Electronic Return Acknowledgement

Tax Year: 2019 Return No: 4025DT

Taxpayer: PUBLIC JUSTICE FOUNDATION

ID No : 59-1730478

Return Identification Number : 52626520203215000011

Return Type : 990

Filing Type Description : FEDERAL RETURN

Tax Period Beg. Date : 01/01/2019

Tax Period End Date : 12/31/2019

Contained Alerts : N

IRS Received Date : 11/16/2020

Completed Validation : Y

Electronic Postmark : 11/16/2020 12:09:00 PM

Return Status : ACCEPTED

IRS Processed Date : 11/16/2020 12:09:00 PM

Balance Due :

Expected Refund :

Payment Indicator : N

PIN Code : PRACTITIONER PIN

Debt Code

Embedded CRC32 :

Computed CRC32 :

 $\hbox{\tt CONTAINED ALERTS} \qquad : \text{\tt (Y/N) INDICATES WHETHER THE SUBMISSION CONTAINS ANY ALERTS FROM IRS (INTERNAL REVENUE SERVICE).}$

 $\hbox{\tt COMPLETED VALIDATION : (Y/N) INDICATES WHETHER THE SUBMISSION WENT THROUGH ALL POSSIBLE VALIDATION PROCESSING FROM IRS. } \\$

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

20 19
Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year begin	nning	, 2019,	and ending				, 20		
B 0	heck if ap	oplicable:	C Name of organization PUBLIC JUSTICE FOUNDATE	PT ON			D	Employer ide	entific	ation numbe	er	_
	Addre		Doing Business As	11014				59-1730	1478	1		
	chang	ge e change	Number and street (or P.O. box if mail is	not delivered to street address	s) [Room/suite	E	Telephone no				-
	+	return	1620 L STREET, N.W., S	SUITE 630	´		(202) 79	7 – 8	600		
	+	inated	City or town, state or province, country, a									-
	Amen	nded	WASHINGTON, DC 20036	, , , , , , , , , , , , , , , , , , ,			G	Gross receipt	ts \$	7.0	31,976	
		cation	F Name and address of principal officer:	F. PAUL BLAND)			(a) Is this a grou			Yes X N	_
	pendi	ing	1620 L STREET, N.W., S			DC 20036	н	subordinates b) Are all subord		\vdash	\vdash	۷o
$\overline{}$	Tax-ex	empt st	<u> </u>) 	4947(a)(1) o					. (see instruction		
<u>. </u>			WWW.PUBLICJUSTICE.NET) (mocit no.)	+3+1 (a)(1) 0	1 327	— н	c) Group exemp			-,	
K	Form	of organ	nization: X Corporation Trust	Association Other		L Year of fo		: 1975 м			icile: TN	<u>_</u>
	art I		mmary							J		-
			y describe the organization's mission o	r most significant activities	PUBLIC	JUSTICE	FOUN	NDATION,	A I	NONPROF	'IT	_
ø			BERSHIP ORGANIZATION, EI									_
and		ISS	UES AND SUPPORTS PUBLIC	INTEREST LITIGA	TION IN	SUCH ARI	EAS.					_
ērn	2	Check	k this box	scontinued its operations	s or disposed	d of more than	25% of	its net assets	: S.			_
Governance	3	Numb	per of voting members of the governing	•	•				3		93	
∞5	4	Numb	per of independent voting members of t	he governing body (Part V	/I, line 1b)				4		93	-
ties	5	Total	number of individuals employed in cale	endar year 2019 (Part V, lir	ne 2a)				5		37	-
Activities &			number of volunteers (estimate if necess						6		164	-
Ac	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		-	0
			nrelated business taxable income from						7b			0
								Prior Year		Curre	nt Year	_
ø	8	Contr	ibutions and grants (Part VIII, line 1h)				(6,327,86	9.	6,	002,559	9 .
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPT	- 11			0.		-	0
eve	10		tment income (Part VIII, column (A), line		PUBLIC IN	SPECTION		91,64	7.		225,740	J .
œ	11		revenue (Part VIII, column (A), lines 5,		•			-38,31	1.		-76,146	Б.
	12		revenue - add lines 8 through 11 (must				(6,381,20	5.	6,	152,153	- 3.
	13		s and similar amounts paid (Part IX, colu						0.		-	0
	14		fits paid to or for members (Part IX, colu						0.			0
S	15		ies, other compensation, employee bene				:	2,286,07	0.	2,	814,720	J.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0.			0
xbe	b	Total	fundraising expenses (Part IX, column (I	O), line 25) ▶	875,811.							
Ш	17		expenses (Part IX, column (A), lines 11					2,634,10		3,	245,804	1 .
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	5)	[4,920,17		6,	060,524	$\overline{4}$.
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				1,461,02	6.		91,629	9.
Net Assets or Fund Balances						В		g of Current Y			f Year	_
sets	20	Total	assets (Part X, line 16)			L	10	0,804,27	6.		604,530	_
t As	21	Total	liabilities (Part X, line 26)					924,25	_		035,692	_
<u>8</u> ₽	22		ssets or fund balances. Subtract line 21					9,880,02	6.	10,	568,838	<u>3</u> .
	rt II		gnature Block									_
Un	der per e. corre	nalties o	of perjury, I declare that I have examined thit complete. Declaration of preparer (other than	is return, including accompa officer) is based on all inforn	nying schedulenation of which	es and statemer h preparer has a	nts, and anv knov	to the best of vledae.	my k	nowledge a	nd belief, it	is
_	,	T .		,				Ī	<i></i>	200		_
Sig	ın		Signature of officer					11/1	6/20	J Z U		_
He					DID OF	ETMO C 7	л Гъл (т ъ					
			VICTORIA NI Type or print name and title		DIR OF	FINC & A	ADMITI	N .				_
		Print/	Type or print name and title /Type preparer's name	Preparer's signature		Date		T	_	TIN		_
Paid	d		**	1 Toparoi o signature		Date		Check	"	P003677	7.4.0	
Pre	parer		AN W DOW, CPA sname ► SARFINO AND RHOA	 				self-employe				_
Use	Only	_								0961657 -770-55		_
Mar	, tho !!		s address > 11921 ROCKVILLE PIKE, Stacuss this return with the preparer shows						OUT.			_
			Reduction Act Notice, see the separat		<i>.</i>						990 (2019	_
LOL	rave	I W UIK	NEGUCION ACCINONCE. See the Separat	ธ เกอน นิเนบที่จัง						Form	JJU (2018	-11

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P	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:	
	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	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res No
3		
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati the total expenses, and revenue, if any, for each program service reported.	
4 a	a (Code:) (Expenses \$1,451,611. 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.	
4	(Code:) (Expenses \$ 773,062. including grants of \$) (Revenue \$	
71	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.	
40	: (Code:) (Expenses \$435,572. including grants of \$) (Revenue \$)
	DEBTORS' PRISON PROJECT - THE DEBTORS' PRISON PROJECT COMBATS THE	
	CRIMINALIZATION OF POVERTY THROUGH STRATEGIC CLASS ACTION LITIGATION ON BEHALF OF CRIMINAL DEFENDANTS WHOSE CONSTITUTIONAL	
	AND OTHER LEGAL RIGHTS HAVE BEEN VIOLATED WHEN LOCAL GOVERNMENTS	
	OUTSOURCE THE COLLECTION OF COURT DEBT TO FOR-PROFIT CORPORATIONS.	
	THE WORK AIMS TO DO AWAY WITH THE INCENTIVES MUNICIPAL GOVERNMENTS	
	HAVE TO BALANCE THEIR BUDGETS ON THE BACKS OF INDIGENT CRIMINAL	
	DEFENDANTS, AND IT AGGRESSIVELY TARGETS CORPORATE ACTORS THAT	
	PROFIT BY TRAPPING THESE INDIGENT DEFENDANTS IN A CYCLE OF	
	POVERTY.	
40	d Other program services (Describe on Schedule O.) ATTACHMENT 1	
70	(Expenses \$ 1,433,104. including grants of \$) (Revenue \$)	
46	Total program service expenses ► 4,093,349.	
JS/ 9E	A 1020 2.000	orm 990 (2019)
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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,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.7	
_	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			77
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		21
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)		V	NI -
22	Did the averagization report more than 05 000 of avents as other assistance to as for democitic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	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			
- u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		v	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20	Х	
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	- 1	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	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 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 ·	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
D	against amounts due or received from them.)			
122	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		
u	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
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	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		Х
	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 (2019) 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 on 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 93 1a 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 on Schedule O. 93 Enter the number of voting members included on 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 3 X supervision of officers, directors, 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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		X				
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?	16b						

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2

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 on Schedule O)

19 Describe on 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.

20 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

9E1042 2.000

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Yes No

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) AUTHUR BRYANT	22.00									
CHAIRMAN	18.00				Х			268,696.	0.	26,069.
(2) FRANK PAUL BLAND	22.00									
EXECUTIVE DIRECTTOR	18.00			Х				264,748.	0.	18,982.
(3) ADELE KIMMEL	20.00									
SENIOR ATTORNEY	20.00					Х		0.	170,219.	21,580.
(4)NEIL LEVINE	20.00									
SENIOR ATTORNEY	20.00					X		0.	159,955.	14,748
(5) JAMES HECKER	10.00									
DIRECTOR, ENVIRONMENTAL ENF.	30.00					X		0.	154,344.	17,658
(6)LESLIE BRUECKNER	20.00									
SENIOR ATTORNEY	20.00					X		0.	156,111.	15,806
(7) KELLY SIMON	20.00									
DEVELOPMENT DIRECTOR	20.00					X		153,371.	0.	10,705
(8) VICTORIA NI	30.00									
DIRECTOR OF FINANCE & ADMIN	10.00			Х				73,278.	0.	15,336
(9) TARA D. SUTTON	2.00									
IMMEDIATE PAST PRESIDENT	0.	X		Х				0.	0.	0
(10) BETH TERRELL	2.00									
PRES ELECT TO 6/19; PRES- 7/19	0.	X		Х				0.	0.	0
(11) MICHAEL L. PITT	2.00									
PRES TO 6/19; PAST PRES - 7/19	0.	Х		Х				0.	0.	0
(12) THOMAS M. SOBOL	2.00									
SEC TO 6/19; TREAS FROM 7/19	0.	X		Х				0.	0.	0
(13) PRESTON C. TISDALE	2.00									
SECRETARY FROM 7/19	0.	X		Х				0.	0.	0
(14) ERIC L. CRAMER	2.00									
VP TO 6/19; PRES ELECT - 7/19	0.	X		Х				0.	0.	0

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JSA 9E1041 2.000

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	stimated nount of other pensati	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	on ed
) MARY E. ALEXANDER	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) BENJAMIN L. BAILEY	2.00											
BOARD MEMBER	0.	Х						0 .	0.			
) LAUREN GUTH BARNES	2.00											
BOARD MEMBER	0.	Х						0 .	0.			
) LEONARD A. BENNETT	2.00											
BOARD MEMBER	0.	Х						0 .	0.			
) ESTHER BEREZOFSKY	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) RAYMOND P. BOUCHER	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) ALAN BRAYTON	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) MITCHELL BREIT	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) DANIEL K. BRYSON	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) RUSSELL W. BUDD	2.00											
BOARD MEMBER	0.	X						0 .	0.			
) JOAN CLAYBROOK	2.00											
BOARD MEMBER	0.	X						0 .	0.			
b Sub-total							\blacktriangleright	760,093.	640,629.	1	140,8	8
c Total from continuation sheets to Part VII	, Section A						\blacktriangleright	0.	0.			
d Total (add lines 1b and 1c)							>	760,093.	640,629.		140,8	8
Total number of individuals (including but n				d al	bove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	tion ►		7									_
											Yes	ļ
Did the organization list any former of employee on line 1a? If "Yes," complete School										3		
For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	0,0	00?) If	"Yes	;"	complete Schedu	le J for such			
individual										4	X	1
Did any person listed on line 1a receive												
for services rendered to the organization? If										5	1	1

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
ATTACHMENT 3		

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	s, Trustees, Ke	y En	nplo	oye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles	heck ss pe	erson	e than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee	d Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
26) LINDA M. CORREIA	2.00									
BOARD MEMBER	0.	Х						0	. 0.	0
27) JOSEPH COTCHETT	2.00									
BOARD MEMBER	0.	Х						0	0.	0
28) HARRY DEITZLER	2.00									
BOARD MEMBER	0.	X						0	0.	0
29) THOMAS DEMPSEY	2.00								_	_
BOARD MEMBER	0.	Х						0	0.	0
30) CONAL DOYLE	2.00									
BOARD MEMBER	0.	X						0	0.	0
31) E. MICHELLE DRAKE	2.00									
BOARD MEMBER	0.	X						0	0.	0
32) SANFORD P. DUMAIN	2.00									
BOARD MEMBER	0.	X						0	0.	0
33) JEFFREY D. EISENBERG	2.00	37								
BOARD MEMBER	0.	X						0	0.	0
34) INGRID EVANS	2.00	3,7								
BOARD MEMBER	0.	X						0	0.	C
35) STEVEN FINEMAN BOARD MEMBER	2.00	3,7						0	0.	
36) JEFFREY FOOTE	2.00	X						0		C
BOARD MEMBER		X								
	0.	Λ						0	0.	0.
1b Sub-total							>	0.	. 0.	0.
c Total from continuation sheets to Part	•									
d Total (add lines 1b and 1c)							_		1	
2 Total number of individuals (including bu reportable compensation from the organi			iiste 7		oov	e) wno	o re	ceived more than	\$100,000 of	
Teportable compensation from the organi	Zation									Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										Yes No
4 For any individual listed on line 1a, is organization and related organizations	the sum of reps greater than	ortab \$15	ole o	com	per	nsatior "Yes	n aı	nd other compen complete Schedu	sation from the	
individual										4 X
5 Did any person listed on line 1a receive for services rendered to the organization?										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest	companeated i	ndana	ando	ant.	con	tracto	rc t	hat received more	s than \$100 000 c	\t

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

Form 990 (2019)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplc	oye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	а	(F) Estimated mount of other appensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orç ar	rom the ganizatio nd related ganization	on d
37) MYRIAM GILLES	2.00											
BOARD MEMBER	0.	X		\perp				0	0.			0
38) JEFFREY GOLDBERG	2.00											
BOARD MEMBER	0.	X	Щ	$oxed{oxed}$				0	0.			0
39) ROBIN L. GREENWALD	2.00								_			_
BOARD MEMBER	0.	X	↓_	▙				0	0.			0
40) RODNEY G. GREGORY	2.00											
BOARD MEMBER	0.	X	ــــــ	ـــــ				0	0.			0
41) J. GARY GWILLIAM	2.00											
BOARD MEMBER	0.	X	₩	₩				0	0.			C
42) J.D. HAYS, JR.	2.00	.,										_
BOARD MEMBER	0.	X	₩	—				0	0.			C
43) STEPHEN J. HERMAN	2.00	.,										_
BOARD MEMBER	0.	X	₩	—				0	0.			C
44) JAMES F. HUMPHREYS	2.00	37										_
BOARD MEMBER 45) NEVILLE L. JOHNSON	2.00	X	₩	₩				0	0.			C
45) NEVILLE L. JOHNSON BOARD MEMBER	$\frac{1}{0}$							0				C
	2.00	X	\vdash	₩				0	0.			
46) STEVEN KAZAN BOARD MEMBER	$\frac{1}{0}$							0				C
47) ANNE KEARSE	2.00	X	\vdash	₩				0	0.			
BOARD MEMBER	$\frac{1}{0}$	X						0	. 0.			C
- <u>- </u>	0.	Λ						0.	0.			0.
1b Sub-total								0.	0.			
c Total from continuation sheets to Part VII, S	-		• •	• •								
d Total (add lines 1b and 1c)							2 10	l	\$100,000 of			
2 Total number of individuals (including but not reportable compensation from the organization			11516 7	;u ai	DOV	e) wiid	o ie	ceived more man	\$100,000 01			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ole d	com	per	nsatio	n a	nd other compens	sation from the			
individual										4	X	
5 Did any person listed on line 1a receive or	accrue co	mper	nsati	ion f	fron	n any	un	related organizati	on or individual			
for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent /	con	tracto	rs t	hat received more	than \$100,000 o	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

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am comp	(F) timated ount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio I related nization	b
48) AMY E. KELLER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
49) RAYNA KESSLER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
50) KALPANA KOTAGAL	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
51) JACK LANDSKRONER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
52) J.D. LEE	2.00											
BOARD MEMBER	0.	Х						0	0.			0
53) ANDREW A. LEMMON	2.00											
BOARD MEMBER	0.	Х						0	0.			C
54) THEODORE J. LEOPOLD	2.00											
BOARD MEMBER	0.	Х						0	0.			C
55) SETH R. LESSER	2.00											
BOARD MEMBER	0.	Х						0	0.			C
56) SALVADOR LICCARDO	2.00											
BOARD MEMBER	0.	Х						0	0.			C
57) JASON L. LICHTMAN	2.00											
BOARD MEMBER	0.	Х						0	0.			C
58) MIMI Y. LIU	2.00											
BOARD MEMBER	0.	Х						0	. 0.			C
1b Sub-total							_	0.	. 0.			0.
c Total from continuation sheets to Part VII	. Section A		• •	• •	• •		•					
d Total (add lines 1b and 1c)							•					
2 Total number of individuals (including but n							o re	ceived more than	\$100.000 of	1		
reportable compensation from the organiza		-	7			-,			·,			
											Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is th organization and related organizations	e sum of rep	ortab	ole d	com	per	nsatior	n ai	nd other compen	sation from the			
individual										4	Х	
5 Did any person listed on line 1a receive	or accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual			
for services rendered to the organization? If										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensated i	ndene	ende	ent o	con	tracto	rs t	hat received more	than \$100 000 c	of		

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

Form 990 (2019)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continu	ed)	
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	ar	stimated mount of other	f
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fı org an	npensati rom the ganizatio Id related anization	on d
59) FREDERICK S. LONGER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			(
60) ROGER L. MANDEL	2.00											
BOARD MEMBER	0.	Х						0	. 0.			(
61) HADLEY L. MATARAZZO	2.00											
BOARD MEMBER	0.	X						0	. 0.			(
62) PAUL MILLER	2.00											
BOARD MEMBER	0.	X						0	. 0.			(
63) KRISTEN MILLER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			(
64) ROBERT J. MONGELUZZI	2.00											
BOARD MEMBER	0.	Х						0	. 0.			(
65) BRAD MOORE	2.00											
BOARD MEMBER	0.	Х						0	0.			(
66) CHRISTOPHER T. NACE	2.00											
BOARD MEMBER	0.	X						0	. 0.			(
67) MAJED NACHAWATI	2.00											
BOARD MEMBER	0.	Х						0	. 0.			(
68) VICTORIA S. NUGENT	2.00											
BOARD MEMBER	0.	Х						0	0.			(
69) MARY PARKER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			(
1b Sub-total								0.	. 0.			0
c Total from continuation sheets to Part V			• •				>					
d Total (add lines 1b and 1c)							\blacktriangleright					
2 Total number of individuals (including but reportable compensation from the organiz			liste 7		bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete Sc										3		X
4 For any individual listed on line 1a, is to organization and related organizations	greater than	\$15	50,0	00?	. It	"Yes	s, "	complete Schedu	ıle J for such			
individual										4	X	
5 Did any person listed on line 1a receive for services rendered to the organization?										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated i	ndepe	ende	ent	con	tracto	rs t	that received more	e than \$100,000 c	of		

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 ▶

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Part VII Section A. Officers, Director	<u>s, Trustees, Ke</u>	y En	nplo	oye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount of other opensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fı org an	rom the panization of related	on d
70) EUGENE PAVALON	2.00											
BOARD MEMBER	0.	X						0	. 0.			0
71) GALE PEARSON	2.00											
BOARD MEMBER	0.	X						0	. 0.			0
72) PETER PERLMAN	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
73) JOSEPH POWER	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
74) ANNA P. PRAKASH	2.00											
BOARD MEMBER	0.	X						0	. 0.			0
75) ELLEN A. PRESBY	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
76) TROY RAFFERTY	2.00											
BOARD MEMBER	0.	X						0	0.			0
77) SANDRA ROBINSON	2.00											
BOARD MEMBER	0.	X						0	0.			0
78) RONALD RODRIGUEZ	2.00											
BOARD MEMBER	0.	Х						0	0.			0
79) LEE J. ROHN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
80) WILLIAM A. ROSSBACH	2.00											
BOARD MEMBER	0.	Х						0	0.			0
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A						* * *	0.	0.			0.
Total number of individuals (including bu reportable compensation from the organ	t not limited to t						re	eceived more than	\$100,000 of		1.,	
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3	Yes	No X
4 For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	ıle J for such	4	X	
5 Did any person listed on line 1a receiv												
for services rendered to the organization										5		Х

Section B. Independent Contractors

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

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Section A. Officers, Directors	, Trustees, Ke	y En	npio	yee	es,	and F	ııgı	nest Compensat	ed Employees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) stimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	d
81) ROBERT L. SACHS, JR.	2.00											
BOARD MEMBER	0.	Х						0	0.			0
82) SUSAN SALADOFF	2.00											
BOARD MEMBER	0.	Х						0	0.			0
83) FREDERICK S. SCHWARTZ	2.00											
BOARD MEMBER	0.	Х						0	0.			0
84) GEORGE SHADOAN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
85) DONALD H. SLAVIK	2.00											
BOARD MEMBER	0.	Х						0	0.			0
86) TODD A. SMITH	2.00											
BOARD MEMBER	0.	Х						0	0.			0
87) GERSON SMOGER	2.00											
BOARD MEMBER	0.	Х						0	0.			0
88) WILLIAM SNEAD	2.00											
BOARD MEMBER	0.	Х						0	0.			0
89) PAUL STRITMATTER	2.00											
BOARD MEMBER	0.	Х						0	0.			0
90) DAVID F. SUGERMAN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
91) CHRISTOPHER P. THORMAN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
1b Sub-total	<u>.</u>	•						0.	0.			0.
c Total from continuation sheets to Part V							\blacktriangleright					
d Total (add lines 1b and 1c)							\blacktriangleright					
2 Total number of individuals (including but	not limited to t						re	ceived more than	\$100,000 of			
reportable compensation from the organiz	ation >	-	/									
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete So										2		Х
										3		Λ.
4 For any individual listed on line 1a, is	the sum of rep	ortab	ole c	com	per	satior	n ar	nd other compen-	sation from the			
organization and related organizations											Х	
individual										4	Λ	
5 Did any person listed on line 1a receive for services rendered to the organization?									on or individual	5		Х

Section B. Independent Contractors

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

(A)	(B)			(C	c)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	Posi heck ss per d a di	ition more rson irect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estim amou oth comper	ated nt of er nsation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and re organiz	zation lated
92) MICHAEL P. THORNTON	2.00										
BOARD MEMBER	0.	Х						0	. 0.		
93) RICHARD P. TRAULSEN	2.00										
BOARD MEMBER	0.	Х						0	. 0.		
94)	2.00										
BOARD MEMBER	0.	X						0	0.		
95)	2.00										
BOARD MEMBER	0.	X						0	0.		
96) MONA LISA WALLACE	2.00	,									
BOARD MEMBER	0.	X						0	0.		
97) MELISSA W. WEINER	2.00	,									
BOARD MEMBER	0.	X						0	0.		
98) STEVEN N. WILLIAMS	2.00	37							0		
BOARD MEMBER	2.00	X						0	0.		
9) MICHAEL WITHEY BOARD MEMBER	$$ $\frac{2.00}{0}$	X						0	0.		
0) TINA WOLFSON	2.00	Λ						0	. 0.		
BOARD MEMBER	0.	Х						0	0.		
D1) HASSAN A. ZAVAREEI BOARD MEMBER	2.00	X						0	0.		
1b Sub-total	I						_	0.	0.		0
c Total from continuation sheets to Part	VII Section A		• •	• • •	• •						
d Total (add lines 1b and 1c)							•				
Total number of individuals (including bureportable compensation from the organ	it not limited to t	hose					o re	eceived more than	\$100,000 of		
										Υ	es No
3 Did the organization list any former employee on line 1a? <i>If</i> "Yes," <i>complete</i> S										3	Х
4 For any individual listed on line 1a, is organization and related organization	the sum of rep	ortab	ole d	com	pen	satio	n ai	nd other compen	sation from the		
individual										4	X
5 Did any person listed on line 1a received for services rendered to the organization?										5	X
Section B. Independent Contractors											
1 Complete this table for your five highes	t compensated i	ndene	nde	nt c	con.	tracto	re t	hat received more	than \$100 000 c	.f	

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any	/ line in this Part v			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	2,072,965.				
An C	С	Fundraising events 1c	360,628.				
ar /	d	Related organizations 1d					
ا Ei	е	Government grants (contributions) 1e					
Sig	f	All other contributions, gifts, grants,					
je E		and similar amounts not included above . 1f	3,568,966.				
=== ==================================	g	Noncash contributions included in					
اعق		lines 1a-1f 1g	\$				
ಶ ಲ	h	Total. Add lines 1a-1f	<u> ▶ </u>	6,002,559.			
			Business Code				
පු	2a						
ا ہ ٍ≲	b						
ֻאַ בֻּוּ	c						
Program Service Revenue	q						
کِچ ا	۵						
۲	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
	3	other similar amounts)		208,553.			208,553
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	· ·	0.			
	ŭ	(i) Real	(ii) Personal	0.			
	٠-		(", " : " : " : " : "				
	6a	Gross rents 6a	+				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	_d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 694,776.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 677,589.					
	С	Gain or (loss)					
e.	d	Net gain or (loss)		17,187.			17,187
Other R	8a	Gross income from fundraising					
0		events (not including \$360,628.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	75,343.				
	b	Less: direct expenses	202,234.				
	С	Net income or (loss) from fundraising events	<u> ▶ </u>	-126,891.			
	9a	Gross income from gaming					
	-	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
		Net income or (loss) from gaming activities	<u></u> ▶	0.			
		Gross sales of inventory, less					
			0.				
	10a	returns and allowances					
	10a	returns and allowances					
		returns and allowances 10a	0.	0.			
	10a b	returns and allowances	0.	0.			
	10a b c	returns and allowances	0.	0. 50,745.			50,745
	10a b c	returns and allowances	0. Business Code				50,745
	10a b c	returns and allowances	0. Business Code				50,745
	10a b c	returns and allowances	0. Business Code				50,745
Miscellaneous Revenue	10a b c	returns and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory. MISCELLANEOUS All other revenue	0. Business Code 900099				50,745

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).

	D) raising enses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	enses
and domestic governments. See Part IV, line 21	43,717.
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,717.
individuals. See Part IV, line 22	43,717.
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	43,717.
individuals. See Part IV, lines 15 and 16	43,717.
4 Benefits paid to or for members 0. 5 Compensation of current officers, directors,	43,717.
5 Compensation of current officers, directors,	43,717.
500 100	43,717.
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.	110 000
7 Other salaries and wages 1,818,338. 1,077,228. 322,337.	118,773.
8 Pension plan accruals and contributions (include	0 777
section 401(k) and 403(b) employer contributions) 40,343. 21,466. 10,100. 9 Other employee benefits 193,904. 98,130. 60,874.	8,777.
3 Other employee benefits 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	28,393.
To Fayron taxes 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	20,393.
11 Fees for services (nonemployees):	
a Wallagement	5,681.
124 602 61 046 42 010	30,738.
20 104	30,730.
d Lobbying 39,124. 39,124. e Professional fundraising services. See Part IV, line 17.	
f Investment management fees 32,400. 32,400.	
g Other. (If line 11g amount exceeds 10% of line 25, column	
(A) amount, list line 11g expenses on Schedule O.)	85,836.
12 Advertising and promotion 0.	
13 Office expenses 19,642. 12,280. 3,766.	3,596.
14 Information technology	3,127.
15 Royalties	
16 Occupancy	66,978.
17 Travel 152,056. 130,263. 16,668.	5,125.
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 0 .	
20 Interest 0.	
Z1 Fayments to anniates	12,212.
20 624	7,461.
20 mountaine i i i i i i i i i i i i i i i i i i	7,401.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	
line 24e amount exceeds 10% of line 25, column	
(A) amount, list line 24e expenses on Schedule O.)	
aEVENTS EXPENSE 123,571. 15,830. 28,613.	79,128.
hOFFICE SYSTEMS 79,842. 46,411. 19,693.	13,738.
cPRINTING AND MAILSHOP 51,813. 8,068. 40,921.	2,824.
dCOMMUNICATIONS 48,912. 40,809. 2,888.	5,215.
e All other expenses 131,217. 58,102. 53,523.	19,592.
	375,811.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	
following SOP 98-2 (ASC 958-720)	

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,723,693.	1	1,429,794.
	2	Savings and temporary cash investments	193,625.	2	193,703.
	3	Pledges and grants receivable, net	169,693.	3	191,667.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	233,882.	7	400,320.
Assets	8	Inventories for sale or use	0.	8	0.
Ř	9	Prepaid expenses and deferred charges	85,334.	9	115,618.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	489,521.	10c	527,627.
	11	Investments - publicly traded securities	6,864,803.	11	8,689,338.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	43,725.	15	56,463.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,804,276.	16	11,604,530.
	17	Accounts payable and accrued expenses	180,863.	17	263,926.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	1,250.	19	12,534.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ιġ		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	742,137.	25	759,232.
	26	Total liabilities. Add lines 17 through 25	924,250.	26	1,035,692.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	8,374,466.	27	9,820,437.
Ва	28	Net assets with donor restrictions.	1,505,560.	28	748,401.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances	9,880,026.	32	10,568,838.
Net	33	Total liabilities and net assets/fund balances	10,804,276.	33	11,604,530.
	100	Total maximilion and not according balances, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	20,001,2.0.	33	Form 990 (2019)

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	10 (2013)				1 46	,
Part	XI Reconciliation of Net Assets					
	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			52,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	(50,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			91,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9		30,0	
5	Net unrealized gains (losses) on investments	5		5	97,1	.83.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	10),5	58,8	38.
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: CashX 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 cor	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 aud					
	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 ov	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth 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	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PUE	BLIC	C JUSTICE FOUNDATIO	N				59-17304	78
Pai	τl	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative		•				
4		A medical research organiz	-	-				(iii). Enter the
		hospital's name, city, and s	•	•			(// // /	. ,
5		An organization operated		a college or universit	ty owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0		J		•	, 0	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norm						om the general public
		described in section 170(b	•	•		· ·		
8		A community trust describe			Part II.)			
9		An agricultural research or			-		d in conjunction with a	land-grant college
		or university or a non-land-	_			-	•	
		university:		,	,		, ,,	Ü
10		An organization that norma	ally receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela	ated to its exempt f	functions - subject to	certain e	exception	is, and (2) no more tha	n 331/3% of its
		support from gross investmacquired by the organization						businesses
11		An organization organized	•		. , . , .	•	,	
12		An organization organized		-	-			arry out the purposes
		of one or more publicly su		•	-			
		Check the box in lines 12a						, ,, ,
а		Type I. A supporting org	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving
-		the supported organization	•	•	•		• , ,	
		_ supporting organization.				.,,		
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of	•				- · · ·	
		organization(s). You mus		=		•		
С		Type III functionally inte			ated in c	onnectio	n with, and functional	ly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
		_ requirement (see instruct	tions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or				organizat	tion.	
f		ter the number of supported						
<u>g</u>	Pro	ovide the following informati		orted organization(s).	Г			
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,664,552.	5,131,521.	6,381,615.	6,327,869.	6,002,559.	28,508,116.		
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	4,664,552.	5,131,521.	6,381,615.	6,327,869.	6,002,559.	28,508,116.		
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						C00 F02		
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						688,502.		
	tion B. Total Support						27,819,614.		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	4,664,552.	5,131,521.	6,381,615.	6,327,869.	6,002,559.	28,508,116.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,782.	127,097.	131,443.	66,817.	208,553.	600,692.		
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.	50,745.	84,652.		
11	Total support. Add lines 7 through 10						29,193,460.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12			
13	First five years. If the Form 990 is for organization, check this box and stop here.								
Sec	tion C. Computation of Public Supp	oort Percentag	ge						
14	Public support percentage for 2019 (lin		•		[14	95.29 %		
15	Public support percentage from 2018					15	93.45 %		
16a	331/3% support test - 2019. If the org								
	box and stop here . The organization qu	-		-					
b	331/3% support test - 2018. If the org								
	this box and stop here. The organization	-		_					
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					<u>-</u>	•		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
L	=						and line		
b	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the organization						-		
	Explain in Part VI how the organization				_				
10	supported organization								
18	· ·						.		
	instructions						<u> </u>		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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			/ 1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 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	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	<u></u>					▶ 🔃
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2018. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation. If the organization of	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

Schedule A (Form 990 or 990-EZ) 2019 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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	10b		
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Schedule A (Form 990 or 990-EZ) 2019 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.			
34	<u> </u>	2		
Secti	on C. Type II Supporting Organizations		Vaa	N ₀
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</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	<u> </u>		
			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	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	duod	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Astrice Test Assessed Astronomy (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u>.</u>		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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>	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	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) 2019

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	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
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-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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

2019

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, 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
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	namo, audicoo, and an in	\$\$ \$	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		\$\$ 459,415.	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) (2019)
Name of organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, audiess, and Zir + 4	\$\$ 176,959.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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) (2019) 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Open to Public Inspection

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.

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

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

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

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

•	Section 50 (c)(5) organizations	that have NOT filed Form 5700 (elec	allori urider section sorti	n)). Complete Fart II-b. Do no	it complete Fart II-A.			
Tax)	(see separate instructions), ther		y Tax) (see separate	instructions) or Form 990-E	EZ, Part V, line 35c (Proxy			
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.						
	e of organization			• •	ntification number			
	LIC JUSTICE FOUNDATI			59-1730				
Par		organization is exempt unde						
1	•	organization's direct and indirect	political campaign a	activities in Part IV. (see in	structions for			
	definition of "political campa							
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$				
	Volunteer hours for political	campaign activities (see instructi	ons)					
Par		organization is exempt under						
1	Enter the amount of any exc	ise tax incurred by the organizat	ion under section 49	55▶\$				
2		cise tax incurred by organization						
3		a section 4955 tax, did it file Forr						
					Yes No			
	If "Yes," describe in Part IV.		(' 504()		<u> </u>			
Par	•	organization is exempt unde			<u>). </u>			
1		xpended by the filing organization						
2	527 exempt function activities	g organization's funds contribute es		> \$				
3	line 17b	enditures. Add lines 1 and 2. E						
5	Did the filing organization file Form 1120-POL for this year?							
	(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) 2019

c Total lobbying expenditures

e Grassroots ceiling amount

d Grassroots nontaxable amount

(150% of line 2d, column (e)) f Grassroots lobbying expenditures

Sch	redule C (Form 990 or 990-EZ) 2019	POPLIC 00	SIICE FOUNDALION		39-1	/304/0 Page Z
Pa	art II-A Complete if the org section 501(h)).	janization is	s exempt under section	on 501(c)(3) and	filed Form 5768 (elec	ction under
Α	• •	-	s to an affiliated group (an hare of excess lobbying ex		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation checke	d box A and "limited cont	rol" provisions app	ly.	
			Expenditures amounts paid or incurred	d.)	(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to in	nfluence publ	ic opinion (grassroots lob	bying)		
k	Total lobbying expenditures to in	nfluence a leg	gislative body (direct lobb	ying)	39,124.	
	Total lobbying expenditures (ad	•	• •		39,124.	
	d Other exempt purpose expendit		The state of the s		6,058,298.	
	Total exempt purpose expenditu				6,097,422.	
	Lobbying nontaxable amount. columns.		*	_	454,871.	
	If the amount on line 1e, column (a) or (b) is: The	lobbying nontaxable amoun	t is:		
	Not over \$500,000	20%	of the amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000 \$100	0,000 plus 15% of the exces	s over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$175	5,000 plus 10% of the exces	s over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000 \$225	5,000 plus 5% of the excess	over \$1,500,000.		
	Over \$17,000,000	\$1,0	00,000.			
ç	g Grassroots nontaxable amount	(enter 25% of	line 1f)		113,718.	
ŀ	n Subtract line 1g from line 1a. If	zero or less, e	enter -0		0.	0.
i	Subtract line 1f from line 1c. If z				0.	0.
j	If there is an amount other th	an zero on e	either line 1h or line 1i,	did the organiza	tion file Form 4720	
	reporting section 4911 tax for the					Yes No
			ar Averaging Period Und	٠,		
	(Some organizations that			-		ns below.
		See the s	separate instructions for	lines 2a through	2f.)	
		Lobbying	Expenditures During 4-	Year Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2016	6 (b) 2017	(c) 2018	(d) 2019	(e) Total
28	a Lobbying nontaxable amount		395,534	. 395,78	9. 454,871.	1,246,194.
_ k	Lobbying ceiling amount (150% of line 2a, column (e))					1,869,291.

37,540.

98,884.

Schedule C (Form 990 or 990-EZ) 2019

109,798.

311,549.

467,324.

39,124.

113,718.

33,134.

98,947.

Page 3 Schedule C (Form 990 or 990-EZ) 2019

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 576	88		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)			
		Yes	No		Amou	ınt	
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?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e f	Publications, or published or broadcast statements?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
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)	:)(5).	or s	ectio			
	501(c)(6).	-,(-),			-		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						
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				3		
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
· a.	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O					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 amoun political expenses for which the section 527(f) tax was paid).	its c	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) dues	s		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		- 1				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	byin	g	4			
5	and political expenditure next year?			5			
Par							
	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	p list); Part	II-A, liı	nes 1	and

Schedule C (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number PUBLIC JUSTICE FOUNDATION 59-1730478 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2019

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collection	s of Art, His	torical Tre	easures, c	r Other	Similar Assets (d	continue	d)
3	Using the organization's acquisition	on, accession,	and other red	ords, chec	k any of th	ne follow	ing that make sigr	nificant us	se of its
	collection items (check all that app	ly):							
а	Public exhibition		d [Loan	or exchang	e prograr	n		
b	Scholarly research		e [Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's colle	ctions and ex	plain how	they furthe	r the org	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization	n solicit or rec	eive donations	of art, hist	orical treas	sures, or o	other similar		
	assets to be sold to raise funds rath	ner than to be r	naintained as	part of the	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answere	d "Yes" on F	orm 990, F	Part IV, lin	e 9, or re	eported an amoui	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and	complete the	following tal	ble:				
							Amount		
С	Beginning balance					;			
d	Additions during the year					i			
е	Distributions during the year					•			
f	Ending balance								
2a	Did the organization include an am			•			, _	Yes	No No
	If "Yes," explain the arrangement i	n Part XIII. Che	eck here if the	explanation	has been	provided o	on Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza								
		(a) Current ye	ar (b) F	rior year	(c) Two ye	ars back	(d) Three years back	(e) Four y	ears back
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		year end bala	nce (line 1g	, column (a)) held as:			
а	Board designated or quasi-endown		%						
b	Permanent endowment	%							
С		.%							
	The percentages on lines 2a, 2b, a		-						
3a	Are there endowment funds not in	the possession	n of the organ	zation that	are held a	nd admin	istered for the	V	N-
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
_	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	ation answere	ed "Yes" on F	orm 990,	Part IV, lin	ne 11a. S	See Form 990, Pa	rt X, line	10.
	Description of property		Cost or other basis	(b) Cost	or other basis	(c) Acc	umulated (c	l) Book valu	
4-	Lond		(investment)	(0	other)	depre	eciation		
_	Land								
b	Buildings				540,690.	1	91,903.	41	8,787.
C C	Leasehold improvements				216,716.		43,982.		$\frac{6,787.}{2,734.}$
d	Equipment				156,688.		50,582.		$\frac{2,734.}{6,106.}$
Tota	Other		I Form QOO D						7,627.
ıvıa	ı. Aud iilles Ta tillbüğli Te. (Colüllil)	i (u) musi eyua	1 1 01111 990, Pa	πιλ, colulli	ו שוווו , <i>ו</i> ם) וו	<i>uu.)</i>		24	,,041.

Schedule D (Form 990) 2019

Part VII	Form 990) 2019 Investments - Other Securities.			Page 3
		ed "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12	2
	(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) Financi	al derivatives	-		
	held equity interests			
(3) Other_				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Complete if the organization answer	ed "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(4)			Cost of enu-or-year Market value	
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX	Other Assets. Complete if the organization answer	ed "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15	5
	· · · · · · · · · · · · · · · · · · ·	Description	(b) Book valu	
(1)	(7			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (E	3) line 15.)		
Part X	Other Liabilities.	, , , , , , , , , , , , , , , , , , , ,		
	Complete if the organization answer line 25.	ed "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,	,
1.	(a) Desc	ription of liability	(b) Book valu	ue
(1) Fede	ral income taxes			
	RRED LEASE OBLIGATION		759,	232
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(0)				
			l l	
(9)	mn (b) must equal Form 990, Part X, col. (B) line 2	5.)	> 759,	232

PAGE 41

Schedule D (Form 990) 2019 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,753,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	624 001
е	Add lines 2a through 2d	2e	634,081.
3	Subtract line 2e from line 1	3	0,119,755.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 32,400.		
a	investment expenses not included our form 350, I art vin, line 75	-	
b	Other (Describe in Part XIII.)	4c	32,400.
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,152,153.
Part		ırn.	
	· · · · · · · · · · · · · · · · · · ·	1	6,065,022.
1	Total expenses and losses per audited financial statements	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Donated services and use of facilities		
a	Prior year adjustments	-	
b C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	36,898.
3	Subtract line 2e from line 1	3	6,028,124.
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 32,400.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	32,400.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	6,060,524.
Provid 2; Part	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; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

FOR THE YEAR ENDED DECEMBER 31, 2019, NO PROVISION FOR INCOME TAXES WAS MADE, AS THE FOUNDATION DID NOT IDENTIFY ANY UNCERTAINTY IN INCOME TAX REQUIRING RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2D THIS IS RELATED TO ADDITIONAL DIRECT EXPENSES NETTED ON PART VIII, LINE 8B OF THE 990 BUT RECORDED AS EXPENSE ON THE AUDITED FINANCIAL STATEMENTS.

SCHEDULE G (Form 990 or 990-EZ)

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 information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PUBLIC	USTICE FOUNDATION					59-1730478	
Part I	Fundraising Activities. Comp	lete if the organi	ization ar	swered "	Yes" on Form 99	00, Part IV, line 1	7.
	Form 990-EZ filers are not re	quired to comple	te this pa	rt.			
1 Inc	dicate whether the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a	Mail solicitations						
b	Internet and email solicitations	f			government grants		
С	Phone solicitations	g			ising events		
d T	In-person solicitations	J			3		
2a Die	d the organization have a written o	r oral agreement w	ith any ind	dividual (in	ocludina officers d	irectors trustees	
	key employees listed in Form 990						Yes No
	"Yes," list the 10 highest paid indi-						fundraiser is to be
	mpensated at least \$5,000 by the		•		ū		
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual	(ii) Activity		or control of	(iv) Gross receipts	(or retained by)	(or retained by)
	or entity (fundraiser)		contrib	outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
,							
8							
0							
9							
Ū							
10							
Total				•			
3 Lis	st all states in which the organization				contributions or	has been notified	it is exempt from
	gistration or licensing.						

Page 2 Schedule G (Form 990 or 990-EZ) 2019

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

	events with gross receipts gre				
		(a) Event #1 PRES PARTY	(b) Event #2 ANNUAL GALA	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	2,250.	345,193.	88,528.	435,971
		2,250.	269,850.	88,528.	360,628
3	line 2)		75,343.	0.	75,343
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	2,400.	47,609.	5,307.	55,316
7	Food and beverages	15,629.	64,381.	21,119.	101,129
8	Entertainment		8,528.		8,528
9	Other direct expenses		26,793.	10,471.	37,264
10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		202,237
					-126,894
			Yes" on Form 990, F	Part IV, line 19, or	reported more than
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes % No	Yes% No	Yes% No	
7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
	Is the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
	14 115 4 11 1 1				Yes No
	2 3 4 5 6 7 8 9 1011 11 2 3 4 5 6 7 8	4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add ling 11 Net income summary. Subtract ling 12 Gaming. Complete if the org 15,000 on Form 990-EZ, ling 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add ling 8 Net gaming income summary. S	1 Gross receipts 2,250. 2 Less: Contributions 2,250. 3 Gross income (line 1 minus line 2) 2,400. 4 Cash prizes 2,400. 7 Food and beverages 15,629. 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column 1 Net income summary. Subtract line 10 from line 3, column 1 Net income summary. Subtract line 10 from line 3, column 1 Net income summary. Subtract line 10 from line 3, column 1 Net income summary. Subtract line 10 from line 3, column 1 Net income summary. Subtract line 6a. (a) Bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column 1 Net gaming income summary. Subtract line 7 from line 2 Inter the state(s) in which the organization conducts gals the organization licensed to conduct gaming activities If "No," explain:	1 Gross receipts 2,250. 345,193. 2 Less: Contributions 2,250. 269,850. 3 Gross income (line 1 minus line 2)	PRES PARTY (event hyporal) 1 Gross receipts 2,250, 345,193, 88,528. 2 Less: Contributions 2,250, 269,850, 88,528. 3 Gross income (line 1 minus line 2) 75,343, 0. 4 Cash prizes 75 Noncash prizes 15,629, 64,381, 21,119. 8 Entertainment 8,528. 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 10,100 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 1 Noncash prizes 2 Noncash prizes 3 Noncash prizes 2 Noncash prizes 2 Noncash prizes 3 Noncash prizes 3 Noncash prizes 2 Noncash prizes 3 Noncash prizes 4 Noncash prizes 5 Nonc

PUBLIC JUSTICE FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2019 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?
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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) 2019

SCHEDULE J (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC JUSTICE FOUNDATION

Inspection 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			
J	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	ID		
2	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 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		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

PUBLIC JUSTICE FOUNDATION 59-1730478

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	mns (F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
FRANK PAUL BLAND	(i)	264,748.	0.	0.	7,939.	11,043.	283,730.		
1 EXECUTIVE DIRECTTOR	(ii)	0.	0.	0.					
AUTHUR BRYANT	(i)	268,696.	0.	0.	8,152.	17,917.	294,765.		
2 ^{CHAIRMAN}	(ii)	0.	0.	0.					
JAMES HECKER	(i)	0.	0.	0.					
3DIRECTOR, ENVIRONMENTAL ENF.	(ii)	152,744.	1,600.	0.	4,604.	13,054.	172,002.		
ADELE KIMMEL	(i)	0.	0.	0.					
4SENIOR ATTORNEY	(ii)	168,219.	2,000.	0.	5,267.	16,313.	191,799.		
NEIL LEVINE	(i)	0.	0.	0.					
5 ^{SENIOR} ATTORNEY	(ii)	157,955.	2,000.	0.	4,826.	9,922.	174,703.		
LESLIE BRUECKNER	(i)	0.	0.	0.					
6 ^{SENIOR} ATTORNEY	(ii)	154,111.	2,000.	0.	4,763.	11,043.	171,917.		
KELLY SIMON	(i)	148,371.	5,000.	0.	4,600.	6,105.	164,076.		
7DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.					
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
_12	(ii)								
	(i)								
_13	(ii)								
	(i)								
_14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

PUBLIC JUSTICE FOUNDATION 59-1730478

Schedule J (Form 990) 2019

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) 2019

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

2019

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.

at www.irs.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) 2019 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

2/4/2019.

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.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

ANTI-BULLYING CAMPAIGN

ENVIRONMENTAL ENFORCEMENT PROJECT

OTHER PROGRAMS

TOTALS

1,433,104.

ATTACHMENT 2

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 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

E COHEN & COMPANY, CPAS

1 REASEARCH COURT, SUITE 101

ROCKVILLE, MD 20850

ACCOUNTING SERVICES

101,961.

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization	Employer identification number
PUBLIC JUSTICE FOUNDATION	59-1730478
ATTACUMENT A	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MONEY FUNDS		114,689.	110,813.	FMV
COMMON STOCKS			10,735.	FMV
MUTUAL FUNDS		4,135,240.	5,199,332.	FMV
EXCHANGE-TRADED FUNDS		2,614,874.	3,368,458.	FMV
	TOTALS	6,864,803.	8,689,338.	

$\lambda TT \lambda CUMENT$	5	

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE		1,250.	12,534.
	TOTALS	1,250.	12,534.

(e)

(d)

(a)

SCHEDULE R (Form 990)

Part I

Department of the Treasury

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.

(b)

(c)

Internal Revenue Service

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

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2019
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(f)

Name of the organization

PUBLIC JUSTICE FOUNDATION

Employer identification number
59-1730478

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

	Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct co enti	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if the he tax year.	e organization ans	wered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a)	(b)	(c)	(d)	(e)	(f)	Section 6	(g) 512(b)(13)
	Name, address, and EIN of related organization	Primary activity	y Legal domicile (s or foreign count		Public charity status (if section 501(c)(3))	Direct controlling entity	cont	rolled
(1)	<u> </u>	Primary activity				_	cont	rolled
(0)		Primary activity				_	cont	rolled tity?
(2)	<u> </u>	Primary activity				_	cont	rolled tity?
(3)		Primary activity				_	cont	rolled tity?
(3)		Primary activity				_	cont	rolled tity?
(2) (3) (4) (5)		Primary activity				_	cont	rolled tity?
(2) (3) (4) (5) (6)		Primary activity				_	cont	rolled tity?

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Dov4 III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
Part III	because it had one or more related organizations treated as a partnership during the tax year.
	Decause it had one of 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)	box 20 managing e K-1 partner?		(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	<u> </u>
(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)	(d) Direct controlling entity	(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) controlled entity?
								Yes No
(1) PUBLIC JUSTICE, P.C. 52-1240142								
1620 L STREET, N.W, SUITE 630 WASHINGTON, DC 20036	LAW FIRM - PU	DC	N/A	C CORP				
(2)								
(3)								
(4)								
(5)								
(6)								
\(\frac{1}{2}\)								
(7)								
1.1	1							

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 3

Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: 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	
С	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
q	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
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
•	(4)			
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
	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	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1р		X
	Reimbursement paid by related organization(s) for expenses	1q	Х	
4				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s).	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	

	if the answer to any of the above is res, see the instructions for information on who must complete the	ilis ilile, ilicidalilig cove	ereu reiationsnips and trans-	action thresholds.
	(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	1,700,000.	CASH GRANT
(2)	PUBLIC JUSTICE, P.C.	N	329,911.	SHARED EXPENSES
(3)	PUBLIC JUSTICE, P.C.	0	11,649.	TIMESHEETS
(4)	PUBLIC JUSTICE, P.C.	Q	120,457.	ACTUAL EXPENSES
(5)				
(6)				

Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019

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	(a) Idress, and EIN of entity (b) Primary activity Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Are all partners section 501(c)(3) organizations? Yes No		(f) (g) Share of total income end-of-year assets		year allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
(1.0)	1												

Schedule R (Form 990) 2019

Part VI

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

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