Electronic Return Acknowledgement

Tax Year: 2020 **Return No**: 4025DT

Taxpayer: PUBLIC JUSTICE FOUNDATION

ID No : 59-1730478

Return Identification Number : 52626520213155000006

Return Type : 990

Filing Type Description : FEDERAL RETURN

Tax Period Beg. Date : 01/01/2020

Tax Period End Date : 12/31/2020

Contained Alerts : N

IRS Received Date : 11/11/2021

Completed Validation : Y

Electronic Postmark : 11/11/2021 11:05:00 AM

Return Status : ACCEPTED

IRS Processed Date : 11/11/2021 11:05:00 AM

Balance Due :

Expected Refund :

Payment Indicator : N

PIN Code : PRACTITIONER PIN

Debt Code

Embedded CRC32 :

Computed CRC32 :

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

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

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

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

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

THIS IN THE ACKNOWLEDGEMENT FILE SENT BY IRS TO TTA.

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

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

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.

A F	or the	e 2020	calendar year, or tax year beginning	, 2020	, and ending			, 20	
ь.			C Name of organization			D Employer ide	entificat	tion number	
_	heck if a		PUBLIC JUSTICE FOUNDA	rion		59-173	0478	3	
	Addre chang		Doing business as						
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone no	umber		
	Initial	return	1620 L STREET, N.W., S	SUITE 630		(202) 79	3 7−8	600	
	Final termin	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code					
	Amen	nded	WASHINGTON, DC 20036			G Gross receipt	ts\$	7,064,015.	
		cation	F Name and address of principal officer:	F. PAUL BLAND		H(a) Is this a gro	oup retur	n for Yes X No	
	•	-	1620 L STREET, N.W., S	SUITE 630, WASHINGTON,	DC 20036			cluded? Yes No	
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," a	attach a l	list. See instructions	
J	Websi	ite: 🕨	WWW.PUBLICJUSTICE.NET			H(c) Group exer	nption nu	umber >	
K	Form o	of organ	nization: X Corporation Trust	Association Other ►	L Year of f	ormation: 1975 M	State	of legal domicile: TN	
P	art I	Su	mmary	·	•				
	1	Briefly	/ describe the organization's mission o	r most significant activities: PUBLI	C JUSTICE	FOUNDATION,	, A 1	NONPROFIT	
ė			BERSHIP ORGANIZATION, EI						
auc		ISS	UES AND SUPPORTS PUBLIC	INTEREST LITIGATION I	N SUCH AR	EAS.			
/err	2	Check	this box if the organization d	iscontinued its operations or dispos	ed of more than	25% of its net asse	ts.		
Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)			3	91.	
	4		er of independent voting members of t				4	91.	
ties	5		number of individuals employed in cale				5	41.	
Activities &			number of volunteers (estimate if neces				6	152.	
Ą	l .		unrelated business revenue from Part V				7a	0.	
	l .		nrelated business taxable income from				7b		
						Prior Year		Current Year	
ø	8	Contri	ibutions and grants (Part VIII, line 1h)		[6,002,5	59.	6,890,273.	
nue	9		am service revenue (Part VIII, line 2g)				0.	0.	
Revenue	10		ment income (Part VIII, column (A), line			225,7	40.	132,942.	
œ	11		revenue (Part VIII, column (A), lines 5,			-76,1	46.	-43,014.	
	12		revenue - add lines 8 through 11 (must			6,152,1	53.	6,980,201.	
	13		s and similar amounts paid (Part IX, colu				0.	0.	
	14		its paid to or for members (Part IX, colu		_		0.	0.	
Ø	15		es, other compensation, employee bene			2,814,7	20.	2,872,328.	
Expenses	16 a		ssional fundraising fees (Part IX, column				0.	0.	
xpe	b	Total f	fundraising expenses (Part IX, column (I	D), line 25) ▶ 709,410).				
Ш			expenses (Part IX, column (A), lines 11			3,245,80	04.	3,288,639.	
	l .		expenses. Add lines 13-17 (must equal			6,060,5	24.	6,160,967.	
	19		nue less expenses. Subtract line 18 from			91,6	29.	819,234.	
or			·		1	Beginning of Current	Year	End of Year	
sets	20	Total a	assets (Part X, line 16)			11,604,53	30.	13,411,166.	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			1,035,69	92.	1,665,417.	
E E	22		ssets or fund balances. Subtract line 21			10,568,83	38.	11,745,749.	
Pa	rt II	Sig	gnature Block						
			of perjury, I declare that I have examined th				of my k	nowledge and belief, it is	
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	any knowledge.			
						11/1	L0/20	021	
Sig		S	Signature of officer			Date			
He	re		VICTORIA NI	DIR OF	FINC & A	DMIN			
		Ī	ype or print name and title						
		Print/	Type preparer's name	Preparer's signature	Date	Check	if P	PTIN	
Paid		BRIZ	AN W DOW, CPA			self-emplo	yed	P00367740	
	parer	Firm's	name ▶SARFINO AND RHOAD	ES, LLP		Firm's EIN	52-0	961657	
Use	Only		saddress >11921 ROCKVILLE PIKE, SUI		2-2794			770-5500	
Ma	y the		iscuss this return with the preparer					. X Yes No	
			Reduction Act Notice, see the separat		<u> </u>	- -		Form 990 (2020)	

Page 2 Form 990 (2020)

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 INJUSTICE, 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	\[\frac{1}{2}\].
	prior Form 990 or 990-EZ?	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
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 me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
48	(Code:) (Expenses \$ 1,571,965. 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.	
	TROF 11.	
4k	(Code:) (Expenses \$ 820,396. including grants of \$) (Revenue \$)
	ACCESS TO JUSTICE-THIS PROGRAM INCLUDES LEGAL AND ADVOCACY EFFORTS	_
	AND CAMPAIGNS TO FIGHT FORCED ARBITRATION, FEDERAL PREEMPTION AND	
	COURT SECRECY. THIS PROGRAM WORKS TO ENSURE THAT AMERICA'S	
	COURTHOUSES REMAIN OPEN, AND ACCESSIBLE, FOR EVERYONE.	
40	: (Code:) (Expenses \$383,444. 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	Other program services (Describe on Schedule O.) ATTACHMENT 1	
_	(Expenses \$ 1,419,033. including grants of \$) (Revenue \$)	
_	e Total program service expenses ► 4,194,838.	200
JS/ 0E	1020 1.000	990 (2020)
	4025DT C021 11/12/2021 10:35:14 AM V 20-7.6F 64010	PAGE

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	
	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</i> "Yes," <i>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			
U	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
	·			- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
_	complete Schedule D, Part III	-		- 21
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		Х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

				No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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
	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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
	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			
	persons? If "Yes," complete Schedule L, Part III	27		Х
	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			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
00	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
	conservation contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	-		
	complete Schedule N, Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	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	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25h	Х	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	21	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enterthe number around in Day 2 of Fame 4000 Fates 0 Wastered II 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
		1c	Х	
	reportable daming (dambling) winnings to bose winners?			
	reportable gaming (gambling) winnings to prize winners?		990	(2020

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 41			
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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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		v	
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7с		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Spansaring organizations maintaining depart advised funds. Did a depart advised fund maintaining depart advised funds.	7 11		
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		23
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	100, 00			

PUBLIC JUSTICE FOUNDATION 59-1730478 Page 6 Form 990 (2020) 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 91 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. 91 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

any other officer, director, trustee, or key employee?............

X	X X X
X	X
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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 arrangeme b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t organization's exempt status with respect to such arrangements?............

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

ent		
	16a	X
its he		
	16b	

Χ

15a Χ

15b

Χ

2

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed -	ATTACHMENT Z
	Section 6104 requires an organization to make its Forms 1023 (1024 or	

10	Section 6 104 requires	an organization to make	HS FOIIIIS	5 1023 (1024	OI	1024-A, ii applicable), 990, and 990-1 (50	ection 50 i (c
	(3)s only) available for p	public inspection. Indicate	e <u>how</u> you	ı made these a	avail	able. Check all that apply.	
	X Own website	Another's website	X Un	on 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.
- 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 20

Form **990** (2020)

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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 any related organization compensated any current officer, director, or trustee.

Content with most bound should be a pure with the per week life any bours to related bours below determined below and the second belo					(0	C)						
Comparison Com	(A)	(B)	Position						(D)	(E)	(F)	
Compensation Comp	Name and title	Average	,						Reportable	Reportable	Estimated amount	
Company Comp									·	•		
Comparison Com		1 '									'	
Companizations below detections Companizations below detections Companizations below detections Companizations below detections Companizations Comp			ndiv or di	nsti	Offic	(ey	High High	om ₋	•	_		
(1) FRANK PAUL BLAND			idua recto	tutio	er	amp	est o	er			related organizations	
(1) FRANK PAUL BLAND		"	or E	nal t		oye	y X					
(1) FRANK PAUL BLAND			stee	rust		Ф	pens					
(1)FRANK PAUL BLAND				ee			satec					
EXECUTIVE DIRECTOR 18.00												
(2) ADELE KIMMEL 20.00 X	(1)FRANK PAUL BLAND	22.00										
SENIOR ATTORNEY 20.00	EXECUTIVE DIRECDTOR	18.00			Х				255,109.	0.	19,629.	
Columb C	(2) ADELE KIMMEL	20.00										
SENIOR ATTORNEY		20.00					X		0.	170,842.	22,720.	
(4)NEIL LEVINE 20.00 X	(3) LESLIE BRUECKNER	20.00										
SENIOR ATTORNEY 20.00	SENIOR ATTORNEY	20.00					X		0.	168,918.	17,077.	
C5 KELLY SIMON 20.00	(4)NEIL LEVINE	20.00										
DEVELOPMENT DIRECTOR 20.00	SENIOR ATTORNEY	20.00					X		0.	161,003.	15,563.	
Co STEVE RALLS	(5) KELLY SIMON	20.00										
DIRECTOR OF EXTERNAL AFFAIRS 30.00 X 158,377. 0. 12,031.	DEVELOPMENT DIRECTOR	20.00					X		158,795.	0.	13,938.	
C7) VICTORIA NI	(6) STEVE RALLS	10.00										
DIRECTOR OF FINANCE & ADMIN 18.00 X 80,584. 0. 3,513.		30.00					X		158,377.	0.	12,031.	
BOARD MEMBER Color Color	(7) VICTORIA NI	22.00										
BOARD MEMBER 0. X X 0. 0. 0. 0. (9) BETH TERRELL 2.00		18.00			Х				80,584.	0.	3,513.	
(9) BETH TERRELL 2.00 PRES TO - 6/20; PAST PRES 7/20 0. X X (10) MICHAEL L. PITT 2.00 PAST PRES TO 6/20 0. X X THEAS TO 7/20; VP FROM 7/20 0. X X (11) THOMAS M. SOBOL 0. 0. 0. 0. TREAS TO 7/20; VP FROM 7/20 0. X X SEC. TO 7/20; TRES. FROM 7/20 0. X X PRES CL. CRAMER 2.00 PRES ELECT TO 7/20; PRES -7/20 0. X X 0. 0. 0. 0. 0. 0. 0.	(8) TARA D. SUTTON	2.00										
PRES TO - 6/20; PAST PRES 7/20			Х		Х				0.	0.	0.	
Column C		2.00										
PAST PRES TO 6/20		0.	Х		Х				0.	0.	0.	
(11) THOMAS M. SOBOL 2.00 TREAS TO 7/20; VP FROM 7/20 0. X X (12) PRESTON C. TISDALE 2.00 SEC. TO 7/20; TRES. FROM 7/20 0. X X (13) ERIC L. CRAMER 2.00 PRES ELECT TO 7/20; PRES -7/20 0. X X (14) MARY E. ALEXANDER 2.00	(10) MICHAEL L. PITT	2.00										
TREAS TO 7/20; VP FROM 7/20		0.	Х		Х				0.	0.	0.	
(12) PRESTON C. TISDALE 2.00 X X X 0. 0. 0. 0. SEC. TO 7/20; TRES. FROM 7/20 0. X X 0. 0. 0. (13) ERIC L. CRAMER 2.00		2.00										
SEC. TO 7/20; TRES. FROM 7/20 0. X X 0. 0. 0. 0. (13) ERIC L. CRAMER 2.00 PRES ELECT TO 7/20; PRES -7/20 0. X X 0. 0. 0. 0. (14) MARY E. ALEXANDER 2.00		0.	Х		Х				0.	0.	0.	
(13) ERIC L. CRAMER 2.00		2.00										
PRES ELECT TO 7/20; PRES -7/20 0. X X 0. 0. 0. (14) MARY E. ALEXANDER 2.00		0.	Х		Х				0.	0.	0.	
(14) MARY E. ALEXANDER 2.00	(13) ERIC L. CRAMER	2.00										
			X		Х				0.	0.	0.	
BOARD MEMBER 0. X 0. 0. 0. 0.	(14) MARY E. ALEXANDER	2.00										
	BOARD MEMBER	0.	X						0.	0.	0.	

Form **990** (2020)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	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 or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other apensation	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 an	om the anizatio d related anization	d
15) BENJAMIN L. BAILEY	2.00											
BOARD MEMBER	0.	Х						0	0.			(
16) LAUREN GUTH BARNES	2.00											
BOARD MEMBER	0.	X						0	0.			(
17) LEONARD A. BENNETT	2.00											
BOARD MEMBER	0.	X						0	0.			(
18) ESTHER BEREZOFSKY	2.00											
BOARD MEMBER	0.	X						0	0.			(
19) RAYMOND P. BOUCHER	2.00											
BOARD MEMBER	0.	X						0	0.			(
20) ALAN BRAYTON	2.00											
BOARD MEMBER	0.	X						0	0.			(
21) MITCHELL BREIT	2.00											
BOARD MEMBER	0.	Х						0	0.			(
22) DANIEL K. BRYSON	2.00											
VP TO 7/20; PRES ELECT - 7/20	0.	X		Х				0	0.			(
23) RUSSELL W. BUDD	2.00											
BOARD MEMBER	0.	X						0	0.			(
24) JOAN CLAYBROOK	2.00											
BOARD MEMBER	0.	X						0	0.			(
25) LINDA M. CORREIA	2.00											
BOARD MEMBER	0.	X						0	0.			(
1b Sub-total								652,865.	500,763.		104,4	471
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	0.	0.			0
d Total (add lines 1b and 1c)							\blacktriangleright	652,865.	500,763.	-	104,4	471
2 Total number of individuals (including but not			liste	d al	bov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	n 🕨	3	3									
											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	eater than	\$15	50,0	00?	. If	"Yes	," (complete Schedu	le J for such		37	
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Sch	nedu	ıle J	J for	such	per	son		5		X
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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and H	lig	hest Compensat	ed Employees (c	ontinue	<i>∍d)</i>	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	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	an	(F) stimated nount 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)	org an	om the anizatio d related anization	b
26) JOSEPH COTCHETT	2.00											
BOARD MEMBER	0.	Х						0	0.			0
27) HARRY DEITZLER	2.00											
BOARD MEMBER	0.	Х						0	0.			0
28) THOMAS DEMPSEY	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
29) CONAL DOYLE	2.00											
BOARD MEMBER	0.	Х						0	0.			0
30) E. MICHELLE DRAKE	2.00											
BOARD MEMBER	0.	X						0	0.			0
31) SANFORD P. DUMAIN	2.00											
BOARD MEMBER	0.	X						0	0.			0
32) JEFFREY D. EISENBERG	2.00											
BOARD MEMBER	0.	X						0	0.			0
33) INGRID EVANS	2.00											_
BOARD MEMBER	0.	X						0	. 0.			C
34) STEVEN FINEMAN	2.00											_
BOARD MEMBER	0.	X						0	0.			C
35) JEFFREY FOOTE	2.00											_
BOARD MEMBER	0.	X						0	. 0.			C
36) MYRIAM GILLES	2.00											_
BOARD MEMBER	0.	X						0	0.			
1b Sub-total								0.	0.			0 .
c Total from continuation sheets to Part VII,							>					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not reportable compensation from the organization		hose _.	liste २	ed a	bov	e) who	o re	eceived more than	\$100,000 of			
Teportable compensation from the organization)II P										Yes	No
3 Did the organization list any former offi											res	No
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ind	livid	ual						3		X
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,0	00?	. If	"Yes	s, "	complete Schedu	ıle J for such		77	
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "	res," comple	te Sci	hedu	ıle .	J for	such	per	rson		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated i	ndepe	ende	ent	con	tracto	rs t	that received more	e 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

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	npio	yee	es,	and F	ııgı	nest Compensat	ed Employees (d	ontinue	ed)	
(A)	(B)			(0	-			(D)	(E)		(F)	
Name and title	Average hours per	(do r	not ch		ition more	e than o	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any	box,	unles	ss pe	rson	is both	an	from	related		other	
	hours for related					or/truste		the	organizations		pensation on the	on
	organizations	r diri	stitu	Officer	Key employee	ighe mplc	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)		anizatio	n
	below dotted	dual	ntion	Ť	mplc	st co	4	(11 2/1000 111100)			d related	
	line)	Individual trustee or director	al tn		yee) mpe				orga	anizatior	ıs
		lee	Institutional trustee			Highest compensated employee						
37) JEFFREY GOLDBERG	2.00					e d						
BOARD MEMBER		X						0] 0.			0
38) ROBIN L. GREENWALD	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
39) RODNEY G. GREGORY	2.00											
BOARD MEMBER	0.	Х						0	0.			0
40) J. GARY GWILLIAM	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
41) J.D. HAYS, JR.	2.00											
BOARD MEMBER	0.	X						0	. 0.			0
42) STEPHEN J. HERMAN	2.00							_	_			_
BOARD MEMBER	0.	X						0	. 0.			0
43) STEVEN KAZAN	2.00								0			0
BOARD MEMBER 44) ANNE KEARSE	2.00	X						0	0.			0
BOARD MEMBER	$-\frac{2.00}{0}$	X						0] 0.			0
45) AMY E. KELLER	2.00							0	. 0.			
BOARD MEMBER		Х						0] 0.			0
46) RAYNA KESSLER	2.00											
BOARD MEMBER		Х						0	. 0.			0
47) KALPANA KOTAGAL	2.00											
BOARD MEMBER	0.	Х						0	. 0.			0
1b Sub-total								0.	. 0.			0.
c Total from continuation sheets to Part VI							>					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but r				d al	bove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organiza	ation >	3	3									
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the organization and related organizations												
individual										4	Х	
5 Did any person listed on line 1a receive												
for services rendered to the organization? It										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensated in	ndepe	ende	ent o	con	tracto	rs t	hat received more	e than \$100,000 c	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

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ted Employees (continue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe d a d	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am	stimated nount 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)	org: and	om the anizatio d related anization	b
48) JACK LANDSKRONER BOARD MEMBER	2.00	Х						0	. 0.			0
49) J.D. LEE	0.											
BOARD MEMBER	0.	X						0	0.			0
50) ANDREW A. LEMMON	2.00	-										0
BOARD MEMBER	0.	X						0	0.			0
51) THEODORE J. LEOPOLD BOARD MEMBER	2.00	X						0	0.			0
52) SETH R. LESSER	2.00	Λ.						0	. 0.			
BOARD MEMBER		X						0] 0.			0
53) SALVADOR LICCARDO	2.00											
BOARD MEMBER		X						0	0.			0
54) JASON L. LICHTMAN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
55) MIMI Y. LIU	2.00											
BOARD MEMBER	0.	Х						0	0.			0
56) FREDERICK S. LONGER	2.00											
BOARD MEMBER	0.	X						0	0.			0
57) ROGER L. MANDEL	2.00											
BOARD MEMBER	0.	Х						0	0.			0
58) HADLEY L. MATARAZZO	2.00	-										0
BOARD MEMBER	0.	Х					<u> </u>	0	. 0.			0.0
to Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) Total number of individuals (including but n							>					
reportable compensation from the organiza		nose	3	u ai	DOV	e) who	<u> </u>	eceived more man	\$ 100,000 or			
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3	Yes	No X
4 For any individual listed on line 1a, is th organization and related organizations individual	e sum of rep greater than	oortab \$15	ole (com 100?	per	nsation "Yes	n aı	nd other compen complete Schedu	sation from the	4	X	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	sati	on t	fron	n any	un	related organizati	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

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (d	ontinu	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	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 npensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fı org an	rom the ganizatio nd related anization	on d
59) PAUL MILLER	2.00											
BOARD MEMBER	0.	X						0	. 0.			(
60) KRISTEN MILLER	2.00											
BOARD MEMBER	0.	X						0	0.			(
61) BRAD MOORE	2.00											
BOARD MEMBER	0.	X						0	0.			(
62) CHRISTOPHER T. NACE	2.00	1										
BOARD MEMBER	0.	X						0	0.			(
63) MAJED NACHAWATI	2.00								_			
BOARD MEMBER	0.	X						0	0.			(
64) VICTORIA S. NUGENT	2.00								_			
BOARD MEMBER	0.	X						0	0.			(
65) MARY PARKER	2.00	_							_			_
BOARD MEMBER	0.	X						0	0.			(
66) EUGENE PAVALON	2.00											
BOARD MEMBER	0.	X						0	0.	<u> </u>		(
67) GALE PEARSON	2.00											,
BOARD MEMBER	0.	X						0	0.			(
68) PETER PERLMAN	2.00											,
BOARD MEMBER	0.	X						0	0.			(
69) JOSEPH POWER	2.00											,
BOARD MEMBER	0.	X						0	0.			
1b Sub-total	0							0.	0.			0
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	-											
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose	liste				o re	ceived more than	\$100,000 of			
Toportubio componidation from the organization	JII P										Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such		77	
individual										4	X	
5 Did any person listed on line 1a receive o										-		Х
for services rendered to the organization? If " Section B. Independent Contractors	res, comple	ie Sci	ieal	iie J	ı tor	sucn	per	รบก		5		Λ
·		1						hat made to		,		
1 Complete this table for your five highest con	iipensated I	паер	Suae	JIIt	con	แลตเด	เรโ	nat received more	; man \$100,000 C	Л		

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

Section A. Officers, Directors,	Trustees, Ke	y Em	pio	yee	es, a	and H	ugr	nest Compensat	ed Employees (c	ontinue	}d)	
(A)	(B)			(C	-			(D)	(E)		(F)	
Name and title	Average	(do i		Posit		than or		Reportable	Reportable		stimated nount of	
	hours per week (list any	,				s both a	- 1	compensation from	compensation from related		other	1
	hours for					or/truste		the	organizations		pensati	on
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	amp	Forme	organization	(W-2/1099-MISC)		om the anizatio	nn.
	below dotted	rect	tutio	ğ	emp	est o	ed	(W-2/1099-MISC)		-	d related	
	line)	9 =	nali		loye	e com				orga	anizatior	าร
		stee	rust		Φ	bens						
) e			Highest compensated employee						
70) ANNA P. PRAKASH	2.00		\Box									
BOARD MEMBER	0.	Х						0	. 0.			0
71) ELLEN A. PRESBY	2.00											
BOARD MEMBER	0.	Х						0	0.			0
72) SANDRA ROBINSON	2.00											
BOARD MEMBER	0.	Х						0	0.			0
73) RONALD RODRIGUEZ	2.00											
BOARD MEMBER	0.	Х						0	0.			0
74) LEE J. ROHN	2.00											
BOARD MEMBER	0.	X						0	0.			0
75) SUSAN SALADOFF	2.00											
BOARD MEMBER	0.	X						0	. 0.			0
76) FREDERICK S. SCHWARTZ	2.00											
BOARD MEMBER	0.	X						0	. 0.			0
77) GEORGE SHADOAN	2.00											
BOARD MEMBER	0.	X	Ш					0	0.			0
78) DONALD H. SLAVIK	2.00											
BOARD MEMBER	0.	X	\sqcup					0	0.			0
79) TODD A. SMITH	2.00	-										
BOARD MEMBER	0.	X	\sqcup					0	0.			0
80)	2.00	_										_
BOARD MEMBER	0.	X	Ш					0	0.			0
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VI												
d Total (add lines 1b and 1c)								L	• • • • • •			
2 Total number of individuals (including but reportable compensation from the organization)			listed 3	d ab	ove) who	re	ceived more than	\$100,000 of			
	411011										Yes	No
2 Did the organization list any former	officer directo			otoo	را د		mn	lovos or bighos	t componented		103	110
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sci										3		Х
4 For any individual listed on line 1a, is the organization and related organizations												
individual										4	x	
5 Did any person listed on line 1a receive										7		
for services rendered to the organization? I										5		Х
Section B. Independent Contractors	,											
Complete this table for your five highest of	compensated in	ndene	ende	nt c	cont	ractor	rs th	hat received more	e 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

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(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	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
81) WILLIAM SNEAD	2.00									
BOARD MEMBER	0.	Х						0	0.	0
82) PAUL STRITMATTER	2.00									
BOARD MEMBER	0.	Х						0	0.	0
83) DAVID F. SUGERMAN	2.00									
BOARD MEMBER	0.	Х						0	0.	0
84) CHRISTOPHER P. THORMAN	2.00									
BOARD MEMBER	0.	X						0	0.	0
85) MICHAEL P. THORNTON	2.00									
BOARD MEMBER	0.	Х						0	0.	0
86) RICHARD P. TRAULSEN	2.00									
BOARD MEMBER	0.	Х						0	0.	0
87) WILLIAM TRINE	2.00								_	_
BOARD MEMBER	0.	X						0	0.	0
88) JANET VARNELL	2.00									
SECRETARY FROM 7/20	0.	X		Х				0	0.	0
89) MONA LISA WALLACE	2.00	- 37								0
BOARD MEMBER	0.	X						0	0.	0
90) MELISSA W. WEINER	2.00	3,7								
BOARD MEMBER	0.	X						0	0.	С
91) STEVEN N. WILLIAMS	2.00							0	0.	_
BOARD MEMBER	0.	Х						0	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII	•		• •		• •					
d Total (add lines 1b and 1c)									\$400,000 of	
2 Total number of individuals (including but reportable compensation from the organiza				ua	DOV	e) who) le	ceived more than	\$100,000 01	
Toportable compensation from the organiza										Yes No
3 Did the organization list any former of										
employee on line 1a? If "Yes," complete Sch	nedule J for su	ch ina	lividu	ual						3 X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?) It	"Yes	3,"	complete Schedu	le J for such	4 X
individual										4 X
5 Did any person listed on line 1a receive for services rendered to the organization? In										5 X
Section B. Independent Contractors										
4 Complete this table for your five bighest a			1 -				4		MAOO OOO -	

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	Page t
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	ss pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
92) MICHAEL WITHEY	2.00									
BOARD MEMBER	0.	X						0	0.	(
93) TINA WOLFSON	2.00									
BOARD MEMBER	0.	X						0	0.	
94) HASSAN A. ZAVAREEI	0.									
BOARD MEMBER	0.	X						0	0.	
95) VIRGINIA BUCHANAN	2.00	37								
BOARD MEMBER	2.00	X						0	0.	
96) ELIZABETH CHAVEZ BOARD MEMBER	2.00	v						0	0.	
97) FELICIA MEDINA	2.00	X						0	0.	
BOARD MEMBER	0.	X						0	0.	
98) ADAM ZAPALA	2.00							0	0.	
BOARD MEMBER	0.	X						0	0.	
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	0.	0.	0
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not reportable compensation from the organization			liste 3	d al	bove	e) who	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	l If	"Yes	3,"	complete Schedu		4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	fron	n any	un	related organization		
for services rendered to the organization? If "Ye	es," comple	te Scl	hedu	ıle J	for	such	per	son		5 X
Section B. Independent Contractors										_
 Complete this table for your five highest com compensation from the organization. Report of year. 										

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

Page 9

Part VIII Statement of Revenue

Par	l VIII	Check if Schedule O contains a respon	se or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a b	'	1,896,108.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Fundraising events	198,197.				
	f	and similar amounts not included above 1f	4,795,968.				
Contri and Of	g h	Noncash contributions included in lines 1a-1f		6,890,273.			
_			Business Code				
Program Service Revenue	2a	·					
Sel	b c						
ram	d						
og R	е						
Δ.	f	All other program service revenue		0.			
	<u>g</u> 3	Total. Add lines 2a-2f		0.			
		other similar amounts)		129,369.			129,369.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
	٠-		(ii) Personal				
	6a b	Gross rents 6a 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 6,798.					
evenue	b	Less: cost or other basis and sales expenses 7h 3,225.					
eve	С	C : (L)					
Š		Net gain or (loss)		3,573.			3,573.
Other R	8a	Gross income from fundraising					
0		events (not including \$198,197.					
		of contributions reported on line	_				
	_	1c). See Part IV, line 18 8a	80,589.				
	b C	Less: direct expenses Net income or (loss) from fundraising events.		-80,589.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances 10a	0.				
	b	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
g		, , , , , , , , , , , , , , , , , , , ,	Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	37,575.			37,575.
llan ent	b						
Rev	С						<u> </u>
Ξ	d	All other revenue		37,575.			
	<u>е</u> 12	Total. Add lines 11a-11d		6,980,201.			170,517.
JSA		. C.a Ovolido: Oco motidotiono i i i i i i i i i		0,500,201.		<u>I</u>	Form QQ0 (2020)

59-1730478

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).

	Check if Schedule O contains a response or note to any line in this Part IX							
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)			
	9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and	_						
	foreign individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	311,729.	186,779.	94,630.	30,320.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	2,087,228.	1,100,687.	621,561.	364,980.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	22,900.	721.	17,566.	4,613.			
9	Other employee benefits	261,126.	136,920.	85,267.	38,939.			
10	Payroll taxes	189,345.	94,141.	66,797.	28,407.			
11					_			
а	Management	0.						
	Legal	2,007,012.	1,991,094.	5,662.	10,256.			
	Accounting	124,079.	59,800.	33,846.	30,433.			
	Lobbying	29,242.	29,242.					
	Professional fundraising services. See Part IV, line 17	0.						
1	Investment management fees	34,925.		34,925.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	169,082.	55,831.	49,494.	63,757.			
12	Advertising and promotion	0.						
13	Office expenses	14,700.	8,263.	3,998.	2,439.			
14	Information technology	23,299.	15,830.	4,778.	2,691.			
15	Royalties	0.						
16	Occupancy	437,744.	250,238.	115,110.	72,396.			
17	Travel	31,393.	23,444.	7,539.	410.			
	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	0.						
20	Interest	0.						
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	66,766.	37,476.	17,981.	11,309.			
23	Insurance	53,898.	30,254.	14,515.	9,129.			
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.)							
а	OFFICE SYSTEMS	75,500.	44,037.	20,042.	11,421.			
b	PRINTING AND MAILSHOP	26,534.	1,897.	24,452.	185.			
-	COMMUNICATIONS	24,582.	11,443.	8,994.	4,145.			
_	AWARDS	4,760.	605.	377.	3,778.			
_	All other expenses	165,123.	116,136.	29,185.	19,802.			
	Total functional expenses. Add lines 1 through 24e	6,160,967.	4,194,838.	1,256,719.	709,410.			
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	0						
_	following SOP 98-2 (ASC 958-720)	0.			- 000 (assa)			

Part X Balance Sheet

		X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,429,794.	1	3,127,698.
	2	Savings and temporary cash investments	2	193,725.	
	3	Pledges and grants receivable, net	191,667.	3	151,730.
	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	400,320.	7	80,252.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	115,618.	9	130,319.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,053,784.			
	b	Less: accumulated depreciation	527,627.	10c	478,899.
	11	Investments - publicly traded securities	8,689,338.	11	9,192,080.
	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	14	0.	
	15	Other assets. See Part IV, line 11	56,463.	15	56,463.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,604,530.	16	13,411,166.
	17	Accounts payable and accrued expenses	263,926.	17	353,294.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	12,534.	19	1,000.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Бi		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	759,232.	25	1,311,123.
	26	Total liabilities. Add lines 17 through 25	1,035,692.	26	1,665,417.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	9,820,437.	27	11,062,564.
Bal	28	Net assets with donor restrictions.	748,401.	28	683,185.
2	20	Organizations that do not follow FASB ASC 958, check here ▶	710,101.	20	003,103.
r F		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	10,568,838.	32	11,745,749.
_	33	Total liabilities and net assets/fund balances	11,604,530.	33	13,411,166.
					Form 990 (2020)

Form **990** (2020)

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			80,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			60,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			19,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		10,5		
5	Net unrealized gains (losses) on investments	5		3	57,6	
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		11,7	45,7	49.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n 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 com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2.	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	3a		Х
	Single Audit Act and OMB Circular A-133?			Sa		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits		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	JUSTICE FOUNDATION	N				59-17304	78
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	S.
The	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz						(iii). Enter the
		hospital's name, city, and st	=					
5				a college or universit	tv owned	d or ope	erated by a governme	ental unit described in
-		section 170(b)(1)(A)(iv). (C	d for the benefit of a college or university owned or operated by a governmental unit described in					
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)	
7		An organization that norma						om the general nublic
•	\Box	described in section 170(b)	=	· · · · · · · · · · · · · · · · · · ·	ipport iiv	om a go	vorminorital and or m	om the general public
8		A community trust describe			Part II \			
9		An agricultural research org				nnerated	Lin conjunction with a	land-grant college
9		or university or a non-land-	=			-	•	
		university:	grant conege or ag	griculture (see ilistruct	110115). LI	ilei liie i	name, dity, and state o	i trie college of
10		An organization that norma	Ily receives (1) me	oro than 231/2% of its	cupport	from cor	atributions momborsh	in face and grace
10		receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	ic safety.	See sec	tion 509(a)(4).	
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	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 organizati	on(s), by having
		control or management of	•					
		_ organization(s). You must				•		
С		Type III functionally integ			ated in co	onnectio	n with, and functional	lly integrated with.
		_ its supported organization	- : :					, ,
d		Type III non-functionally		-				ted organization(s)
		that is not functionally inte			-			= ::
		requirement (see instruct		•	•		•	
е		Check this box if the orga		-				I. Type III
		functionally integrated, or						, ,,
f	Ent	er the number of supported						
g		vide the following information	_					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/A\								
(A)								
(B)								
(D)								
(C)								
(D)								
(E)								
Tota	11							

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 2

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,131,521.	6,381,615.	6,327,869.	6,002,559.	6,885,273.	30,728,837.	
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	5,131,521.	6,381,615.	6,327,869.	6,002,559.	6,885,273.	30,728,837.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,078,623. 29,650,214.	
	• • • • • • • • • • • • • • • • • • • •						29,050,214.	
	tion B. Total Support	(=) 2010	(b) 2017	(=) 2048	(4) 2010	(=) 2020	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2016	` ,	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,131,521. 127,097.	6,381,615.	6,327,869.	208,553.	6,885,273.	30,728,837.	
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.)	447.	4,157.	28,993.	50,745.	42,757.	127,099.	
11	Total support. Add lines 7 through 10						31,519,215.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2020 (li	ne 6, column (f)	, divided by line	11, column (f))		14	94.07%	
15	Public support percentage from 2019					15	95.29 %	
16a	331/3% support test - 2020. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl		
	box and stop here. The organization quantum distance of the stop here.							
b	331/3% support test - 2019. If the org							
	this box and stop here . The organization	•		-				
17a	10%-facts-and-circumstances test - 2							
	10% or more, and if the organization					-	-	
	Part VI how the organization meets			•	•			
	organization							
b	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the organization							
	in Part VI how the organization meets			_				
	organization							
18	Private foundation. If the organization							
	instructions					shadula A (Form 0		

Schedule A (Form 990 or 990-EZ) 2020 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.)

	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
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 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	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 this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. 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 d	id 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) 2020 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.

 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).

 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- lines 3b and 3c below.

 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and
- **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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

3a			Yes	No
1) V			
2		1		
2	s d			
3a		2		
3b	r	3a		
3b	b e			
3c 4a 4b 4c 4b 4c 5b 5c 5c 5c 6 7 7 8 8 9a 9b 10a 5c 10a 5c		3b		
4a	,	3с		
4a	f			
4b		4a		
4c	า ก			
4c		4b		
4c	n d			
5a		4c		
5a	" V			
5b 5c 6 7 7 8 9a 9b tt 9c 10a	; 1			
5b 5c		5a		
5b 5c	/			
6		5b		
6		5с		
7 7 8 8 9a 9b 10a 9c 10a 9c	o d r			
7 7 8 8 9a 9b t 9c 10a 10a 0		6		
8 9a 9b t 9c 10a 10a 0	r /			
9a 9b 9c 10a 10a 0		-		
9a 9b 9c 9c 10a 10a 9c	?	8		
9b 9c 9c 10a 10a 10a 10a 10a	e S			
9b 9c 10a 10		9a		
9c 10a 1	1	9b		
9c 10a 1	t			
10a		9с		
	n d			
	2	10a		
		10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44=		
Socti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	NO
Secti	on D. All Type III Supporting Organizations			
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		Yes	No
	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 line 2, above, 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).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.
Se	ection 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		
Se	ection 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	I Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization
	(see instructions).			· -

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Page 7

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

I ait	Type in item i unotionally integrated coc(a)(c)	Capporting Crgamea.	ione (commaca)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e		1		
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect			(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				

Schedule A (Form 990 or 990-EZ) 2020

5

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 Page **8**

Schedule A (Folili 990 of 990-E2

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

2020

Employer identification number

PUBLIC JUSTICE FOUNDATION 59-1730478 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	N/A	\$\$	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	N/A	\$\$	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	N/A	\$\$,718,711.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b) Name, address, and ZIP + 4	(c)	(d)			

140.	Name, address, and zir + 4	Total continuations	Type of contribution
4	N/A	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$323,410.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$158,847.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PUBLIC JUSTICE FOUNDATION

Employer identification number 59-1730478

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	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	N/A	\$\$	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	N/A	\$\$	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	N/A	\$\$	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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1	BOTTLES OF WINE				
		\$5,000.	06/15/2020		
(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) (2020) 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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

lf th	e organization answered "Yes,"	that have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	` '	', '	'
•	(See separate instructions), the Section 501(c)(4), (5), or (6) organized				
	ne of organization	anzadono. Complete i art in.		Employer ide	ntification number
	BLIC JUSTICE FOUNDAT	ON		59-1730	
		organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	-	organization's direct and indirect			
	definition of "political campa	<u> </u>	,	(222	
2	·	xpenditures (See instructions)		▶ \$	
3		campaign activities (See instruction			
		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5, , , , , , ▶\$	
2		ise tax incurred by organization m			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
2		g organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, er ributions received that were pron and or a political action committee (per (EIN) of all section of the amount paid optly and directly de	on 527 political organiza I from the filing organizalivered to a separate po	ations to which the filing ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			-		

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

Schedule C (Form 990 or 990-EZ) 2020

Sche	dule C (Form 990 or 990-EZ) 2020	PUBLIC JUSTICE	FOUNDATION		59-1	730478 Page 2
Pa	rt II-A Complete if the org section 501(h)).	janization is exer	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
Α			affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	zation checked box A	A and "limited contro	l" provisions app	ly.	
	Limits (The term "expendit	on Lobbying Expen- ures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to i	nfluence public opin	ion (grassroots lobb	ying)		
	Total lobbying expenditures to i	· · · · · · · · · · · · · · · · · · ·	,•		29,242.	
	Total lobbying expenditures (ad	•	• •	•,	29,242.	
	Other exempt purpose expendit				6,131,725.	
	Total exempt purpose expenditor			_	6,160,967.	
	Lobbying nontaxable amount.	·	·			
	columns.		3		458,048.	
	If the amount on line 1e, column (a) or (b) is: The lobbyin	ng nontaxable amount i	is:		
	Not over \$500,000		amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000 \$100,000 p	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$175,000 p	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000 \$225,000 p	us 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount	(enter 25% of line 1f)		114,512.	
h	Subtract line 1g from line 1a. If	zero or less, enter -0		[0.	0.
i	Subtract line 1f from line 1c. If a	zero or less, enter -0-		[0.	0.
	If there is an amount other th				tion file Form 4720	
	reporting section 4911 tax for the	his year?				Yes No
		4-Year Aver	aging Period Under	Section 501(h)		
	(Some organizations tha	t made a section 50	1(h) election do no	t have to comple	ete all of the five colum	ns below.
		See the separa	te instructions for I	ines 2a through	2f.)	
		Lobbying Expe	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount	395,534.	395,789.	454,87	1. 458,048.	1,704,242.
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,556,363.
	Total lobbying expenditures	37,540.	33,134.	39,12	4. 29,242.	139,040.
d	Grassroots nontaxable amount	98,884.	98,947.	113.71	8. 114,512.	426,061.

Schedule C (Form 990 or 990-EZ) 2020

639,092.

e Grassroots ceiling amount

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

Page 3 Schedule C (Form 990 or 990-EZ) 2020

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	38		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a))	(b)			
		Yes	No		Amou	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a b	Volunteers?						
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						
	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or s	ection			
	501(c)(6).	,,,	0. 0		-		
						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?						
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
ıaı	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 o	of				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 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 le instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	p list); Part	II-A, lir	nes 1	and

Schedule C (Form 990 or 990-EZ) 2020 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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PUE	BLIC JUSTICE FOUNDATION	59-1730478
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	• • • • • • • • • • • • • • • • • • • •
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
_		2b
b		2c
c d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u		2d
2		
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
6	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	occupation accompants during the year
'	S S	iservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170/b)//)/B)/i)
0	and acation 170(b)(4)(P)(i)(2	V N-
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	·
	organization's accounting for conservation easements.	statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and halance sheet works
ıa	of art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	> ¢
	(ii) Assets included in Form 990, Part X	
2		
2	If the organization received or held works of art, historical treasures, or other similar as	sets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	•
a b	Revenue included on Form 990, Part VIII, line 1	
~		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Treas	ures, or	Other Similar	Assets (c	continued)	rage =
3	Using the organization's acquisition								
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan or e	xchange	program			
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expl	ain how they	further	the organization	n's exempt	purpose i	n Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations o	of art, historic	al treasu	res, or other sim	ilar _		
	assets to be sold to raise funds rath		ained as pa	art of the orga	anization'	s collection?		Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answered "Yo	es" on For	m 990, Part	IV, line	9, or reported a	an amour	nt on Form	1
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								_
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing table:					
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						1 1111 0		
	Did the organization include an am							Yes _	No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation has	s been pr	ovided on Part XI	II		
Ра	rt V Endowment Funds. Complete if the organiza	ution answered "V	oc" on For	m 000 Part	· IV/ line	10			
	Complete if the organiza				:) Two year		vaana baak	(a) Faurusa	ma haali
		(a) Current year	(b) Prid	or year (C) I wo year	s back (d) Tillee	years back	(e) Four yea	- Dack
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	. (1)		- // 4		h - l - l			
2 a	Provide the estimated percentage Board designated or quasi-endown		end baland	e (line 1g, coi	umn (a))	neid as:			
b	Permanent endowment	%	_′0						
C									
·	The percentages on lines 2a, 2b, a	. ′ *	100%						
3a	Are there endowment funds not in			ation that are	held and	d administered fo	r the		
-	organization by:	россосии	o.ga					Yes	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•						
Pa	rt VI Land, Buildings, and Equ Complete if the organiza								
	Complete if the organization	ation answered "Y	es" on Fo						0.
	' ' '		r other basis stment)	(b) Cost or oth (other)		(c) Accumulated depreciation	(d) Book value	
1a	Land			, ,					
b	Buildings								
С	Leasehold improvements			667	,638.	252,484		415	,154.
d	Equipment			229	,458.	169,047		3	,334.
_е	Other			156	,688.	153,354		60	,411.
	II. Add lines 1a through 1e. (Column		m 990. Pari	X. column (F	3). line 10	c.) •		478	,899.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, l	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered (a) Description of investment	d "Yes" on Form 990 (b) Book value	, Part IV, line 11c. See Form 990, I (c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
	line 25.			
1.	(a) Descrip	otion of liability		(b) Book value
(1) Fede	ral income taxes			
(2) DEFE	RRED LEASE OBLIGATION			865,413.
(3) LOAN	PAYABLE - CURRENT			345,586.
(4) LOAN	PAYABLE - NON-CURRENT			100,124.
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			1,311,123.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements tha	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2020 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	7,383,542.
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.)	20	438,266.
	Add lines 2a through 2d	2e 3	6,945,276.
3	Subtract line 2e from line 1	3	0,710,2701
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 34,925.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	34,925.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,980,201.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	6,206,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Fart Ann.)	2e	80,589.
е 3	Add lines 2a through 2d	3	6,126,042.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 34,925.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	34,925.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	6,160,967.
	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	Oart \/	line 1: Part Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
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 0	F THE 990 BUT RECORDED AS EXPESNE ON THE AUDITED FINANCIAL		
STAT	EMENTS.		

Part XIII Supplemental Information (continued)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

Name of the or	ganization					Employer identification	on number
	USTICE FOUNDATION					59-1730478	
	Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
	ate whether the organization rais	· · · · · · · · · · · · · · · · · · ·			activities. Check a	all that apply.	
a N	/lail solicitations	е	Solic	itation of i	non-government g	rants	
b li	nternet and email solicitations	f	Solid	itation of	government grants	3	
c F	Phone solicitations	g	Spec	cial fundra	ising events		
d lı	n-person solicitations						
or ke b If "Ye	ne organization have a written only employees listed in Form 990 s," list the 10 highest paid indicensated at least \$5,000 by the control of the second seco	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) N	ame and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		001. (1)	
1			100	110			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γotal				▶			
	Il states in which the organizaration or licensing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2020

_		e G (Form 990 or 990-EZ) 2020				Page Z
Pa	rt I					
		more than \$15,000 of fundr		ions and gross incom	ie on Form 990-EZ,	lines 1 and 6b. List
		events with gross receipts gre				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ent			PRES PARTY	ANNUAL GALA		(add col. (a) through col. (c)
			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	18,500.	153,197.	26,500.	198,197
Reve						
		Less: Contributions	18,500.	153,197.	26,500.	198,197
	3	Gross income (line 1 minus				
		line 2)			0.	
	4	Cash prizes				
	_	Nanaah minaa				
	Э	Noncash prizes				
es	6	Pont/facility costs		12,007.	13,239.	25,246
ens	O	Rent/facility costs		12,007.	13,239.	23,240
Direct Expenses	7	Food and beverages	14,884.		6,613.	21,497
H H	•	r ood and beverages	11/001.		0,013.	21,15,
<u>ie</u>	8	Entertainment				
	9	Other direct expenses	470.	10,842.	22,532.	33,844
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	ımn (d)		80,587
	11	Net income summary. Subtract li	ine 10 from line 3, coli	umn (d)	<u> </u>	-80,587
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	janization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
4		\$13,000 OH1 OHH 990-LZ, III	le oa.	# N =		(A) Tatal maning of fadd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
š						
R	1	Gross revenue				
benses	2	Cash prizes				
SU						
φ	3	Noncash prizes				
Direct Ex						
G	4	Rent/facility costs				
⊡	_					
_	5	Other direct expenses			T 1.	
	_	Valuataarlahar	Yes %	I 		
	О	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	ımn (d)		
	•	Direct expense summary. Add in	ico z unougn o in colo	(a)		
	8	Net gaming income summary. So	ubtract line 7 from line	1. column (d)	•	
_				, (-/1111		
9		Enter the state(s) in which the org	anization conducts ga	ming activities:		
а	ı	Is the organization licensed to con	nduct gaming activities	in each of these state	es?	Yes No
k)	If "No," explain:				
4.0						
10a		Were any of the organization's gamin	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No
k	,	If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

PUBLIC JUSTICE FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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) 2020

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC JUSTICE FOUNDATION

Employer identification number

59-1730478

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_		
3	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			
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:	4-		Х
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		Λ
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		Х
b	Any related organization?	6b		Х
	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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		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) 2020

PUBLIC JUSTICE FOUNDATION 59-1730478

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FRANK PAUL BLAND	(i)	253,109.	2,000.	0.	7,701.	11,928.	274,738.	
1 EXECUTIVE DIRECTOOR	(ii)	0.	0.	0.				
STEVE RALLS	(i)	156,377.	2,000.	0.	4,741.	7,290.	170,408.	
DIRECTOR OF EXTERNAL AFFAIRS	(ii)	0.	0.	0.				
ADELE KIMMEL	(i)	0.	0.	0.				
3 ^{SENIOR} ATTORNEY	(ii)	168,842.	2,000.	0.	17,450.	5,270.	193,562.	
NEIL LEVINE	(i)	0.	0.	0.				
4 ^{SENIOR ATTORNEY}	(ii)	159,003.	2,000.	0.	4,847.	10,716.	176,566.	
LESLIE BRUECKNER	(i)	0.	0.	0.				
5 ^{SENIOR ATTORNEY}	(ii)	166,918.	2,000.	0.	5,149.	11,928.	185,995.	
KELLY SIMON	(i)	153,795.	5,000.	0.	4,754.	9,184.	172,733.	
6DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.				
	(i)							
_ 7	(ii)							
	(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) 2020

PUBLIC JUSTICE FOUNDATION 59-1730478

Schedule J (Form 990) 2020

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.

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Schedule J (Form 990) 2020

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 59-1730478

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) 2020 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

ANTI-BULLYING CAMPAIGN/GENDER SEXUAL VIOLENCE PROJECT (ABC) -

IN THE SPRING OF 2020, THE ABC PROJECT WAS RE-BRANDED AS THE STUDENTS'

CIVIL RIGHTS PROJECT, BUT WILL BE REFERRED TO AS THE ANTI-BULLYING

CAMPAIGN FOR PURPOSES OF THIS REPORT.

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

DESCRIPTION		GRANTS	EXPENSES	REVENUE
ANTI-BULLYING CAMPAIGN			376,981.	
ENVIRONMENTAL ENFORCEMENT PROJECT			349,468.	
OTHER PROGRAMS			692,584.	
	TOTALS	=	1,419,033.	

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,

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization	Employer identification number
PUBLIC JUSTICE FOUNDATION	59-1730478
ATTACUMENT 2	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MONEY FUNDS		110,813.	167,108.	FMV
COMMON STOCKS		10,735.	20,560.	FMV
MUTUAL FUNDS		5,199,332.	5,506,866.	FMV
EXCHANGE-TRADED FUNDS		3,368,458.	3,497,546.	FMV
	TOTALS	8,689,338.	9,192,080.	

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE		12,534.	1,000.
	TOTALS	12,534.	1,000.

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.

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

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

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

	(a) Name, address, and EIN (if applicable) of disregarded entity		F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
(1)									
(2)									
(3)									
(4)									
(5)			-						
(6)									
Part II	Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	Complete if the tax year.	ne org	ganization answ	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
For Bonor	work Deduction Act Notice are the Instructions for Form O	00		1		1	Schodule P	(Form 9	90) 2020

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

Schedule R (Form 990) 2020

JSA

0E1307 1.000

Schedule R (Form 990) 2020

Part III	Identification of Relat	ted Organizations	Taxable	e as a Partners	hip. Complete if the	organization a	nswered "Yes"	on Form	n 990, Part IV,	line 34,	
altill	because it had one or	more related orga	anization	is treated as a p	partnership during the	e tax year.					
-											7

(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)	ated, income year assets		Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	
(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)								
(7)								

Schedule R (Form 990) 2020

Page 3

Schedule R ((Form 990) 2020
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)		X	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)			Х
е	Loans or loan guarantees by related organization(s)	1e		X
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s)	1f		X
a	Sale of assets to related organization(s)			Х
	Purchase of assets from related organization(s).			Х
i	Exchange of assets with related organization(s).	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).			Х
•	20000 01.1001111011, 01.01101.0101.0101.0			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)			Х
	Performance of services or membership or fundraising solicitations by related organization(s).			Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
	Sharing of paid employees with related organization(s)	· -		
Ŭ	onaling of paid ontployees with folded organization(s)			
n	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses			
ч	Neimbursement paid by related organization(s) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	. —		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 the	reshol		1
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Metho	od of de	termini	ng

2 If the answer to any of the above is Tes, see the instructions for information of who must complete the	iis line, including cove	ered relationships and trans	action tribesholds.
(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	979,801.	CASH GRANT
(2) PUBLIC JUSTICE, P.C.	N	414,388.	SHARED EXPENSES
(3) PUBLIC JUSTICE, P.C.	0	81,034.	TIMESHEETS
(4) PUBLIC JUSTICE, P.C.	Q	690,698.	ACTUAL EXPENSES
(5)			
(6)			

Schedule R (Form 990) 2020

Page 4

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of	entity (b) Primary activit	y (c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) cortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(Yes	No							
(1)																			
(2)																			
(3)																			
(4)																			
(5)																			
(6)																			
(7)																			
(8)																			
(9)																			
(10)																			
(11)																			
(12)																			
(13)																			
(14)																			
(15)																			
(16)																			
											<u> </u>								

Schedule R (Form 990) 2020

Part VI

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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