıle J for such	4 X
5 Did any person listed on line 1a rec for services rendered to the organization	eive or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	5
Section B. Independent Contractors										
Complete this table for your five higher compensation from the organization. F										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

(A)	/B)			(C	١			(D)	(F)		(F)	
(A) Name and title	Average hours per week (list any hours for related	box, office	not chounders	Posit eck n s pers a dir	tion more son recto	e than or is both a or/truste	an ee)	Reportable compensation from the	(E) Reportable compensation from related organizations	am com	timated to the count of the cou	ion
	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)	orga and	anizatio d related inization	on d
81) ANNE KEARSE	2.00											
BOARD MEMBER	0.	X						0.	0.			0
82) JACK LANDSKRONER	2.00											
BOARD MEMBER	0.	X						0.	0.			0
83) J.D. LEE	2.00											
BOARD MEMBER	0.	Х						0.	0.			0
84) THEODORE LEOPOLD	2.00											
BOARD MEMBER	0.	Х						0.	0.			0
35) SALVADOR LICCARDO	2.00											
BOARD MEMBER	0.	Х						0.	0.			C
36) BRAD MOORE	2.00											
BOARD MEMBER	0.	Х						0.	0.			C
37) MARY PARKER	2.00											
BOARD MEMBER	0.	Х						0.	0.			0
38) EUGENE PAVALON	2.00											
BOARD MEMBER	0.	Х						0.	0.			C
39) PETER PERLMAN	2.00											
BOARD MEMBER	0.	Х						0.	0.			C
00) JOSEPH POWER	2.00											
BOARD MEMBER	0.	Х						0.	0.			C
91) SANDRA ROBINSON	2.00											
BOARD MEMBER	0.	Х						0.	0.			C
1b Sub-total							<u> </u>					
c Total from continuation sheets to Part VII,	Section A				•		•					
d Total (add lines 1b and 1c)							▶					
2 Total number of individuals (including but no reportable compensation from the organization)		hose I		d ab	ove	e) who	re	ceived more than	\$100,000 of			
											Yes	N
3 Did the organization list any former off	icer directo	r or	trus	stee	اد	(ev e	mn	llovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,00	00?	lf	"Yes,	"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		Х
Section B. Independent Contractors												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for related	box,	unle:	heck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am com	timated nount of other pensation	n
) SUSAN SALADOFF	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2) 1033-MIGG)	and	anization d related anization	
92)		2.00											
	BOARD MEMBER	0.	X						0.	0.			(
93)	GEORGE W. SHADOAN	2.00											
	BOARD MEMBER	0.	X						0.	0.			(
94)	GERSON SMOGER	2.00											
	BOARD MEMBER	0.	X						0.	0.			(
95)	WILLIAM E. SNEAD	2.00											
	BOARD MEMBER	0.	X						0.	0.			
96)	PAUL STRITMATTER	2.00											
	BOARD MEMBER	0.	X						0.	0.			
7)	TARA D. SUTTON	2.00											
	BOARD MEMBER	0.	X						0.	0.			
8)	WILLIAM A. TRINE	2.00											
	BOARD MEMBER	0.	X						0.	0.			
9)	MONA LISA WALLACE	2.00											
	BOARD MEMBER	0.	Х						0.	0.			
0)	MICHAEL WITHEY	2.00											
	BOARD MEMBER	0.	X						0.	0.			
1)	FRANK PAUL BLAND	22.00											
	EXECUTIVE DIRECTOR	18.00			Х				198,545.	66,155.		18,7	7
2)	VICTORIA NI	30.00											
	DEPUTY DIRECTOR	10.00			X				127,780.	39,566.		6,5	3
1b	Sub-total							\blacktriangleright					
C	Total from continuation sheets to Part VII,	Section A						\blacktriangleright					
ď	Total (add lines 1b and 1c)							>					
	Total number of individuals (including but no				d al	bove	e) who	o re	ceived more than	\$100,000 of			
	reportable compensation from the organization	on ►		7									_
												Yes	_
	Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		
	For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	0,0	00?	P If	"Yes	s,"	complete Schedu	le J for such			
	individual										4	Х	
				4:		£	001	un	rolated organization	امينامانيامانيا			
5	Did any person listed on line 1a receive o for services rendered to the organization? If "												

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru		, <u>–</u> 11	٠.٠			I	<u>ə</u> '	1			
(A) Name and title	Average hours per week (list any hours for related	box, office	unles r and	s per	tion more son irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	am comp	timated ount of other pensation on the
	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)	orga and	anizatior I related nization
3) AUTHUR BRYANT	22.00										
CHAIRMAN	18.00				Х			255,815.	0.		26,0
4) JAMES HECKER	10.00										
DIRECTOR, ENVIRONMENTAL ENF.	30.00					X		0.	151,256.		18,4
5) ADELE KIMMEL	20.00										
SENIOR ATTORNEY	20.00					X		0.	166,272.		21,3
6) NEIL LEVINE	20.00										
SENIOR ATTORNEY	20.00					X		0.	156,167.		14,4
7) KELLY SIMON	20.00										
SENIOR ATTORNEY	20.00					X		148,000.	0.		10,5
B) STEVE RALLS	40.00										
DIRECTOR OF EXTERNAL AFFAIRS	0.					X		140,820.	0.		10,8
	<u> </u>	-									
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	ection A limited to t	hose I	iste				► ► • re	ceived more than	\$100,000 of		
reportable compensation from the organization	n 🕨	,	7								\ <u>\</u>
B Did the organization list any former office	er, directo	r, or	tru	stee	э, І	key e	emp	oloyee, or highes	t compensated		Yes
employee on line 1a? If "Yes," complete Sched										3	
For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	5,"	complete Schedu	le J for such	4	х
Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	ron	any	un	related organization	on or individual	5	•
Section B. Independent Contractors	os, comple	10 307	- c uu	ie J	101	Sucii	ρθι	3011		J	
Complete this table for your five highest com- compensation from the organization. Report of year.											

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from t under sections 512-514
Ι.	1a	Federated campaigns 1a					
	b	Membership dues 1b	2,113,760.				
	С	Fundraising events 1c	423,330.				
	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	3,790,779.				
	g	Noncash contributions included in lines 1a-1f: \$					
+	h	Total. Add lines 1a-1f		6,327,869.			
			Business Code				
:	2a						
	b						
	C						
	d						
	e	All of					
	T g	All other program service revenue		0.			
Τ.	_ 3	Investment income (including dividen					
'	•	and other similar amounts)		66,817.			66,8
١.	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
١,	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 136,565.					
	b	Less: cost or other basis					
		and sales expenses 111,735.					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	24,830.			24,8
;	8a	Gross income from fundraising					
		events (not including \$\$ 423,330.					
		of contributions reported on line 1c).					
		See Part IV, line 18 a	82,594.				
		Less: direct expenses b	149,898.				
	С	Net income or (loss) from fundraising events		-67,304.			
!	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
		Less: direct expenses b		0.			
		Net income or (loss) from gaming activities.		0.			
10	0a	Gross sales of inventory, less returns and allowances	0.				
	L		0.				
	b C	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
1.	1a	MISCELLANEOUS	900099	28,993.			28,9
'	ıа b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d		28,993.			
١.,	2	Total revenue. See instructions.		6,381,205.			120,6

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·			
<u>D</u>					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
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.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	642,084.	433,997.	169,736.	38,351.
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	1,283,214.	657,810.	182,582.	442,822.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,500.	19,878.	5,689.	12,933.
9	Other employee benefits	181,533.	98,201.	36,939.	46,393.
10	Payroll taxes	140,739.	79,693.	26,393.	34,653.
11	Fees for services (non-employees):				
а	Management	0.	1 1 1 1 0 0 0 0	1 110	
b	Legal	1,171,844.	1,170,083.	1,110.	651.
	Accounting	127,452.	64,664.	34,774.	28,014.
	Lobbying	33,134.	33,134.		
	Professional fundraising services. See Part IV, line 17.	30,310.		20 210	
1	Investment management fees	30,310.		30,310.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	202,316.	94,217.	64,205.	43,894.
40	(A) amount, list line 11g expenses on Schedule O.)	0.	71,211.	01,203.	13,071.
	Advertising and promotion	20,805.	14,618.	2,528.	3,659.
13 14	Office expenses	13,835.	4,377.	2,160.	7,298.
15	Royalties.	0.	,	,	,
16	Occupancy	324,554.	186,553.	58,054.	79,947.
17	Travel	165,637.	150,874.	12,185.	2,578.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	70,773.	40,428.	12,766.	17,579.
23	Insurance	42,727.	24,407.	7,707.	10,613.
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.)	101 - 50	10.011	10.000	
_	EVENTS EXPENSE	134,563.	18,341.	19,828.	96,394.
~	OFFICE SYSTEMS	69,516.	39,779.	14,022.	15,715.
-	PRINTING AND MAILSHOP	46,287.	2,550.	26,140.	17,597.
_	COMMUNICATIONS	55,919.	49,598.	2,763.	3,558.
	All other expenses	124,437.	58,289.	43,246.	22,902.
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,920,179.	3,241,491.	753,137.	925,551.
20	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) if	0.			
_	15.15.17.11g 551 55 2 (A55 550-120)	0.			Form 990 (2018)

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Part X Balance Sheet

Га	πX		5		
		Check if Schedule O contains a response or note to any line in thi			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,227,515.	1	2,723,693.
	2	Savings and temporary cash investments	193,563.	2	193,625.
	3	Pledges and grants receivable, net		3	169,693.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from current and former officers, directors			
	-	trustees, key employees, and highest compensated employee			
			I	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	on en		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net		7	233,882.
Assets	8	Inventories for sale or use		8	0.
⋖	9	Prepaid expenses and deferred charges			85,334.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 899,14	7.		
	b	Less: accumulated depreciation	6. 536,761.	10c	489,521.
	11	Investments - publicly traded securities ATCH 2	6,270,164.		6,864,803.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11			0.
	14	Intangible assets			0.
	15	Other assets. See Part IV, line 11			43,725.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,804,276.
	17	Accounts payable and accrued expenses	-	_	180,863.
	18	Grants payable	•		0.
	19	Deferred revenue ATCH 3			1,250.
	20	Tax-exempt bond liabilities	_	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
S	22	Loans and other payables to current and former officers, director			
Liabilities		trustees, key employees, highest compensated employees, an			
abil		disqualified persons. Complete Part II of Schedule L		22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties			0.
	24	Unsecured notes and loans payable to unrelated third parties			0.
	25	Other liabilities (including federal income tax, payables to related thir			
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D	957,783.	25	742,137.
	26	Total liabilities. Add lines 17 through 25	1,073,208.	26	924,250.
es		Organizations that follow SFAS 117 (ASC 958), check here X ar complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	7,957,833.	27	8,374,466.
3ali	28	Temporarily restricted net assets	799,635.	28	1,505,560.
þ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here an complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	•	32	
Net Assets or	33	Total net assets or fund balances	8,757,468.	33	9,880,026.
_	34	Total liabilities and net assets/fund balances	9,830,676.	34	10,804,276.
_					Form 990 (2018)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			81,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			20,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			61,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			57,4	
5	Net unrealized gains (losses) on investments	5		-3	38,4	68.
6	Donated services and use of facilities	6				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				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		9,8	80,0	26.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	ınt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	ı in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

_								
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma						om the general public
		described in section 170(b)	=	· ·	• •	J		5 1
8		A community trust describe		·	Part II.)			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
•		or university or a non-land-	=			-		
		university:	gram conege or ag	grioditaro (oco motraci	.ioiio). L	11101 1110 1	name, only, and orate o	Title college of
10		An organization that norma	lly receives: (1) m	ore than 331/2% of its	support	from co	ntributions mambaret	nin face and arnes
		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3 % of its
		support from gross investm	rent income and ur	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		acquired by the organization An organization organized a					•	
11 12			•	•	-			orm, out the numero
12		An organization organized	•	-	-			
		of one or more publicly su						
		Check the box in lines 12a t	=				•	_
а	L	Type I. A supporting orga	·		-			
		the supported organization				ajority of	the directors or truste	es of the
		$_{_}$ supporting organization. $ ho$	-					
b	L	Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·					
		control or management of		=	the sam	e person	s that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L	☐ Type III functionally integrated integrated in the property in the pro	grated. A supportii	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
		$_$ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or						
f	Er	iter the number of supported	organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(^) —								
(B)								
(<u> </u>								
(C)								
()								
(D)								
(J) —								
(E)								
				i e	į.			l .

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **2**

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,063,991.	4,664,552.	5,131,521.	6,381,615.	6,327,869.	26,569,548.
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	4,063,991.	4,664,552.	5,131,521.	6,381,615.	6,327,869.	26,569,548.
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)						1,255,150.
6	Public support. Subtract line 5 from line 4						25,314,398.
	tion B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(4) 0047	(-) 0040	/O T-4-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,063,991. 94,154.	66,782.	5,131,521. 127,097.	6,381,615.	6,327,869.	26,569,548.
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.	28,993.	33,907.
11	Total support. Add lines 7 through 10						27,089,748.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here.	· · · · · · · · · · · · · · · · · · ·					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2018 (lin		-			14	93.45%
15	Public support percentage from 2017					15	91.91%
16a	331/3% support test - 2018. If the org						
	box and stop here . The organization qu	•		•			
b	331/3% support test - 2017. If the org						
47-	this box and stop here. The organization	-		_			
17a	'a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						xplain in
b	organization	2017. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box l-circumstances' listances" test.	on line 13, 16 test, check th The organizatio	a, 16b, or 17a, nis box and sto n qualifies as a	and line op here. publicly
18	Private foundation. If the organization instructions						▶□

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

Part III 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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
Ŭ	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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and stop here .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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us ed	2		
er			
nd he			
D.\	3b		
В)	3с		
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Schedule A (Form 990 or 990-EZ) 2018 Page 5

				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	110		
	on 2. Type i oupperung organizatione		Yes	No
4	Did the directors tructors or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
2 o o ti	ion C. Type II Supporting Organizations	2		
secti	on C. Type ii Supporting Organizations		Yes	No
	Many and the first of the construction to the Province of the character of the Construction of the Province		162	INO
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</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Anguar (a) and (b) below		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	21-		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the arganization have the payor to regularly appoint or elect a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_	, , ,	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b 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 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part V

Schedule A (Form 990 or 990-EZ) 2018 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

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

PUBLIC JUSTICE FOUNDATION 59-1730478 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** [X] 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

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

Name of organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

art II	Noncash Property	(see instructions)). Use duplicate co	opies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	------------------------------	---------------------

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization PUBLIC JUSTICE FOUNDATION **Employer identification number** 59-1730478 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

-	occitori oc r(c)(c) organizations	that have med i offit of oo (election an	der section 50 ((1)). 50	implete i art ii 7t. Do not con	ipicto i art ii b.	
	, , , , -	that have NOT filed Form 5768 (election			•	
Tax)	(see separate instructions), ther		Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c (Proxy	
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Fundamentale	ntification number	
	e of organization	-017			ntification number	
	BLIC JUSTICE FOUNDATI		(504/-)	59-1730		
	-	organization is exempt under				
1	•	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for	
_	definition of "political campa					
2	Political campaign activity e	xpenditures (see instructions)		▶ \$		
	Volunteer hours for political	campaign activities (see instruction	1S)			
		organization is exempt under s				
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	b▶\$		
2		sise tax incurred by organization m				
3		a section 4955 tax, did it file Form				
					Yes No	
	If "Yes," describe in Part IV. Tt I-C Complete if the complete in the complet	organization is exempt under	saction 501(c) av	cont section 501/c\/2	`	
					<u>)·</u>	
1		xpended by the filing organization				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶\$					
3		enditures. Add lines 1 and 2. En				
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbs. For each organization listed, enributions received that were promed or a political action committee (legistration)	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also enter ditical organization, such	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the org section 501(h)).	ganization is exe	mpt under sectio	n 501(c)(3) and	filed Form 5768 (elec	ction under
		n affiliated group (an f excess lobbying exp		ch affiliated group mem	ber's name,
B Check ► if the filing organi.	zation checked box	A and "limited contr	ol" provisions app	ly.	
	on Lobbying Expe			(a) Filing	(b) Affiliated
(The term "expendit			•	organization's totals	group totals
1a Total lobbying expenditures to	·	,•			
b Total lobbying expenditures to	•	• •		33,134.	
c Total lobbying expenditures (ac	ld lines 1a and 1b) .			33,134.	
d Other exempt purpose expendi			-	4,882,639.	
 Total exempt purpose expendit 	•	•		4,915,773.	
f Lobbying nontaxable amount.	Enter the amount	from the following	table in both		
columns.				395,789.	
If the amount on line 1e, column (a	· · · / · · · ·	_ •	is:		
Not over \$500,000	20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,00		olus 15% of the excess			
Over \$1,000,000 but not over \$1,5		olus 10% of the excess			
Over \$1,500,000 but not over \$17	000,000 \$225,000	olus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	\$1,000,00	0.			
g Grassroots nontaxable amount	•	*		98,947.	
h Subtract line 1g from line 1a. If				0.	0.
i Subtract line 1f from line 1c. If				0.	0.
j If there is an amount other the					
reporting section 4911 tax for t					Yes No
		eraging Period Unde	` '		
(Some organizations that		• •	<u>-</u>		ns below.
	See the separa	ate instructions for	lines 2a through	2f.)	
	Lobbying Expe	enditures During 4-Y	ear Averaging Per	iod	I
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount			395,53	4. 395,789.	791,323.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,186,985.
	I .	1	1	i	1

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount			395,534.	395,789.	791,323.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,186,985.
c Total lobbying expenditures			37,540.	33,134.	70,674.
d Grassroots nontaxable amount			98,884.	98,947.	197,831.
e Grassroots ceiling amount (150% of line 2d, column (e))					296,747.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Page 3 Schedule C (Form 990 or 990-EZ) 2018

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d For	m 576	88		
For	, , , , , , , , , , , , , , , , , , , ,	(a)		(b)			
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
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:						
a b	Volunteers?						
c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f g	Grants to other organizations for lobbying purposes?						
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5)	, or s	ectio	<u> </u>		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from				_		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (3, is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amous political expenses for which the section 527(f) tax was paid).	nts o	of				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible logand political expenditure next year?	bbyin	ıg	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp list); Part	II-A, III	nes 1	and

Schedule C (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supplemental Information** (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

PUE	BLIC JUSTICE FOUNDATION	59-1730478
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No_
Pa	art 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)	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
•		- 470(L)(4)(D)(')
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	i statements that describes the
Pa	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 SEAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education, education of the control o	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets.	
	public service, provide the following amounts relating to these items:	ation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	=
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	asures, o	r Other	Similar Assets (rage =		
3	Using the organization's acquisition	on, accession, and	other reco	ds, check	any of th	ne follow	ring that are a sign	nificant use	of its		
	collection items (check all that app	ly):	_	_							
а	Public exhibition		d	Loan o	or exchang	e prograr	ms				
b	Scholarly research		e	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collection	ns and expla	ain how t	hey furthe	r the or	ganization's exemp	t purpose in	Part		
	XIII.										
5	During the year, did the organization								_		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pa	Part IV Escrow and Custodial Arrangements.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
	990, Part X, line 21.										
1a	Is the organization an agent, truste								٦		
	included on Form 990, Part X?							Yes	No		
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	llowing tab	ole:	1					
							Amount				
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an am							Yes	No		
	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the e	xpianation	nas been p	orovided	on Part XIII				
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "\	/oc" on For	m 000 E	Part IV/ line	0.10					
	Complete ii the organiza	(a) Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four years	- hook		
		(a) Current year	(b) PIIC	or year	(c) Two yea	ars back	(d) Three years back	(e) Four years			
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage Board designated or quasi-endown		r end balanc %	e (line 1g,	column (a)) held as	:				
a b	Permanent endowment	%									
C	Temporarily restricted endowment		, ,								
·	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in			ation that	are held a	nd admir	nistered for the				
• •	organization by:	ino poddoddion or	the organiza	ation that	aro mora ar	na aannii		Yes	No		
	(i) unrelated organizations							3a(i)			
	(ii) related organizations							3a(ii)			
b	If "Yes" on line 3a(ii), are the relate							3b			
4	Describe in Part XIII the intended u	•				_					
Pa	rt VI Land, Buildings, and Equ Complete if the organization										
	Description of property	ation answered "	Yes" on Fo						<u>). </u>		
			or other basis estment)		or other basis ther)		cumulated (c eciation	d) Book value			
1a	Land										
b	Buildings										
С	Leasehold improvements			5	53,617.	1	40,574.	413,			
d	Equipment				93,842.		19,945.		897.		
	Other				51,688.		49,107.		581.		
	I. Add lines 1a through 1e. (Column		rm 990, Part	X, columi	n (B), line 1	0c.)		489,	521.		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities.		
	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
		T"Yes" on Form 990	, 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)			
(8)			
(9)	(1) 15 000 B 17 1/B) 5 10 1		
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	l "Voo" on Form 000	, Part IV, line 11d. See Form 990, Part X, line 15.
	, , , , , , , , , , , , , , , , , , , ,		
(4)	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
	umn (b) must equal Form 990, Part X, col. (B)	ine 15)	b
Part X	Other Liabilities.	<i>IIIC 10.)</i>	
raitx		d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		,, ,
1.	(a) Description of liability	(b) Book valu	ie
	al income taxes	(0) = 000 1000	
	TO PUBLIC JUSTICE, P.C.		
_ ` '	RRED LEASE OBLIGATION	742,3	137.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 742,3	137.
2 Linkility fo	or upportain toy positions. In Part VIII, provide the	· · · · · · · · · · · · · · · · · · ·	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4**

Part 1	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.									
1	Total revenue, gains, and other support per audited financial statements	1	6,012,427.							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
a	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	-338,468.							
3	Subtract line 2e from line 1	3	6,350,895.							
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 30,310.									
b	Other (Describe in Part XIII.)									
С	Add lines 4a and 4b	4c	30,310.							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,381,205.							
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.								
1	Total expenses and losses per audited financial statements	1	4,889,869.							
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities									
b	Prior year adjustments									
С	Other losses									
d	Other (Describe in Part XIII.)									
е	Add lines 2a through 2d	2e								
3	Subtract line 2e from line 1	3	4,889,869.							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 30,310.									
b	Other (Describe in Part XIII.)		20 210							
	Add lines 4a and 4b	4c	30,310.							
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	4,920,179.							
	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 III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III,	art \/ I	ine 1: Part X line							
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform									
	990, SCHEDULE D, PART X, LINE 2									
TORM	770, Benedone D, TAKT X, DINE Z									
FOR '	THE YEAR ENDED DECEMBER 31, 2018, NO PROVISION FOR INCOME TAXES WAS									
MADE	, AS THE FOUNDATION DID NOT IDENTIFY ANY UNCERTAINTY IN INCOME TAX									
REQU	IRING RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS.									

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Yes

Inspection Internal Revenue Service Name of the organization Employer identification number PUBLIC JUSTICE FOUNDATION 59-1730478 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

(v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total

				i .
3	List all states in which the organization is registered or licensed to solici registration or licensing.	t contributions or	has been notified	it is exempt from

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compensated at least \$5,000 by the organization.

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 Page 2

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

		events with gross receipts gre	eater than \$5,000.	· ·	,	
			(a) Event #1 PRES PARTY	(b) Event #2 ANNUAL GALA	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	7,000.	425,719.	53,000.	485,719
Ä	2	Less: Contributions Gross income (line 1 minus	7,000.	363,330.	53,000.	423,330
	3	line 2)		62,389.	0.	62,389
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,507.	10,681.	2,903.	15,091
t Expe	7	Food and beverages	23,433.	66,564.	8,534.	98,531
Direc	8	Entertainment		1,250.		1,250
	9	Other direct expenses	231.	26,027.	8,768.	35,026
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		149,898 -87,509
		\$15,000 on Form 990-EZ, lin	ie 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 8	ì	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a		Were any of the organization's gaming	-			. Yes No

PUBLIC JUSTICE FOUNDATION

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license? Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			77
а	The organization?	6a		X
b	Any related organization?	6b		Λ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			

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

Schedule J (Form 990) 2018

PUBLIC JUSTICE FOUNDATION 59-1730478

Schedule J (Form 990) 2018 Page 2

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.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FRANK PAUL BLAND	(i)	198,545.	0.	0.	5,954.	7,218.	211,717.	
1 EXECUTIVE DIRECTOR	(ii)	66,155.	0.	0.	1,985.	3,615.	71,755.	
VICTORIA NI	(i)	117,780.	10,000.	0.	3,928.	941.	132,649.	
2 DEPUTY DIRECTOR	(ii)	39,566.	0.	0.	1,208.	454.	41,228.	
AUTHUR BRYANT	(i)	235,815.	20,000.	0.	7,789.	18,223.	281,827.	
3 ^{CHAIRMAN}	(ii)	0.	0.	0.				
JAMES HECKER	(i)	0.	0.	0.				
DIRECTOR, ENVIRONMENTAL ENF.	(ii)	151,256.	0.	0.	4,509.	13,972.	169,737.	
ADELE KIMMEL	(i)	0.	0.	0.				
5 ^{SENIOR} ATTORNEY	(ii)	166,272.	0.	0.	5,146.	16,155.	187,573.	
NEIL LEVINE	(i)	0.	0.	0.				
6 SENIOR ATTORNEY	(ii)	156,167.	0.	0.	4,695.	9,736.	170,598.	
KELLY SIMON	(i)	148,000.	0.	0.	4,440.	6,121.	158,561.	
7 ^{SENIOR ATTORNEY}	(ii)	0.	0.	0.				
STEVE RALLS	(i)	130,820.	10,000.	0.	4,222.	6,627.	151,669.	
8DIRECTOR OF EXTERNAL AFFAIRS	(ii)	0.	0.	0.				
9	(i) (ii)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

PUBLIC JUSTICE FOUNDATION 59-1730478

Schedule J (Form 990) 2018

Part | 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 J (Form 990) 2018

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection
Employer identification number

59-1730478

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

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization
PUBLIC JUSTICE FOUNDATION

Employer identification number
59-1730478

PERFORMANCE EVALUATIONS, COMPARABLE DATA, AND OTHER ORGANIZATIONS' 990S
IN MAKING ITS RECOMMENDATION. THE LAST SUCH PROCESS WAS COMPLETED ON
12/12/18.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MONEY FUNDS		86,829.	114,689.	FMV
COMMON STOCKS		7,038.		FMV
MUTUAL FUNDS		3,970,639.	4,135,240.	FMV
EXCHANGE-TRADED FUNDS		2,205,658.	2,614,874.	FMV
	TOTALS	6,270,164.	6,864,803.	

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization Employer identification number PUBLIC JUSTICE FOUNDATION 59-1730478 ATTACHMENT 3 (CONT'D) FORM 990, PART X - DEFERRED REVENUE

BEGINNING

ENDING

DESCRIPTION BOOK VALUE BOOK VALUE DEFERRED REVENUE 500. 1,250. 1,250. TOTALS 500.

SCHEDULE R (Form 990)

Part I

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.

Department of the Treasury Internal Revenue Service Name of the organization OMB No. 1545-0047 Open to Public Inspection

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

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

Employer identification number PUBLIC JUSTICE FOUNDATION 59-1730478

	(a) Name, address, and EIN (if applicable) of disregarded entity		Р	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if th he tax year.	ie orga	anization answ	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activi	ity	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
(1)			ity	Legal domicile (sta	te Exempt Code section	Public charity status	Direct controlling	cont	rolled
(1)			ity	Legal domicile (sta	te Exempt Code section	Public charity status	Direct controlling	cont	rolled tity?
			ity	Legal domicile (sta	te Exempt Code section	Public charity status	Direct controlling	cont	rolled tity?
(2)			ity	Legal domicile (sta	te Exempt Code section	Public charity status	Direct controlling	cont	rolled tity?
(3)	Name, address, and EIN of related organization		ity	Legal domicile (sta	te Exempt Code section	Public charity status	Direct controlling	cont	rolled tity?
(3)	Name, address, and EIN of related organization		ity	Legal domicile (sta	te Exempt Code section	Public charity status	Direct controlling	cont	rolled tity?

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlle entity?
								Yes No
(1) PUBLIC JUSTICE, P.C. 52-124	10142							
1620 L STREET, N.W, SUITE 630 WASHINGTON, DC 20036	LAW FIRM - PU	DC	N/A	C CORP				
<u>(2)</u>								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

PUBLIC JUSTICE FOUNDATION

ar	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1р		
	Reimbursement paid by related organization(s) for expenses	1q	Х	
-				
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2		shold	s.	
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved amou			ıg

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC JUSTICE, P.C.	В	1,750,000.	CASH GRANT
(2) PUBLIC JUSTICE, P.C.	N	309,517.	SHARED EXPENSES
(3) PUBLIC JUSTICE, P.C.	0	613,447.	TIMESHEETS
(4) PUBLIC JUSTICE, P.C.	P	347,847.	ACTUAL EXPENSES
(5) PUBLIC JUSTICE, P.C.	Q	42,099.	ACTUAL EXPENSES
(6)			

Schedule R (Form 990) 2018

Page 3

Page 4

Schedule R (Form 990) 2018

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	ted, section luded 501(c)(3) der organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)												_	
(14)													
(15)												_	
(16)													
(10)													

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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