EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN C Name of organization D Employer identification number Check if applicable: WILLIAM J. BRENNAN CENTER FOR Address change JUSTICE, INC. Name 13-3839293 Doing business as change Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 120 BROADWAY 1750 (646) 292-8310 City or town, state or province, country, and ZIP or foreign postal code 85,412,394. **G** Gross receipts \$ Amended NEW YORK, NY 10271 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHAEL WALDMAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.BRENNANCENTER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Year of formation: 1995 **M** State of legal domicile: NY Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 3 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 212 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 26,052,956. 84,257,510. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 275,235. 389,421. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -122,780. -137,699. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,205,411. 84,509,232. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 175,000. 30,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15,894,630. 18,268,407. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 6,220,461. 7,324,109. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 25,767,516. 22,145,091. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58,741,716. 4,060,320. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 96,025,378. 36,373,706. Total assets (Part X, line 16) 4,783,722 ,459,997. 21 Total liabilities (Part X, line 26) 31,589,984. 90,565, Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOHN ANTHONY BUTLER, VP/COO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Scullen if self-employed STACY CULLEN 02/23/21 P00974308 Paid Firm's EIN ▶ 23-1144520 Firm's name TAIT, WELLER & BAKER LLP Preparer Firm's address 50 SOUTH 16TH STREET, SUITE 2900 Use Only Phone no. 215-979-8800 PHILADELPHIA, PA 19102

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$18,690,654 • including grants of \$175,000 •) (Revenue \$)
	THE BRENNAN CENTER WORKS TO: PROTECT VOTING RIGHTS; ENSURE FREE AND
	FAIR ELECTIONS; BALANCE CIVIL LIBERTIES WITH NATIONAL SECURITY; DEFEND
	THE RULE OF LAW; AND ADVANCE MEANINGFUL CRIMINAL JUSTICE REFORM. WE
	CONDUCT RESEARCH AND DEVELOP POLICY PROPOSALS IN THOSE AND RELATED
	AREAS. WE EDUCATE THE PUBLIC ON AND ADVOCATE FOR OUR POLICY PROPOSALS.
	WE LITIGATE AND PROVIDE OTHER LEGAL ADVOCACY AND POLICY EXPERTISE ON
	OUR ISSUES NATIONALLY AND TO BOLSTER ADVOCACY LED BY STATE AND
	GRASSROOTS INITIATIVES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	/ (Expenses to the first of the

Other program services (Describe on Schedule O.)

including grants of \$ 18,690,654. Total program service expenses

) (Revenue \$

Form **990** (2019)

13-3839293

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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		٦,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		٦,	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ţ,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
	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		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.414		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
פו		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	teme at a second at the second	20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>-</u> 1	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
	demostic gereatinent of that it, economic visitine is it ites, complete echequie i, raits i allu ii	<u> </u>		

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Form 990 (2019) JUSTICE, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· · ·	23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_25		
2 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	00-	
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| Part V | Statements Regarding Other IRS Filings and Tax Compliance (cc)

ı aı	Statements negarding other instrinings and tax compliance (continued)											
		ı	1		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		212									
	filed for the calendar year ending with or within the year covered by this return	2a	•	01-	Х							
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	^							
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			3a		X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		ity over a	30								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х						
h	If "Yes," enter the name of the foreign country	ccoui	119 !	'1 a								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	 ts (FRΔR)									
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						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c								
	any contributions that were not tax deductible as charitable contributions?			6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution											
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired									
	to file Form 8282?	i		7c		<u> </u>						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u>X</u>						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e									
•	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								
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:			30								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
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		1									
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c	•	4.		v						
				14a		<u>X</u>						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	-+							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.5		Х						
	excess parachute payment(s) during the year? If "Ves " see instructions and file Form 4720. Schedule N.			15		Λ						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X						
.5	If "Yes," complete Form 4720, Schedule O.	1001		.0								
				Form	990	(2019)						

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

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29								
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any oth	ner								
	officer, director, trustee, or key employee?			2		<u>X</u>					
3	Did the organization delegate control over management duties customarily performed by or under the	direct supe	rvision	_		77					
				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4 5		<u>X</u>					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X					
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
7a		•		7a		Х					
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders i	or	74							
	name and at the state of the st			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea										
	The governing body?	-	_	8a	х						
	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.,)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affilia	ites,								
				10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing	the form?	11a		<u> </u>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	^						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	x						
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,									
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	Other officers or key employees of the organization			15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a									
	taxable entity during the year?			16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
0	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure	7 UT T	r vc vv	MA	MD	MT					
17 10	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, G										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	iu 990-1 (560	Juon 50 ((C)(3)9	orny)	avallal	лe					
		on Cob = -1: 1	- O								
19	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	ial						
13	statements available to the public during the tax year.	innoi oi ii iler	osi poncy, and	manc	nai						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and recor	rds >								
-	JOHN ANTHONY BUTLER - 646-292-8310										
	120 BROADWAY, SUITE 1750, NEW YORK, NY 10271										
932006	01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2019)					

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organize	ation nor any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week		l an		ii ecto	Tritus	(66)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or (stee			ısateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2/ 1888 *********************************		and related
	below	idual	tution	le.	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key	E g	Former			
(1) NANCY BRENNAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) ADAM B. COX	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) LESLIE BHUTANI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DANIELLE GRAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) KIMBERLEY HARRIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) HELEN HERSHKOFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) THOMAS JORDE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DANIEL F. KOLB	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) RUTH LAZARUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TREVOR MORRISON	1.00									
EX-OFFICIO		Х						0.	0.	0.
(11) ERIN MURPHY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MELISSA MURRAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) WENDY NEU	1.00									
BOARD MEMBER		Х		L				0.	0.	0.
(14) FRANZ PAASCHE	1.00									
BOARD MEMBER		Х		L		L	L	0.	0.	0.
(15) LAWRENCE PEDOWITZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) STEVEN ALAN REISS	1.00									
BOARD MEMBER		Х		L				0.	0.	0.
(17) RICHARD L. REVESZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

Form **990** (2019)

Form 990 (2019) JUSTICE,	INC.								13-3639	<u> 293</u>	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estin amo	nated unt of her
	(list any hours for related organizations below 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)	fron organ and r	ensation n the nization related izations
(18) GERALD ROSENFELD BOARD MEMBER	1.00	х						0.	0.		0.
(19) STEPHEN SCHULHOFER	1.00	25							•		
BOARD MEMBER	1.00	х						0.	0.		0.
(20) EMILY SPITZER	1.00								<u> </u>		
BOARD MEMBER		Х						0.	0.		0.
(21) GERALD TORRES	1.00										
BOARD MEMBER		Х						0.	0.		0.
(22) CHRISTINE VARNEY	1.00										
BOARD MEMBER		Х						0.	0.		0.
(23) SCOTT WALLACE	1.00										
BOARD MEMBER		Х						0.	0.		0.
(24) ADAM WINKLER	1.00										
BOARD MEMBER		Х						0.	0.		0.
(25) KENJI YOSHINO	1.00										
BOARD MEMBER		Х						0.	0.		0.
(26) ROBERT ATKINS	1.00								_		
BOARD CO-CHAIR		Х		X				0.	0.		0.
1b Subtotal							ightharpoons	0.	0.		0.
c Total from continuation sheets to Part VI	I, Section A						ightharpoonup	3,111,809.	0.		,362.
							<u> </u>	3,111,809.	0.	347	,362.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable		- 4
compensation from the organization										1	54
										Y	es No
3 Did the organization list any former officer	, director, trust	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on		

line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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
ECHO & COMPANY		
1101 WILSON BOULEVARD, ARLINGTON, VA 22209	DIGITAL SERVICES	378,759.
SOLARUS TECHNOLOGIES, 14 PENN PLAZA, SUITE		
1402, NEW YORK, NY 10122	IT CONSULTING	350,732.
EMPIRE OFFICE		
105 MADISON AVE, NEW YORK, NY 10016	FURNITURE	205,168.
ABM BUILDING		
PO BOX 419860, BOSTON, MA 02241	JANITORIAL SERVICES	193,985.
IVCI, LLC		
601 OLD WILLETS PATH, HAUPPAUGE, NY 11788	VIDEO CONFERENCING	182,760.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

Form 990 JUSTICE,	INC.								13-383	9493
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	check all that					compensation	compensation	amount of
	per	Ť				Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				oldwe		organization	(W-2/1099-MISC)	from the
	hours for	or dii	- e			ated 6		(W-2/1099-MISC)		organization
	related	stee	truste		9	bens				and related
	organizations	nal tru	onal		ploye	moo:				organizations
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	٥	=	JO.	Ke	王	요			
(27) PATRICIA BAUMAN	1.00	ļ							•	
OARD CO-CHAIR	1 00	Х		Х				0.	0.	0
28) PAUL LIGHTFOOT	1.00	ļ								
REASURER		Х		Х				0.	0.	0
29) MICHAEL WALDMAN	40.00									
PRESIDENT		Х		X				525,106.	0.	44,513
30) JOHN ANTHONY BUTLER	40.00									
TP/COO				Х				255,245.	0.	29,664
(31) ELISA MILLER	24.00									
ECRETARY / GENERAL COUNSEL				X				126,137.	0.	1,076
32) JENNIFER WEISS-WOLF	40.00									
P , DEVELOPMENT					Х			286,863.	0.	21,144
33) JOHN KOWAL	40.00									
P , PROGRAMS					Х			263,120.	0.	38,199
34) LISA BENENSON	40.00							,		,
P , COMMUNICATION & STRATEGY					х			254,819.	0.	30,636
(35) WENDY WEISER	40.00									
DIRECTOR DEMOCRACY PROGRAM		1			х			242,938.	0.	30,821
(36) KIMBERLY THOMAS	40.00									
/P , ADMINISTRATON		1			х			189,642.	0.	33,182
(37) MYRNA PEREZ	40.00				_			203,0120		33,131
DIRECTOR, VOTING RIGHTS AND ELECTION	1000	1				x		212,233.	0.	26,364
38) LARRY NORDEN	40.00							212,233•	•	20,304
DIRECTOR, ELECTION REFORM	40.00	1				х		209,811.	0.	26,391
39) FAIZA PATEL	40.00							200,011.	0.	20,331
DIRECTOR, LNS PROGRAM	40.00	1				х		197,622.	0.	15,232
40) SPENCER BOYER	40.00					^		191,022.	0.	13,232
•	40.00	1				х		175,442.	0.	14 222
, , , , , , , , , , , , , , , , , , ,	40 00					Δ		1/3,444.	0.	14,232
(41) LAUREN BROOKE EISEN	40.00	-						172 021	0	25 000
DIRECTOR JUSTICE PROGRAM		<u> </u>				X		172,831.	0.	35,908
		1								
		-								
		<u> </u>		<u> </u>						
		1								
		<u> </u>	_			H				
		1								
		<u> </u>								
		1								
otal to Part VII, Section A, line 1c								3,111,809.		347,362

Form 990 (2019) JUSTICE
Part VIII | Statement of Revenue

	L VI					t- t	s in this David VIII			
		Check if Schedule O	conta	ains a r	esponse (or note to any line T	e in this Part VIII	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
nts					1a					
ž a		Membership dues			1b					
s, (Am		Fundraising events			1c	964,914.				
Contributions, Gifts, Grants and Other Similar Amounts	(d Related organizations			1d					
	•	Government grants (contri	ibuti	ons)	1e					
ion	1	All other contributions, gifts,	grant	ts, and						
ber		similar amounts not included	abov	/e	1f	83,292,596.				
ÖĒ	9	Noncash contributions included in	lines 1	1a-1f	1g \$	37,238,519.				
Sor	ì	Total. Add lines 1a-1f					84,257,510.			
						Business Code				
o l	2 8	a								
ķ	- 1									
Ser		;								
m S										
gra	,	t								
Program Service Revenue	•	All other program service	rove	nuc						
-		Total. Add lines 2a-2f								
	3	Investment income (included)								
	3	,	•		,	·	284,234.			284,234.
		other similar amounts)					201,231.			204,234.
	4	Income from investment o		-		. [
	5	Royalties	······							
				(1)	Real	(ii) Personal				
			<u>6a</u>							
	ŀ	Less: rental expenses	6b							
	(Rental income or (loss)	6с							
	•	Net rental income or (loss)	<u></u>			, >				
	7 8	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a	7	80,350.					
	ŀ	Less: cost or other basis								
e		and sales expenses	7b	6	75,163.					
le l	(Gain or (loss)	7с	1	05,187.					
Revenue		Net gain or (loss)					105,187.			105,187.
ē		Gross income from fundraising								
₹		including \$								
		contributions reported on								
		Part IV, line 18		•	8a	90,300.				
	ŀ	Less: direct expenses			8b	227,999.				
		Net income or (loss) from					-137,699.			-137,699.
		Gross income from gamin								
		Part IV, line 19	-							
	ı	Less: direct expenses								
		Net income or (loss) from				▶				
		Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold								
		Net income or (loss) from:								
_		2 Net income of (1033) from	Jaic	3 01 1110	critory	Business Code				
Sn	11 a									
Miscellaneous Revenue	116									
lar										
Sce		All other revenue								
Ξ	(All other revenue								
		Total Add lines 11a-11d				·····	84,509,232.	0.	0.	251,722.
	12	Total revenue. See instruction	IIIS			🟲 📗	0=,303,434.	ı ⁰ .	ı .	I 471,144.

JUSTICE INC. 13-3839293 Page 10 Form 990 (2019) 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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 175,000. 175,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,926,046. 2,156,710. 417,090. 352,246. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,994,588. 8,840,887. 1,709,756. 1,443,945. Other salaries and wages 7 Pension plan accruals and contributions (include 784,381. 570,909. 115,969. 97,503. section 401(k) and 403(b) employer contributions) 1,108,104. ,520,331. 223,895. 188,332. Other employee benefits 9 043,061. 760,795. 153,291. 128,975. 10 Payroll taxes Fees for services (nonemployees): Management 12,291. 8,638. 2,376. 1,277. Legal 31,500. 31,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 126,566. 88,947. 24,468. 13,151. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,119,076. 384,250. 1,511,359. 223,467. column (A) amount, list line 11g expenses on Sch O.) 146,384. 75,024. 28,067. 43,293. Advertising and promotion 12 936,309. 479,883. 179,510. 276,916. Office expenses 13 Information technology 14 15 Royalties 2,559,609. 1,873,350. 385,119. 301,140. 16 Occupancy 276,916. 216,191. 47,384. 13,341. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 16,970. 352,222. 274,982. 60,270. Conferences, conventions, and meetings 19

3,201,775.

7,729.

78,091.

15,399.

20

21

22

23

24

25

65,693.

645,476.

25,767,516.

52,067.

48,080.

475,110.

18,690,654.

26,685.

All other expenses

Payments to affiliates

Depreciation, depletion, and amortization

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

9,884.

92,275.

3,875,087.

9,983.

Form 990 (2019)
Part X Balance Sheet

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,171,173.	1	5,605,045
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,483,683.	3	5,218,050
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	d per	sons (as defined			
ts		under section 4958(f)(1)), and persons described in		6			
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	B			222,741.	9	188,748
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,156,026.			
	b	Less: accumulated depreciation	10b	1,703,878.	5,431,181.		5,452,148
	11	Investments - publicly traded securities		9,894,859.	11	79,411,473	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		170,069.	15	149,914	
	16	Total assets. Add lines 1 through 15 (must equal		36,373,706.	16	96,025,378	
	17	Accounts payable and accrued expenses		857,398.	17	1,738,755	
	18	Grants payable	1 510 000	18	1 025 500		
	19	Deferred revenue		1,712,038.	19	1,935,528	
	20				20		
	21	Escrow or custodial account liability. Complete Pa			21		
es	22	Loans and other payables to any current or forme					
≣		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these			2 214 206	22	1 705 711
	23	Secured mortgages and notes payable to unrelate		·	2,214,286.	23	1,785,714
	24	Unsecured notes and loans payable to unrelated t	-			24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X		25	
	06	of Schedule D			4,783,722.		5,459,997
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check		Y	4,705,722.	26	J, 4JJ, JJT
S		and complete lines 27, 28, 32, and 33.	C nere				
nce	27				22,043,644.	27	84,902,159
ala	28	Net assets with donor restrictions Net assets with donor restrictions	9,546,340.	28	5,663,222		
E E	20	Organizations that do not follow FASB ASC 958			3,310,310.	20	3,003,222
핊		and complete lines 29 through 33.	o, crie	CK liefe			
<u></u>	29	Capital stock or trust principal, or current funds		-		29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			31,589,984.	32	90,565,381.
Z	33	T 1 10 1 200			36,373,706.	33	96,025,378.

Both consolidated and separate basis

Form **990** (2019)

Х

2c X

За

consolidated basis, or both:
Separate basis

X Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

WILLIAM J. BRENNAN CENTER FOR JUSTICE 13-3839293 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14401649.	24064835.	23517398.	26052956.	84252291.	<u> 172289129</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14401649.	24064835.	23517398.	26052956.	84252291.	172289129
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)						61040781.
6	Public support. Subtract line 5 from line 4.						111248348
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
				23517398.		84252291.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,765.	28,995.	84,072.	161,356.	284,234.	561,422.
9	Net income from unrelated business	-	-				-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	280.	266,535.	694.			267,509.
11	Total support. Add lines 7 through 10						173118060
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (l	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	64.26 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	79.67 %
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		•		>
18	Private foundation. If the organization						s >
			•		2 .		or 000 E7\ 0010

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support	low, picase com	oicte i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	· ·			•		·
Section C. Computation of Public						
			l (f))		45	0/
15 Public support percentage for 2019 (lin	, (,,	, ,	column (f))		15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Invest					16	<u>%</u>
17 Investment income percentage for 20			ine 13 column (f)		17	%
18 Investment income percentage from 2			(i)		18	——————————————————————————————————————
19a 33 1/3% support tests - 2019. If the	•					
more than 33 1/3%, check this box and					-4: - ·-	▶ □
b 33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
_		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institute)	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If IIVos II describe in Part VI the releasing the the experimentar in this record	3h		

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or	n Nov. 20,	1970 (explain in Pa	art VI).	See instructions.	All
	other Type III non-functionally integrated supporting organizations must complete S	Sections A	through E.			

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	/ integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Section E - Distribution Allocations (see instructions) I Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017 From 2018 Total of lines 3a through e g Applied to underdistributable amount i Carryover from 2014 not applied (see instructions) Femainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Excess Distributions Underdistributions Pre-2019 A (i) Underdistributions Pre-2019 (ii) Underdistributions Pre-2019 A (ii) Underdistributions Pre-2019 A (ii) Underdistributions Pre-2019 A A I Distributions for 2019 I Distributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years B Applied to 2019 distributable amount C Remaining underdistributions for years prior to 2019, if	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI), See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI), See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2016 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3l from 3f. 4 Distributions for 2019 from Section D, line 7: \$ a Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
organizations, in excess of income from activity 3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exempt-use assets 5. Qualified set-aside amounts (prior IRS approval required) 6. Other distributions (describe in Part VI). See instructions. 7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distributions part VI). See instructions. 10. Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Pre-2019 11. Distributable amount for 2019 from Section C, line 6 12. Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3. Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5. Remaining underdistributions for years prior to 2019, if	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: \$ a Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Excess Distributions Pre-2019 A 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: s Applied to underdistributions of prior years b Applied to underdistributions of prior years c Applied to underdistributions of prior years c Applied to underdistributions of prior years c Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 4 From 2014 5 From 2016 6 From 2017 6 From 2018 7 Total of lines 3a through e 9 Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 first years b Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Excess Distributions (ii) Iunderdistributions Pre-2019 A 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remaining underdistributions of prior years prior to 2019, if	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (ii) Underdistributions Pre-2019 A 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder, Subtract lines 3q, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: \$ Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions of or years prior to 2019, if	
(provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i)	
(provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i)	
Line 8 amount divided by line 9 amount (i) Excess Distributions (ii) Underdistributions Pre-2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:	
Line 8 amount divided by line 9 amount (i) Excess Distributions (ii) Underdistributions Pre-2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:	
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b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if	
5 Remaining underdistributions for years prior to 2019, if	
any. Subtract lines 3g and 4a from line 2. For result greater	
than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2019. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2020. Add lines 3j	
and 4c.	
8 Breakdown of line 7:	
a Excess from 2015	
b Excess from 2016	
C EVOCCE Trom ://11 /	
c Excess from 2017 d Excess from 2018	

Schedule A (Form 990 or 990-EZ) 2019

WILLIAM J. BRENNAN CENTER FOR

Schedule A (Form 990	or 990-EZ) 2019 JUST	ICE, INC.		1	3-3839293 Page 8
Part VI Suppler Part IV, Se line 1; Par Section D,	nental Information. action A, lines 1, 2, 3b, 3c t IV, Section D, lines 2 and lines 5, 6, and 8; and Pa	Provide the explanation, 4b, 4c, 5a, 6, 9a, 9b, 9d 3; Part IV, Section E, li	ns required by Part II, line 1 c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3b; , and 6. Also complete this	0; Part II, line 17a or 17b IV, Section B, lines 1 and Part V, line 1; Part V, Se	o; Part III, line 12; d 2; Part IV, Section C, ection B, line 1e; Part V,
(See instru	ictions.)				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

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

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

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

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

ıunj	(See Separate mistractions), then					
	Section 501(c)(4), (5), or (6) organizat					
Nam		J. BRENNAN CENT	ER FOR	Em _l	ployer identification nu	
_	JUSTICE	, INC.			13-3839293	ì
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$	
D-	#1.D. O		I	0)		
	·	anization is exempt und		•		
	Enter the amount of any excise tax					
	Enter the amount of any excise tax					
	If the organization incurred a sectio					No
	Was a correction made?				Yes	No
	If "Yes," describe in Part IV. rt I-C Complete if the org		lov codion FO1/o	aveant applian FOd/	21/21	
		•		<u> </u>	,,,	
	Enter the amount directly expended	, ,	•		\$	
	Enter the amount of the filing organ		•			
	exempt function activities				\$	
	Total exempt function expenditures			,		
	line 17b					
4	Did the filing organization file Form	1120-POL for this year?			Yes	No
5	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pa comptly and directly delivered to	id from the filing organiz a separate political orga	zation's funds. Also enter the anization, such as a separa	he amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions receive	ed and ctly arate ion.

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

reporting section 4911 tax for this year?

No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ if the filing organization checked box A and "limited control" provisions apply.

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publ	108,123.		
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	190,390.	
С	Total lobbying expenditures (add lines 1a and	l 1b)	298,513.	
	Other event number even ditures		18,392,141.	
е	Total exempt purpose expenditures (add lines		18,690,654.	
f	Lobbying nontaxable amount. Enter the amou	unt from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	_

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	896,526.	1,000,000.	964,510.	1,000,000.	3,861,036.		
b Lobbying ceiling amount (150% of line 2a, column(e))					5,791,554.		
c Total lobbying expenditures	45,976.	70,692.	129,210.	298,513.	544,391.		
d Grassroots nontaxable amount	224,132.	250,000.	241,128.	250,000.	965,260.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,447,890.		
f Grassroots lobbying expenditures	3,311.	4,658.	5,115.	108,123.	121,207.		

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	<u> </u>	a) T	(b)
f the lobbying activity.	Yes	No	Am	ount
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 Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?d Mailings to members, legislators, or the public?				
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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	ection 501(c)(5), or se	ction	
art III-A Complete if the organization is exempt under section 501(c)(4), se				
art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).				
			Yes	N ₀
501(c)(6).		1	Yes	N.
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes	N
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), second to the organization is exempt under section 501(c)(4).	om the prior year	2 ? 3 5), or se	ection	
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501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	om the prior year ection 501(c)(red "No" OR	2 3 5), or se (b) Part	ection	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.

Employer identification number 13-3839293

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		•
b			
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
4	year	amount in Innated •	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U	Starr and volunteer flours devoted to morntoning, inspecting, i	landing of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
•	S	ing or violations, and emoreing conserva	non casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	0.0 to 1.10 Organiaanon o inilanoiai olatoini	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her 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	B, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	ortherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	400 4 4 4 4 4 4 5 4 6 6 6 6 6 6 6 6 6 6 6 6		. .
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019

	t III Organizations Maintaining C		, Historical Tre	asures, or	Other	Simila		(continu		ige Z
3	Using the organization's acquisition, accession							<u>(COITIIII</u>	<i>ieu)</i>	
_	collection items (check all that apply):	,	,			,				
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	e	Other	ago program						
c	Preservation for future generations	J								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit o						oo iiii aic	,		
Ū	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									1110
	reported an amount on Form 990, Par		o. gaa				,,	0, 0.		
	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	s or other asse	ts not in	ncluded				
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									,
-	Too, explain the arrangement in rail with	and complete the foll	ownig table.					Amount		
c	Beginning balance					1c		, arrodire		
	Additions during the year									
e	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					·]
	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	orm 990. Part I\	/. line 10	D.				
	· ·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	274,651.	261,143.				84,464.			940.
b	Contributions	,	,	, ,			67,667.	,		
c	Net investment earnings, gains, and losses	8,071.	16,190.	243,	998.	3	46,418.	-:	108,	199.
d	Grants or scholarships	,	,	,			<u> </u>			
e	Other expenditures for facilities									
Ū	and programs			51.	939.		89,372.		94.	412.
f	Administrative expenses	4,301.	2,682.	· · · · · · · · · · · · · · · · · · ·	877.		9,808.			865.
g	End of year balance	278,421.	274,651.			2,8	99,369.	1,		464.
2	Provide the estimated percentage of the curr	ent vear end balance	•		<u> </u>	· ·	<u> </u>	· · · · ·		
_ а	Board designated or quasi-endowment		%	,,						
b	Permanent endowment > 71.80	<u></u> %								
	Term endowment ▶ 28.20									
_	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered	d for the	e organiza	ation			
	by:	3				3		[·	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	See Form 990, F	Part X, Ii	ine 10.				
	Description of property	(a) Cost or ot		or other		cumulate	ed	(d) Book	value	
		basis (investm		(other)		reciation		. ,		
	Land									
	Buildings									
c	Leasehold improvements		3,37	1,316.	6	19,3	68.	2,751	, 94	18.
d	Equipment			8,893.		84,5		2,694	, 38	33.
	Other			5,817.	•				, 81	
	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part \						5,452		

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
Financial derivatives	(-7	(-,	
Closely held equity interests			
Otto			
Other (A)			
(A)			
(C)			
(D)			
(E)			
(F) (G)			
(H)		<u> </u>	
` ′			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	on Farma 000 Dart IV lines	11 - Cas Farms 000 Bart V line 10	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
., .	(b) Dook value	(5) Metriod of Valuation. Cost of en	a or your market value
(1)		1	
(2)			
(3)			
(4)			
(5)		+	
(6)			
(7)			
(0)			
(8)			
(9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) Pook volue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) lal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line lart X Other Liabilities.	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The complete if the organization answered "Yes" of the complete if the organization answere	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" or	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tother Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	•	5.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	•	5.
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	•	5.

Schedule D (Form 990) 2019

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

Pai	t XI Reconciliation of Revenue per Audited Financial St	tatements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	(2.)	5
Pa			ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements	realized gains (losses) on investments de services and use of facilities deservices and use of faci	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	realized gains (losses) on investments ded services and use of facilities 2b deservices and use of facilities 2c deservices and use of facilities 2d deservices of prior year grants 2d describe in Part XIII.) 2d describe in Part XIII. 2d describe in Part XIII. 2d d		
b	Prior year adjustments	realized gains (losses) on investments de services and use of facilities describe in Part XIII.) es 2a through 2d ct line 2e from line 1 this included on Form 990, Part VIII, line 12, but not on line 1: nent expenses not included on Form 990, Part VIII, line 12 line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. xpenses and losses per audited financial statements this included on line 1 but not on Form 990, Part IX, line 25: de services and use of facilities aar adjustments cosses Describe in Part XIII.) es 2a attrough 2d ct line 2e from line 1 this included on Form 990, Part IX, line 25; but not on line 1: nent expenses not included on Form 990, Part IX, line 25: de services and use of facilities aar adjustments cosses Describe in Part XIII.) es 2a attrough 2d ct line 2e from line 1 this included on Form 990, Part IX, line 25, but not on line 1: nent expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.) es 4a and 4b xpenses Add lines 3 and 4c. (This must equal Form 990, Part I II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. LINE 2: MENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN COLUDED THAT THERE ARE NO SIGNIFICANT UNCER	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5		: 18.)	5
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	ad services and use of facilities eries of prior year grants Describe in Part XIII.) es 2a through 2d ct line 2e from line 1 this included on Form 990, Part VIII, line 12, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.) es 4a and 4b evenue. Add lines 3 and 4c. Triis must equal Form 990. Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. xpenses and losses per audited financial statements tis included on line 1 but not on Form 990, Part IX, line 25: ad services and use of facilities ear adjustments osses Describe in Part XIII.) es 2a through 2d ct line 2e from line 1 tis included on Form 990, Part IX, line 25; but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.) es 2a through 2d ct line 2e from line 1 this included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.) es 4a and 4b xpenses Add lines 3 and 4c. (This must equal Form 990, Part I line 18) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. descriptions required for Part III, lines 2d and 4b. Also complete this part to provide any additional information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
		Describe in Part XIII.) es 4a and 4b evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Ref Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. xpenses and losses per audited financial statements tis included on line 1 but not on Form 990, Part IX, line 25: ad services and use of facilities aar adjustments bescribe in Part XIII.) es 2a through 2d ct line 2e from line 1 tis included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; P. 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. LINE 2: MENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN ACUIDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN COMPLETED TO BE TAKEN IN THE CENTER'S 2020 TAX RIVIDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN COMPLETED TO BE TAKEN IN THE CENTER'S 2020 TAX RIVIDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OF THE OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR EACH OPEN INCLUDED THAT T	
PAI	RT X, LINE 2:		
	r (Describe in Part XIII.) ines 2a through 2d 2 ract line 2e from line 1		
MAI		IE OPEN TAX YEARS	
(20		TAX RETURN AND	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. wenue, gains, and other support per audited financial statements to included on line 1 but not on Form 990, Part VIII, line 12: ealized gains (losses) on investments d services and use of facilities d services in Part XIII.) d set tine 2e from line 1 sent expenses not included on Form 990, Part VIII, line 7b d service in Part XIII.) d set and 4b d services and use of facilities d services and	
HAS	S CONCLUDED THAT THERE ARE NO SIGNIFIC.		X POSITIONS THAT
<u>vov</u>	JLD REQUIRE RECOGNITION IN THE FINANCI.		
	unts included on line 1 but not on Form 990, Part VIII, line 12: nrealized gains (losses) on investments ted services and use of facilities veries of prior year grants (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 Ints included on Form 990, Part VIII, line 12, but not on line 1: thene texpenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.) (Describe in Part XIII.) ines 4a and 4b revenue. Add lines 3 and 4c. (This must equal Form 990, Part I Jine 12.) Reconcilitation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1: thenet expenses not included on Form 990, Part IV, line 7b (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1: thenet expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.) ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I Jine 18.) Supplemental Information. 4a Supplemental Information. 4b information Form Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. 2. LINE 2: EMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN 2019) OR EXPECTED TO BE TAKEN IN THE CENTER'S 2020 TAX RI EMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Recomplete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b			
	tounts included on line 1 but not on Form 990, Part VIII, line 12: tunnealized gains (losses) on investments 2a		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization WILLIAM JUSTICE	J. BRENNAN CENTER , INC.	FOF	C		13-3839	293
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	cion of cion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	Did aiser ustody trol of utions?	(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			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule (G (Form 990 or 990-EZ) 2019 JUSTICE				<u> 3839293</u>	Page
Part II	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported i	more than \$15,	000
	of fundraising event contributions and gro					
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total e	/ents

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 BRENNAN LEGACY AWARD	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	_	O construction	1,055,214.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	1 055 214
Ř	1	Gross receipts	1,033,214.			1,055,214.
	2	Less: Contributions	964,914.			964,914.
	3	Gross income (line 1 minus line 2)	90,300.			90,300.
	4	Cash prizes				
s	5	Noncash prizes				
beuse	6	Rent/facility costs	126,117.			126,117.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	101,882.			101,882.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	227,999.
<u> </u>	11)	-137,699.
Pa	ITT I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
en			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						· · · · · · · · · · · · · · · · · · ·
æ	1	Gross revenue				
S	2	Cash prizes				
nse						
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
		ere any of the organization's gaming licenses re				Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

WILLIAM J. BRENNAN CENTER FOR

Sch	edule G (Form 990 or 990-EZ) 2019 JUSTICE, INC.	<u> 13-38</u>	<u> 339</u>	<u> 29</u> 3	Pag	ge 3
	Does the organization conduct gaming activities with nonmembers?			Yes		No
	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?			Yes		No
13	Indicate the percentage of gaming activity conducted in:					
	a The organization's facility	1	13a	I		%
			13b			 %
	An outside facility		เง่ม			90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	i.				
	Name					
	Address					
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes		No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt				
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}}\$					
	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 Employee Independent contractor					
47	Manadakow, diakiih, kiana.					
17						
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			Yes Yes Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the				
_	organization's own exempt activities during the tax year ▶ \$					
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part	III, lin	es 9,	9b, 10	b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					

WILLIAM J. BRENNAN CENTER FOR

Schedule G	G (Form 990 or 990-EZ)	JUSTICE,	INC.		13-3839293	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue	d)			
		(continue	<u>u, </u>			
				<u> </u>	 	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public

Inspection

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

% ⊠ Schedule I (Form 990) (2019) **Employer identification number** 13-3839293 VOTER PROTECTION ; VOTING VOTER PROTECTION , VOTING OTER PROTECTION , VOTING (h) Purpose of grant or assistance DIGITAL CAMPAIGN Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any INTEGRITY INTEGRITY INTEGRITY Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 Ö o ō (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 000 000 000 100,000 cash grant 25, 25. 25. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CENTER FOR (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (3) 501 (C) (3) (C) (3) 82-1348307 501 (C) (3) (C Enter total number of other organizations listed in the line 1 table 501 501 WILLIAM J. BRENNAN 32-0384285 31-1705370 56-2271150 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization , SUITE A231 805 15TH STREET NW, SUITE 800 COMMON CAUSE EDUCATION FUND 1401 K STREET NW , NO 350 or government DEMOCRACY NORTH CAROLINA WASHINGTON , DC 20005 WASHINGTON , DC 20005 165 COURTLAND STREET Name of the organization NEW GEORGIA PROJECT GA 30303 1821 GREEN STREET DURHAM, NC 27705 ISSUE ONE ATLANTA, Part I Part II

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

JUSTICE, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals.

Page 2

13-3839293

(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)			dditional information.			000	Schedule I (Form 990) (2019)
(d) Amount of non- cash assistance			(b); and any other ac				
(c) Amount of cash grant			ie 2; Part III, column				c
(b) Number of recipients			uired in Part I, lin				
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				932102 10-26-19

SCHEDULE J (Form 990)

Department of the Treasury

Part I

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.

2019
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information.
WILLIAM J. BRENNAN CENTER FOR
JUSTICE, INC.

Employer identification number 13-3839293

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		$\overline{}$
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	C-		X
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
٥	not described on lines 5 and 6? If "Yes," describe in Part III	1		
8		8		X
9		0		
J	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	9		

932111 10-21-19

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

Schedule J (Form 990) 2019

13-3839293

JUSTICE, INC.

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of \	(B) Breakdown of W.2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) MICHAEL WALDMAN	Ξ	525,106.	0	0	19,600.	24,913.	569,619.	0
PRESIDENT	€	0	0	0	0	0	0	0
(2) JOHN ANTHONY BUTLER	Ξ	255,245.	0	0	17,946.	11,718.	284,909.	0
VP/C00	(ii)	0.	0	0	• 0	0	0	0
(3) JENNIFER WEISS-WOLF	(i)	286,863.	0	• 0	19,600.	1,544.	308,007.	• 0
VP , DEVELOPMENT	€	0	0	0	0	0	0	
(4) JOHN KOWAL	Ξ	263,120.	0	0	18,890.	19,309.	301,319.	0
VP , PROGRAMS	€	0	0	0	0	0		0
(5) LISA BENENSON	Ξ	254,819.	0	0	17,276.	13,360.	285,455.	0
VP , COMMUNICATION & STRATEGY	€	0	0	0	0	0	0	0
(6) WENDY WEISER	Ξ	242,938.	0	0	17,500.	13,321.	273,759.	0
DIRECTOR DEMOCRACY PROGRAM	€	• 0	0	• 0	• 0	• 0	•0	0
(7) KIMBERLY THOMAS	(i)	189,642.	0	• 0	13,752.	19,430.	222,824.	• 0
VP , ADMINISTRATON	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
(8) MYRNA PEREZ	(i)	212,233.	0	• 0	15,050.	11,314.	238,597.	0.
DIRECTOR, VOTING RIGHTS AND ELECTION	_	• 0	0	• 0		• 0		0.
(9) LARRY NORDEN	(<u>i</u>)	209,811.	0	0.	15,050.	11,341.	236,202.	0
DIRECTOR, ELECTION REFORM	(ii)	• 0	0.	• 0		• 0		
(10) FAIZA PATEL	(<u>i</u>)	197,622.	0	0.	13,880.	1,352.	212,854.	0
DIRECTOR, LNS PROGRAM	(ii)	• 0	0.	• 0	• 0	• 0	• 0	0.
(11) SPENCER BOYER	(<u>i</u>)	175,442.	0.	• 0	12,434.	1,798.	189,674.	0
DIRECTOR , WASHINGTON DC OFFICE	(ii)	0.	0.	0.	0.	0.		0.
(12) LAUREN BROOKE EISEN	(i)	172,831.	0	• 0	8,377.	27,531.	208,739.	0.
DIRECTOR JUSTICE PROGRAM	(ii)	0.	0.	• 0	• 0	• 0	• 0	0
	(<u>i</u>)							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	Œ							
	Ξ							
	(ii)							
							Sched	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 JUSTIC Schedule J (Form 990) 2019

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.
g a
the ir

Schedule J (Form 990) 2019	

932113 10-21-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number WILLIAM J. BRENNAN CENTER FOR JUSTICE INC. 13-3839293

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu			8
		шррош	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	128	37,238,519.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828		, ,					
	for which the organization completed Form 626	os, Fart IV, L	Jonee Acknowledg	ement 29			Yes	No
302	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		163	NO
JUA	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			Willer isin thequired to be us		30a		Х
h	If "Yes," describe the arrangement in Part II.					ooa		
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties of	-	•	•		 		
u	contributions?		•			32a		Х
b						J_U		
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked.			
	describe in Part II.	(5)	-, i= i	(4)	• • •			
_	decembe iiii dit ii:							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

WILLIAM J. BRENNAN CENTER FOR

Schedule M	(Form 990) 2019 JUSTICE, INC.	13-3839293	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	and whother the erganiza	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	bination of both Alac com	lioi i
	is reporting in Part 1, column (b), the number of contributions, the number of items received, or a com-	bination of both. Also comp	olete
	this part for any additional information.		
		<u> </u>	
1			
1			

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

WILLIAM J. BRENNAN CENTER FOR JUSTICE.

INC. 13-3839293

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE BRENNAN CENTER FOR JUSTICE AT NEW YORK UNIVERSITY SCHOOL OF LAW IS NONPARTISAN LAW AND POLICY INSTITUTE THAT SEEKS TO IMPROVE THE AMERICAN SYSTEMS OF DEMOCRACY AND JUSTICE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A CPA FIRM AND IS THEN REVIEWED BY THE COO, GENERAL COUNSEL, DIRECTOR OF FINANCE AND THE AUDIT COMMITTEE OF THE BOARD. IT IS THEN PRESENTED TO THE FULL BOARD FOR ITS REVIEW PRIOR TO FILING WITH THE IRS. AT THE REQUEST OF ONE DONOR FOR CONFIDENTIALITY, INFORMATION IN SCHEDULE B WAS SHARED WITH ONLY THE FOLLOWING FIVE BOARD TWO BOARD CO-CHAIRS, PRESIDENT, FINANCE AND BUDGET COMMITTEE CHAIR MEMBERS: AND INVESTMENT COMMITTEE CHAIR. THE BOARD HAS BEEN MADE AWARE OF THIS REQUEST WHEN REVIEWING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS ISSUED AND PROVIDED TO EACH DECEMBER, THE POLICY IS THEN DISCUSSED AND SIGNED BY ALL ALL MEMBERS FOR REVIEW. MEMBERS.

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

THE COMPENSATION COMMITTEE SETS THE PRESIDENT'S SALARY AND REVIEWS AND IN BOTH CASES INFORMED BY MARKET-BASED APPROVES THE COO'S SALARY, COMPARABILITY DATA PREPARED BY INDEPENDENT COMPENSATION SPECIALISTS. ALL OTHER EMPLOYEE SALARIES ARE SUBJECT TO APPROVAL BY THE PRESIDENT, AND ARE INFORMED BY AND WITHIN MARKET-BASED COMPENSATION RANGES BASED ON ANALYSES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.	Employer identification number 13-3839293
PERFORMED BY INDEPENDENT COMPENSATION SPECIALISTS. SALARY	INCREASES ARE
PART OF THE BOARD'S REVIEW AND APPROVAL OF THE BUDGET.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, C	R, PA, RI, SC, TN, UT
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 18:	
A COPY OF THE 990 IS PROVIDED UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND OTHER DOCUMENTATION IS AVAILAB	BLE UPON REQUEST.
PART XI, LINE 2C	
THE PROCESS BY WHICH THE ORGANIZATION APPOINTS A COMMITTEE	THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL	STATEMENT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED	FROM THE
PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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

▶ Attach to Form 990.

Open to Public Inspection 2019

OMB No. 1545-0047

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

Employer identification number 13-3839293

J. BRENNAN CENTER FOR WILLIAM JUSTICE, Name of the organization

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

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income ூ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(0)	(p)	(e)	(£)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	qe	Public charity	Direct controlling	Section 512(b)(13) controlled	2(b)(13) lled
of related organization		foreign country)		status (if section	entity	entity?	.,
				501(c)(3))		Yes	No
BRENNAN CENTER STRATEGIC FUND - 03-0593698	TO ATTEMPT TO INFLUENCE						
120 BROADWAY, SUITE 1750	PUBLIC POLICY ON ISSUES OF						
NEW YORK, NY 10271	DEMOCRACY AND JUSTICE.	NEW YORK	501(C)(4)				×

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

Schedule R (Form 990) 2019

WILLIAM J. BRENNAN CENTER FOR

WILLIAM J. BRENNAN CENTER B Schedule R (Form 990) 2019 JUSTICE, INC. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

13-3839293

Seneral or Percentage managing ownership 3 managing partner? Yes No 9 Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Ξ Disproportionate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
I Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

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. Part IV

Ī	ĺ			I		Ī		Ī		Ī	
	ction (b)(13) trolled tity?	Yes No									
	Se 512 conf	Yes									
(h)	Percentage 512(b)(13) ownership controlled entity?										
(6)	of ear										
(£)	Sha										
(e)	Type of entity (C corp, S corp,	Ol tidat)									
(p)	Direct controlling entity										
(0)	Legal domicile (state or foreign	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2019

13-3839293

Page 3

Schedule R (Form 990) 2019

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				^	Yes
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?	s with one or more re	ated organizations listed i	n Parts II:IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	×			1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				10	×
				1e	×
f Dividends from related organization(s)				1	×
g Sale of assets to related organization(s)				19	X
				£	×
i Exchange of assets with related organization(s)				; =	×
				į-	×
k ease of facilities equipment or other assets from related organization(s)				÷	×
				€ ;	Þ
Performance of services or membership of fundraising solicitations for	nization(s)			= ;	< >
				T T	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			두	×
 Sharing of paid employees with related organization(s) 				9	×
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				1q	×
r Other transfer of cash or property to related organization(s)				1	×
(s)				18	×
s for info	ho must complete th	s line, including covered r	ormation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
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WILLIAM J. BRENNAN CENTER FOR

WILLIAM U. BRENNAN CEN' JUSTICE, INC.

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

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

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No Schedule R (Form 990) 2019 3 (h)
Disproportionate allocations? Yes No end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income pa (related, unrelated, excluded from tax under sections 512-514) ਉ (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity

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Part VII	(Form 990) 2019 Supplemental Infor	mation			
			to questions on Schedule R. See instructions.		
	T TOVIGO GGGILIOTIGI II TOTTI	anorrior responses	to quodiche di Compadio II. Coo indiractione.		

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