EXTENDED TO MAY 15, 2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

В	Check if applicable:	C Name of organization WILLIAM J. BRENNAN CENTER FOR		D Employer identific	cation number
	Address				
F	change Name change	Doing business as		13_3	839293
\vdash	lnitial return	- J	om/suite	E Telephone number	
F	Final		50) 292-8310
	⊸return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	50	G Gross receipts \$	24,560,361.
Г	Amended	NEW YORK, NY 10271			
F	return Applica-	F Name and address of principal officer:MICHAEL WALDMAN		H(a) Is this a group refor subordinates	
1.	Ition pending	SAME AS C ABOVE		H(b) Are all subordinates in	—
1	Tay-ovon	npt status: X 501(c)(3)	527		list. (see instructions)
		: ► WWW.BRENNANCENTER.ORG	521	H(c) Group exemption	
		rganization: X Corporation Trust Association Other	I Vear		State of legal domicile: NY
_		Summary	Licard	or formation. 2009 IV	Totate of legal dofficite. 14 1
	120-1110-0-1110	riefly describe the organization's mission or most significant activities: SEE SC	UCTH	LE O.	
Activities & Governance		Then y describe the organization's mission of most significant activities.			
'n	2 CI	heck this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	eate
Ne Ne				3	27
Ğ	2000 00000	umber of independent voting members of the governing body (Part VI, line 1b)			26
S		otal number of individuals employed in calendar year 2016 (Part V, line 2a)			150
/itie		otal number of volunteers (estimate if necessary)			26
cţì	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			0.
×		et unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a)	8 C	ontributions and grants (Part VIII, line 1h)		14,401,649.	24,064,835.
ğ		rogram service revenue (Part VIII, line 2g)		0.	0.
Revenue	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		64,487.	-116,317.
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-216,465.	144,264.
	7,000	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,249,671.	24,092,782.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		30,000.	30,000.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,032,356.	10,630,612.
use		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25) 1,830,450	•		
ш	17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,478,347.	4,269,917.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,540,703.	14,930,529.
	19 Re	evenue less expenses. Subtract line 18 from line 12		708,968.	9,162,253.
let Assets or und Balances				ginning of Current Year	End of Year
set	20 To	otal assets (Part X, line 16)		12,470,883.	24,970,740.
it As	21 To	otal liabilities (Part X, line 26)		858,634.	3,769,131.
<u>~</u>	22 N	et assets or fund balances. Subtract line 21 from line 20		11,612,249.	21,201,609.
K11191-72-3	PHOTELEGICA	Signature Block			
Und	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	knowledge and belief, it is
true	, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
		Signature of officer		[2]	117
Sig	1 00			Date	1
Her	e	JOHN ANTHONY BUTLER, VP/COO Type or print name and title			
		and the state of t	- 15	-1-	II DTIN
n - •		tint/Type preparer's name Preparer's signature		ate Check	PTIN
Paid		TACY CULLEN	1	2/11/17 if self-employe	P00974308
		irm's name TAIT, WELLER & BAKER LLP		Firm's EIN ▶	23-1144520
use	Only Fi	irm's address 1818 MARKET STREET, SUITE 2400			- 000 0000
		PHILADELPHIA, PA 19103		Phone no. 21	5.979.8800
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program S	ervice Accomplishments	<u></u>							
	Check if Schedule O contains a	response or note to any line in this Part III								
1		FOR JUSTICE AT NEW YORK	UNIVERSITY SCHOOL OF LAW IS							
		ND POLICY INSTITUTE THAT	SEEKS TO IMPROVE THE							
	AMERICAN SYSTEMS OF	DEMOCRACY AND JUSTICE.								
2		nificant program services during the year which								
			Yes X No							
	If "Yes," describe these new services									
3	Did the organization cease conducting If "Yes," describe these changes on S	ر, or make significant changes in how it conducts	, any program services?Yes X No							
4			act program convices, as maggured by expenses							
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										
		in a management								
4a	(Code:) (Expenses \$ 10	, 736,089 • including grants of \$	30.000.) (Royanya \$							
на	THE BRENNAN CENTER	FOR JUSTICE PERFORMS RIG	OROUS RESEARCH, CRAFTS AND							
		POLICY PROPOSALS, ENGAG								
			RANGES FROM VOTING RIGHTS TO							
		ROM CRIMINAL JUSTICE REF								
			WE COMBINE THE STRENGTHS OF							
			CUTTING-EDGE COMMUNICATIONS							
	HUB.	·								
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$							
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
<i>1</i> ~ 1	Other program convices (Describe in C	chodulo ()								
4d	Other program services (Describe in S	,	(Pougnus \$							
	(Expenses \$ Total program service expenses ▶	including grants of \$ 10,736,089.	(Revenue \$							
70	Total program service expenses	20,.00,000	Form 990 (2016)							
			1 3111 223 (2010)							

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	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	. <u></u> u		├ <u>-</u>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	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,"	18	77	
ıIJ	complete Schedule G, Part III	19		х
	omprese consesse of the minimum			

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ا		l 🕶
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
٥-	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		Х
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ <u>Λ</u>	<u> </u>

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1a 211 1b 10 10 10 10 10 10		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter or 4 not applicable 10 1 2 2 1 2 2 1 2 2 1 2 2				Yes	No
be Enter the number of Forms W.2G included in line 1a. Enter o. If not applicable Qualified and proportion of the power of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b If the organization comply with backup withholding fulles for reportable payments to vendors and reportable gamining (gamining) without without some without the complex of the payment of the called the payment of t					
gamblingly winnings to prize winners? a Etath the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b I fat least one is reported on line 2a, did the organization file all required federal employment tax returns? b I did the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-fife (see instructions) b I if 'Yes', has it filed a form 990-71 for this year If "hos," to file as 2, provide an explanation in Schedule 0 b If 'Yes, a think it filed a form 990-71 for this year If "hos," to file as 2, provide an explanation in Schedule 0 b If 'Yes, a think it filed a form 990-71 for this year If "hos," to file as 2, provide an explanation in Schedule 0 b If 'Yes, a file the transmitten of the foreign country (such as a bank account, so rother financial account)? 4a					
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled of the caendary year ending with or within the year covered by this return. 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-ffe (see instructions) 3a			1c	Х	
file and for the calendary year ending with or within the year covered by this return 2a 150	2a	I I			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A Early time the the name of the foreign country Such as a bank account, securities account, or other financial account)? 4b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c In "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c In "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c In If Yes, "If of the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes," did the organization neceive a payment in excess of \$75 made parity as a contribution of positive provided to the payor? 7d If Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes," did the organization received a contribution of qualified intellectual property, of which it was required? 7d If the organization in received a contribution of qualified intellectual property, of the organization life a Form 1998. 8 Sponsoring organization make		150			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, 'has it flide a Ferma 900 Tot this year? if 'No,' to fine 3b, provide an explanation in Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounties) b if Yes, 'reter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization file formal season of any time during the tax year? 5 Lif Yes, 't oli ine 5 ar 55b, did the organization file Form 8886 17? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Lif Yes, 'tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). a Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? b If Yes, 'did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? b If the organization erceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Life Foreign Separation, during the year, any premiums, directly or indirectly, and personal benefit contract? 7 Life Foreign Separation file and the organization received a contribution of cars, boats, airplanes, or other vehicles, did					
b If "Yes," has it flied a Form 990-T for this year / If "No." to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for the foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for the foreign Bank and Financial accounts (FBAR). See instructions for the requirement for the foreign Bank and Financial accounts (FBAR). See instructions for this requirement for the foreign Bank and Financial accounts (FBAR). See instructions for the design and foreign and for	За		За		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ 5a Was the organization aperuty to a prohibited tax shelter transaction at any time during the tax year? 5a If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soloid any contributions that were not tax deductible as charitable contributions? 6a If "Yes," indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 b If "Yes," indicated the number of Forms 8282 filed during the year 5 c Did the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required 5 to lie Form 8282? 6 c If If yes, "indicate the number of Forms 8282 filed during the year 6 Did the organization celeved a contribution of qualified intellectual property, did the organization file or M899 as required? 7 h If the organization received a contribution of qualified intellectual property, did the organization file or M899 as required? 8 posnosring organization make ay taxable distributions under section 4966? 9 Sponsoring organization make ay taxable distributions under section 4966? 9 posnosring organization make ay taxable distributions			3b		
trancial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country; "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b L X c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that twen or tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Verse," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). a Did the organization start may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7b If the organization creceived a contribution of qualified intellectual property, did the organization file a Form 1098-0? 7c X Y g If the organization make any saxable distributions under section 4966? 9a Sponsoring organization maminatining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributio					
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a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
c Enter the amount of reserves on hand	b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					77
			-		_X
	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0040

Form 990 (2016)

13-3839293

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 in 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
D	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			==
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
C	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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 with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
<u>5ec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AK , AL , AR , AZ , CA , CT , FL , GA , HI	_ TT.	KS	KV
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are stated with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are stated with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are stated with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are stated with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are stated with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are stated with the stated with t			,
.5	for public inspection. Indicate how you made these available. Check all that apply.	· · unal	.5	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOHN ANTHONY BUTLER - 646-292-8310			
	120 BROADWAY, SUITE 1750, NEW YORK, NY 10271			
632006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2016)

Form 990 (2016) 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 (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated amount of
	hours per week	offi	box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	other
	(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)	compensation from the organization and related organizations
(1) NANCY BRENNAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(2) ADAM B. COX	1.00	↓								
BOARD MEMBER	1 00	Х						0.	0.	0
(3) JOHN FEREJOHN	1.00	١,,							_	_
BOARD MEMBER	1 00	Х						0.	0.	0
(4) GAIL FURMAN	1.00	X						0.	0.	_
BOARD MEMBER (5) DANIELLE GRAY	1.00	^						0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0
(6) KIM HARRIS	1.00	1						0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0
(7) HELEN HERSHKOFF	1.00							0.		
BOARD MEMBER		x						0.	0.	0
(8) JAMES E JOHNSON	1.00							-	-	
BOARD MEMBER		X						0.	0.	0
(9) THOMAS M. JORDE	1.00									
BOARD MEMBER		Х						0.	0.	0
(10) DANIEL F. KOLB	1.00									
BOARD MEMBER		Х						0.	0.	0
(11) RUTH LAZARUS	1.00									
BOARD MEMBER		Х						0.	0.	0
(12) TREVOR MORRISON	1.00	ļ								
EX-OFFICIO	1 00	Х						0.	0.	0
(13) ERIN MURPHY	1.00	. ,							_	_
BOARD MEMBER	1.00	Х						0.	0.	0
(14) WENDY NEU	1.00	X						0.	0.	0
BOARD MEMBER (15) BURT NEUBORNE	1.00	^						0.	0.	
BOARD MEMBER	1.00	X						0.	0.	0
(16) LAWRENCE PEDOWITZ	1.00	 ^ `						0.	•	
BOARD MEMBER	1,00	x						0.	0.	0
(17) STEVEN ALAN REISS	1.00	+==								
BOARD MEMBER		x						0.	0.	0

632007 11-11-16

Form **990** (2016)

Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) RICHARD L. REVESZ 1.00 0. 0. 0. BOARD MEMBER X (19) GERALD ROSENFELD 1.00 X 0 0. 0. BOARD MEMBER 1.00 (20) STEPHEN SCHULHOFER 0 X 0. 0. BOARD MEMBER 1.00(21) EMILY SPITZER X 0 0. BOARD MEMBER 0. (22) CHRISTINE VARNEY 1.00 0 0 0. BOARD MEMBER X (23) SCOTT WALLACE 1.00 X 0 0. BOARD MEMBER 0. (24) ADAM WINKLER 1.00 X 0 0. 0. BOARD MEMBER (25) KENJI YOSHINO 1.00 X 0. 0. 0. BOARD MEMBER 1.00 (26) ROBERT ATKINS BOARD CO-CHAIR Х Х 0 0 0. 0. 0. 1b Sub-total 2,442,243. 306,312. 0. c Total from continuation sheets to Part VII, Section A 2,442,243. 306,312. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 13 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 Х 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
120 BROADWAY HOLDINGS LLC, 120 BROADWAY.		
36TH FLOOR, NEW YORK, NY 10271	CONSTRUCTION	1,219,537.
EMPIRE OFFICE		
105 MADISON AVE, NEW YORK, NY 10016	FURNITURE	387,369.
SCHRIMMER DESIGN GROUP LLC		
200 W 41ST ST, NEW YORK, NY 10036	ARCHITECTURE	154,028.
BERLIN ROSEN		
15 MAIDEN LN #1600, NEW YORK, NY 10038	PUBLIC RELATIONS	142,011.
PAETEC		
600 IRWIN ROAD #A, MT. LAUREL, NJ 08058	123,037.	
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

X

Form 990 JUSTIC	E, INC.						_ ,		13-383	9293
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Posi (all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) PATRICIA BAUMAN BOARD CO-CHAIR	1.00	Х		x				0.	0.	0.
(28) PAUL LIGHTFOOT TREASURER	1.00	х		х				0.	0.	0.
(29) MICHAEL WALDMAN	40.00	X		X				373,968.		36,825.
PRESIDENT (30) JOHN ANTHONY BUTLER VP/COO	40.00	Λ		X				217,203.	0.	23,687.
(31) ELISA MILLER	24.00			X				109,620.	0.	407.
SECRETARY (32) JOHN KOWAL	40.00				v			-		
VICE PRESIDENT PROGRAMS (33) WENDY WEISER	40.00				X			227,378.	0.	30,786.
DIRECTOR DEMOCRACY PROGRAM (34) VIVIEN WATTS	40.00				Х			203,929.	0.	26,005.
VP/MANAGING DIRECTOR (35) JENNIFER WEISS-WOLF	40.00				Х			179,188.	0.	32,622.
VP DEVELOPMENT (36) JEANINE PLANT-CHIRLIN	40.00				Х			169,128.	0.	30,433.
VP COMMUNICATIONS	40.00				Х			167,819.	0.	13,111.
(37) LARRY NORDEN DEPUTY DIRECTOR DEMOCRACY						х		171,401.	0.	19,938.
(38) INIMAI CHETTAIR DIRECTOR JUSTICE PROGRAM	40.00					Х		165,590.	0.	20,132.
(39) NICOLE AUSTIN-HILLERY DIRECTOR- DC OFFICE	40.00					Х		154,538.	0.	31,627
(40) FAIZA PATEL DIRECTOR LNS PROGRAM	40.00					х		154,420.	0.	11,440.
(41) MYRNA PEREZ DEPUTY DIRECTOR DEMOCRACY	40.00					х		148,061.	0.	29,299.
						_ 			•	
Total to Part VII, Section A, line 1c								2,442,243.		306,312.

Form 990 (2016) JUSTICE
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Check ii Schedule O cont	allis a response	or flote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0, (0						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
S S		Membership dues						
ts,		Fundraising events		1,104,338.				
ia iar		d Related organizations						
ns, Sim		 Government grants (contribut 						
er S	f	All other contributions, gifts, gran						
ĕξ		similar amounts not included abov	ve 1f	22,960,497.				
d	ç	Noncash contributions included in lines	1a-1f: \$	67,072.				
<u>8 0</u>	ŀ	Total. Add lines 1a-1f			24,064,835.			
				Business Code				
e	2 8	a						
Program Service Revenue	k	·						
Scu	C							
an eve	c	t						
90 E	•	•						
ቯ	f	All other program service reve	nue					
	ç	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		>	28,995.			28,995.
	4	Income from investment of tax						
	5	Royalties						
		·	(i) Real	(ii) Personal				
	6 a	Gross rents						
	Ł	Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	99,181.	(.,, 5				
	ŀ	Less: cost or other basis	,					
	_	and sales expenses	244,493.					
		Gain or (loss)						
		Net gain or (loss)			-145,312.			-145,312.
		Gross income from fundraising			, , , , , , , , , , , , , , , , , , , ,			
une	0.	including \$ 1,104						
š		contributions reported on line						
æ		Part IV, line 18	,	100,815.				
Other Reven	ŀ	Less: direct expenses						
ō		Net income or (loss) from func			-122,271.			-122,271.
		Gross income from gaming ac			===,=,=,=			===,=
	9 6	Part IV, line 19						
	ı	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 6							
		and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
	44	Miscellaneous Revenu LEASE TERMINATION REFU		Business Code 900099	265 000			265 000
			עונו	900099	265,000.			265,000.
		MISCELLANEOUS INCOME		300033	1,535.			1,535.
		All other revenue			266 525			
		Total. Add lines 11a-11d		🟲	266,535.			27 947.
	12	Total revenue See instructions			24 092 782.	0.1	0	1 27 947

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 (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 30,000. 30,000. 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, 1,496,288. 2,012,152. 272,060. 243,804. 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) 6,992,112. 5,199,513. 945,393. 847,206. 7 Other salaries and wages Pension plan accruals and contributions (include 46,575. 426,072 325,164. 54,333. section 401(k) and 403(b) employer contributions) 594,739. 453,383. 65,318. 76,038. Other employee benefits 9 605,537. 459,960. 78,070. 67,507. Payroll taxes 10 Fees for services (non-employees): a Management 775. 5,999. 3,559. 1,665. Legal 30,500. 30,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 76,021. 45,102. 21,100. 9,819. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,073,509 654,998 275,915. 142,596. column (A) amount, list line 11g expenses on Sch O.) 18,328. 8,741. 5,853. 32,922. Advertising and promotion 12 869,933. 484,299. 230,974. 154,660. 13 Office expenses 14 Information technology 15 Royalties 1,082,920. 224,591. 175,055. 1,482,566. 16 Occupancy 154,797. 228,430. 55,426. 18,207. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 109,151. 39,082. 12,839. 161,072. Conferences, conventions, and meetings 19 12,196. 80,506. 58,804. 9,506. Interest 20 Payments to affiliates _____ 21 23,608. 174,608. 129,844. 21,156. Depreciation, depletion, and amortization 22 53,851. 29,979. 14,298. 9,574. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 14,930,529. 10,736,089. 2,363,990. 1,830,450. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2016)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,944,423.	1	12,833,717.
	2	Savings and temporary cash investments			5,365,430.	2	
	3	Pledges and grants receivable, net			2,856,646.	3	5,153,782.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
δ		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9				96,495.	9	82,546.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,503,686.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	326,346.	222,722.	10c	3,177,340. 3,413,872.
	11	Investments - publicly traded securities	1,784,464.	11	3,413,872.		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	200,703.	15	309,483.		
	16	Total assets. Add lines 1 through 15 (must equ	12,470,883.	16	24,970,740.		
	17	Accounts payable and accrued expenses	552,196.	17	645,555.		
	18	Grants payable				18	
	19	Deferred revenue			306,438.	19	964,576.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	0 150 000
_	23	Secured mortgages and notes payable to unrela				23	2,159,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		·			
		Schedule D			858,634.	25	3,769,131.
	26	Total liabilities. Add lines 17 through 25		Y	030,034.	26	3,703,131.
,		Organizations that follow SFAS 117 (ASC 958		ck nere 🟲 🕰 and			
Ses	07	complete lines 27 through 29, and lines 33 and lines 33 and lines 35 and lines 36 and lines 36 and lines 36 and lines 37 through 29, and lines 38 an			7,267,780.	27	10,851,313.
Fund Balances	27 28	Unrestricted net assets			4,144,469.	28	10,150,296.
B	29	Temporarily restricted net assets Permanently restricted net assets		200,000.	29	200,000.	
ů,	29	Organizations that do not follow SFAS 117 (A		R) shock hore	200,000	29	200,000
Ē		and complete lines 30 through 34.	3C 93	b), check here			
ts o	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	1	Retained earnings, endowment, accumulated in				32	
Š	32	Total net assets or fund balances			11,612,249.	33	21,201,609.
	34				12,470,883.	34	24,970,740.
	J 34	TOTAL HADIILIES AND HEL ASSELS/TUHU DAIAHCES			, -, o, oos •	J +	Corm 990 (2016)

Form **990** (2016)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		24,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,93		
3	Revenue less expenses. Subtract line 2 from line 1	3	9,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,61		
5	Net unrealized gains (losses) on investments	5	48	<u>4,8</u>	99.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5	7,7	92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	21,20	1,6	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

11

12

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.

WILLIAM J. BRENNAN CENTER FOR

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

JUSTICE. INC. 13-3839293 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.

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.
 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 III, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

f Enter the number of supported organizations

See section 509(a)(2). (Complete Part III.)

Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9507981.	8769280.	15317113.	14401649.	24064835.	72060858.	
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	9507981.	8769280.	15317113.	14401649.	24064835.	72060858.	
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)						12714593.	
6	Public support. Subtract line 5 from line 4.						59346265.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	9507981.	8769280.	15317113.	14401649.	24064835.	72060858.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	21,392.			2,765.	28,995.	53,152.	
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.)	5,491.	198,211.	4,058.	280.	266,535.	474,575.	
11						-	72588585.	
12	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 t	ax year as a sectic	n 501(c)(3)		
	organization, check this box and stor	here			•			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·	
14	Public support percentage for 2016 (line 6, column (f) di	vided by line 11, o	column (f))		14	81.76 %	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	77.59 %	
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□	
17a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes	-	="		•			
	more, and if the organization meets the							
	organization meets the "facts-and-circ				-		>	
18	Private foundation. If the organization							

Schedule A (Form 990 or 990-EZ) 2016

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.)

qualify under the tests listed be Section A. Public Support	elow, please com	piete Fart II.)				
• • • • • • • • • • • • • • • • • • • •	(a) 0010	(h) 0010	(a) 001.4	(4) 0015	(a) 0010	(6) T-+-1
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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.)	<u>.</u>		1	I		L
14 First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Publ		roontago				▶∟
•			. (0)		Tapl	
15 Public support percentage for 2016 (
16 Public support percentage from 2015 Section D. Computation of Inve					16	
•					17	
17 Investment income percentage for 20					<u> </u>	
18 Investment income percentage from						
19a 33 1/3% support tests - 2016. If the	-					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	CK this dox and s	Lup nere. The orga	anization qualifies	as a publicly sup	ported 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 (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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	1 a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
	10b		
_			

	addle A (Fortill 990 of 990-EZ) 2018 GODIICH, IIVC.	7 303727	<u> </u>	age 3
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		
	below, the governing body of a supported organization?	11a		
	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. tion B. Type I Supporting Organizations	11c		
<u> </u>	tion b. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	INO
•	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	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	2		
3	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 yea(see instruc	tions).		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions	:).	
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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	I

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	tion 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			
Sect	tion 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			
е	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			
Sect	tion 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-functional	lv integrat	ed Type III supporting ord	anization (see	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	ns	
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	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4	ion E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

WILLIAM J. BRENNAN CENTER FOR

Schedule A	(Form 990 or 990-EZ) 2016 JUSTICE,	INC.	13-3839293 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Section D, lines 2 and 3; Part	the explanations required by Part II, line 10; Part II, line 17a of 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V tion E, lines 2, 5, and 6. Also complete this part for any addition	717b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	,		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- 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				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization WILLIAM	J. BRENNAN CENTE	R FOR	Empl	oyer identification number
	JUSTICE				13-3839293
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures		 ►\$	
		ganization is exempt unde			
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				- 1/21
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 501	c)(3).
2 3 4	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization tributions received that were prepolitical action committee (PAC). If	aization's funds contributed to others. Add lines 1 and 2. Enter here an	d on Form 1120-POL, of all section 527 polifrom the filing organizate separate political orga	stion 527 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes No Ch the filing organization ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

	rt II-A Complete if the organizati	on is exempt under section 501(c)(3) and fi		ootion under
Fa	section 501(h)).	on is exempt under section sortch(s) and in	ieu roilli 3700 (ei	ection under
	heck if the filing organization below expenses, and share of exce	ngs to an affiliated group (and list in Part IV each affiliated iss lobbying expenditures). ked box A and "limited control" provisions apply.	l group member's nam	e, address, EIN,
	Limits on Lot (The term "expenditures" r	(a) Filing organization's totals	(b) Affiliated group totals	
12	Total lobbying expenditures to influence pu	olic opinion (grass roots lobbying)	3,311.	
k	Total lobbying expenditures to influence a le	egislative body (direct lobbying)	42,665.	
c	Total lobbying expenditures (add lines 1a ar	nd 1b)	45,976.	
c	Other exempt purpose expenditures		14,884,553.	
e	Total exempt purpose expenditures (add lin	es 1c and 1d)	14,930,529.	
f	Lobbying nontaxable amount. Enter the am	ount from the following table in both columns.	896,526.	
	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.		
<u>c</u>	Grassroots nontaxable amount (enter 25%	of line 1f)	224,132.	
ŀ	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under section 501(h)		

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

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
2a Lobbying nontaxable amount	699,191.	771,277.	827,035.	896,526.	3,194,029.		
b Lobbying ceiling amount (150% of line 2a, column(e))					4,791,044.		
c Total lobbying expenditures	52,063.	32,302.	64,131.	45,976.	194,472.		
d Grassroots nontaxable amount	174,798.	192,819.	206,759.	224,132.	798,508.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,197,762.		
f Grassroots lobbying expenditures	2,202.	157.	18,634.	3,311.	24,304.		

Schedule C (Form 990 or 990-EZ) 2016

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				(b)	
of th	e lobbying activity.	Yes	No	Amo	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4(-\/	-\	-4:	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on sur(c)(:	o), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year?	3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			· · · · · · · · · · · · · · · · · · ·	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
C					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WILLIAM J. BRENNAN CENTER FOR JUSTICE TNC.

Employer identification number 13-3839293

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6			•
		(a) Donor advised funds	(b) Fur	nds 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 writ	ing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's exc	_		Yes No
6	Did the organization inform all grantees, donors, and donor advi-			
	for charitable purposes and not for the benefit of the donor or de			
			ŭ	Yes No
Pa	t II Conservation Easements. Complete if the organ			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			n during the tax
	year ▶			
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it ho	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing con	servation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation easeme	ents during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above s	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	i's financial statements that describes	the organiza	tion's accounting for
D -	conservation easements.	at Historia d Tarana a G	···· 0:	I a a A a a a l a
Ра	T III Organizations Maintaining Collections of A		tner Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC 9			
	historical treasures, or other similar assets held for public exhibit	•	ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes			
b	If the organization elected, as permitted under SFAS 116 (ASC 9			
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	ıblic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				\$
2	If the organization received or held works of art, historical treasu	,	ai gain, provid	de
	the following amounts required to be reported under SFAS 116	-		Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

632051 08-29-16

Schedule D (Form 990) 2016

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	ner Simi	lar Asse	ts (contin	ued)	<u>.g</u>
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collection	item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran						line 9, or		
	reported an amount on Form 990, Par	-	· ·				•		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets n	ot included	1			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
		·	· ·				Amount		
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•]
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	1,784,464.	1,999,940.	2,101,687	. 1,	924,201.	1,	688,	094.
	Contributions	867,667.							
С	Net investment earnings, gains, and losses	346,418.	-108,199.	14,591		367,564.		336,	159.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	89,372.	94,412.	101,638	.	176,182.		92,	111.
f	Administrative expenses	9,808.	12,865.	14,700		13,896.		7,	941.
g	End of year balance	2,899,369.	1,784,464.	t		101,687.	1,	924,	201.
2	Provide the estimated percentage of the curr	ent vear end balanc		•					
а	Board designated or quasi-endowment	91.44	%						
b	Permanent endowment ► 6.89	%							
		1.6 7 %							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation that are held a	and administered for	the organ	ization			
	by:	3			3		Γ,	Yes	No
	(i) unrelated organizations						_		Х
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	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), Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of			Accumulat	ed	(d) Book	value	
	2 coonplication of property	basis (investm			epreciation		(4, 200		
	Land	`	,	,					
b	Buildings								
	Leasehold improvements		2.08	0,929.	65,0	29.	2,015	, 9	00.
d	Equipment			2,757.	261,3		1,161		
	Other			, , , , ,	, .		, =	<i>,</i> -	
	Add lines 1a through 1e (Column (d) must e		X column (R) line 1	10c)			3,177	7 . 3	40.

TIT C T T T T T T T T T T T T T T T T T	BRENNAN CENTE	ER FOR	1.2	2020202	_
Schedule D (Form 990) 2016 JUSTICE, IN Part VII Investments - Other Securities.	<u> </u>		13-	3839293	Page
	an Farma 000 Bart IV line	11h Caa Farra 000	David V. lima 40		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-	of year market y	valuo.
	(b) book value	(c) Method of V	raluation. Cost of end-	Di-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	ralue .
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					,
(8)					
(9)					-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.	<u> </u>				
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990.	Part X. line 15.		
	Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	(b) Book va	ılue
(1)	·				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15)				
Part X Other Liabilities.	e 13.)				
Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 or 11f Soc Ec.	n 000 Dart V lina 25		
(a) Description of Palatity	on rollinggo, Fart IV, IINE	(b) Book value	11 330, FAIL A, IIIIE 25.		
		(W) DOOK VAIUE			
(1) Federal income taxes			-		
(2)			-		
(3)			-		
(4)			-		
(2)					

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2016

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Rev	renue per Return.	ugo :
	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		1 1	
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			
b	Other (Describe in Part XIII.)			
_	Add lines 4a and 4b Tatal was as Add lines 2 and 4a (This must asked Forms 900 Part I line 12)			
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State			
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line		penses per metarn.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••	· · · · · · · · · · · · · · · · · · ·	
	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d				
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		- I	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
111163	20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide any	additional imornation	1.	
PAF	RT X, LINE 2:			
MAI	NAGEMENT HAS REVIEWED THE TAX POSITIONS	FOR EACH OF	THE OPEN TAX YEARS	;
(20	014-2016) OR EXPECTED TO BE TAKEN IN THE	CENTER'S 2	2017 TAX RETURN AND	
цλ	S CONCLUDED THAT THERE ARE NO SIGNIFICAN	n iinicedmatn	I MAY DOCIMIONS MUAM	,
IIA	S CONCLODED THAT THERE ARE NO SIGNIFICAN	I UNCERTAIN	TAX POSITIONS THAT	
TOW	JLD REQUIRE RECOGNITION IN THE FINANCIAL	STATEMENTS	5.	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

WILLIAM J. BRENNAN CENTER FOR

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JUSTICE, INC. 13-3839293

Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17. Form 990-F7 filers are not

required to complete this part	 	Jica i	C3 01	11 0111 330, 1 art 10,	IIIIC 17.1 OIIII 330 L2	There are not
1 Indicate whether the organization rais	ed funds through any of the followi	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special					
d In-person solicitations	3 — '		3			
2 a Did the organization have a written o	r oral agreement with any individua	l (includ	dina o	fficers, directors, tru	stees. or	
key employees listed in Form 990, Pa						☐ No
b If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the			ag. c c			
(i) Name and address of individual		(iii)	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	fundr have con	ustody trol of	from activity	to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
or orning (randraider)		contrib	itions?	nom delivity	listed in col. (i)	organization
		Yes	No			
T-1-1						
Total 3 List all states in which the organizatio	n is registered at licensed to religit	oontrib	ution	or has been notified	d it is evenuet from re	
or licensing.	ir is registered of licerised to solicit	COLLLIN	utions	s of flas been flotilled	a it is exempt nom to	egistration

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

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts groater than \$5.00

		of fundraising event contributions and gr	oss income on Form 990		· · · · · · · · · · · · · · · · · · ·	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BRENNAN		NONE	(add col. (a) through
			LEGACY AWARD			col. (c))
Φ			(event type)	(event type)	(total number)	55 (5 ₁₎
Revenue						
3ev	1	Gross receipts	1,205,153.			1,205,153.
_						
	2	Less: Contributions	1,104,338.			1,104,338.
			100 015			100 015
	3	Gross income (line 1 minus line 2)	100,815.			100,815.
	4	Cash prizes				
	_					
S	5	Noncash prizes				
Direct Expenses		Pont/facility costs	123,383.			123,383.
xbe	6	Rent/facility costs	123,303.			123,303.
H H	7	Food and beverages				
)irec	l '	1 000 and beverages				
	8	Entertainment				
	9	Other direct expenses				99,703.
	10	Direct expense summary. Add lines 4 through			•	223,086.
	11	Net income summary. Subtract line 10 from I				-122,271.
Pa	irt l					
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(, , ,	bingo/progressive bingo	() 3	col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	_	Namanah miman				
Ä	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	"	Theritability costs				
	5	Other direct expenses				
	Ť	Canal direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 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 a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
10-	\^/-	ere any of the organization's gaming licenses re	woked auerended	arminated during the tarr	.voor?	Yes No
		N/ II I '				. LITES LINO
i.		Yes," explain:				

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

WILLIAM J. BRENNAN CENTER FOR

Sch	edule G (Form 990 or 990 EZ) 2016 JUSTICE, INC.	<u>3-3839</u>	293	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:	—		
		1420	I	0/
	The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	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 amount			
	of gaming revenue retained by the third party \$\bigs\sum_{			
,	If "Yes," enter name and address of the third party:			
٠	7 1 165, Critici Harrie and address of the tillia party.			
	Nome >			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Employee Employee			
47	Mandatan diatributiona			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	□
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe		
_	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); and Part	III, lines 9,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

WILLIAM J. BRENNAN CENTER FOR

Schedule di Tom 990 or 990-EZ JUSTICE, INC. 13-3839293 Page 4 Part IV Supplemental Information (continued)	Schedule G (Form 990 or 990-EZ)	JUSTICE, INC.	13-3839293 Page 4
	Part IV Supplemental Info	ormation (continued)	
	·		

SCHEDULE I (Form 990)

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

2016

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization WILLIAM JUSTICE,		I CENTER FOR	2				Employer identification number 13-3839293
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's prepart II Grants and Other Assistance to	stance? ocedures for mon	toring the use of grant	t funds in the Unite	d States.			Yes X No
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TEXAS PUBLIC POLICY FOUNDATION 900 CONGRESS AVE STE 400 AUSTIN, TX 78701-2432	74-2524057	501 (C) (3)	30,000.	0.			RESEARCH FOR CRIMINAL JUSTICE REPORT.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization						1	1. 0.

Page 2

Part III can be duplicated if additional space is ne (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(a) Mathed of valuation	(f) Description of noncash assistance
(a) Type of graffic of assistance	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(i) Description of noncash assistance
Part IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.

Employer identification number 13-3839293

			Yes	No
1 a	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,		37	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
•				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee 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			
	Form 990 of other organizations 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		4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MICHAEL WALDMAN	(i)	373,968.	0.	0.	16,615.	20,210.	410,793.	0.
PRESIDENT (ii)	0.	0.	0.	0.	0.		0.
(2) JOHN ANTHONY BUTLER	(i)	217,203.	0.	0.	15,641.	8,046.	240,890.	0.
VP/COO (ii)	0.	0.	0.	0.	0.		0.
(3) JOHN KOWAL	(i)	227,378.	0.	0.	16,464.	14,322.	258,164.	0.
VICE PRESIDENT PROGRAMS	ii)	0.	0.	0.	0.	0.	0.	0.
(4) WENDY WEISER	(i)	203,929.	0.	0.	14,956.	11,049.	229,934.	0.
DIRECTOR DEMOCRACY PROGRAM	ii)	0.	0.	0.	0.	0.	0.	0.
(5) VIVIEN WATTS	(i)	179,188.	0.	0.	13,507.	19,115.	211,810.	0.
VP/MANAGING DIRECTOR	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER WEISS-WOLF	(i)	169,128.	0.	0.	12,434.	17,999.	199,561.	0.
VP DEVELOPMENT	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(7) JEANINE PLANT-CHIRLIN	(i)	167,819.	0.	0.	2,552.	10,559.	180,930.	0.
VP COMMUNICATIONS	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(8) LARRY NORDEN	(i)	171,401.	0.	0.	12,177.	7,761.	191,339.	0.
DEPUTY DIRECTOR DEMOCRACY	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(9) INIMAI CHETTAIR	(i)	165,590.	0.	0.	11,777.	8,355.	185,722.	0.
DIRECTOR JUSTICE PROGRAM	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(10) NICOLE AUSTIN-HILLERY	(i)	154,538.	0.	0.	11,800.	19,827.	186,165.	0.
DIRECTOR- DC OFFICE	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(11) FAIZA PATEL	(i)	154,420.	0.	0.	10,907.	533.	165,860.	0.
DIRECTOR LNS PROGRAM	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(12) MYRNA PEREZ	(i)	148,061.	0.	0.	11,013.	18,286.	177,360.	0.
DEPUTY DIRECTOR DEMOCRACY	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii) 🛚							
	(i)							
	ii) [
	(i)							
	ii)							
	(i)							
	ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

16

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.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.

Employer identification number 13-3839293

ı aı	t I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
1	Art - Works of art		items contributed	r om coo, r art viii, iii e rg			
	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications						
	Clothing and household goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities - Publicly traded	X	10	67,072.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
	Qualified conservation contribution - Other						
	Real estate - Residential						
	Real estate - Commercial						
	Real estate - Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
24 25	Archeological artifacts Other ()						
26	·						
20 27	Other () Other ()						
	Other ()						
	Number of Forms 8283 received by the organi	zation durin	the tax vear for o	contributions			
	for which the organization completed Form 82						
	To Which the organization completed Form Cz	00, r arr 11, r	2011007101411014104	<u> </u>		Yes	No
30a	During the year, did the organization receive b	v contributio	on anv property rei	oorted in Part I. lines 1 throu	ah 28. that it		
	must hold for at least three years from the date	-			- '		
	exempt purposes for the entire holding period					30a	Х
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) (2016)

WILLIAM J. BRENNAN CENTER FOR

Schedule M	(Form 990) (2016)	JUSTICE,	INC.	13-3839293	Page 2
Part II	Supplemental	Information.	Provide the information required by Part I, lines 30b, 32b, and 33 number of contributions, the number of items received, or a conon.	3, and whether the organiza	ation
	this part for any ac		эп.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.

Employer identification number 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, CONTROLLER OF THE ORGANIZATION AND THE AUDIT COMMITTEE OF THE BOARD. IT IS THEN PRESENTED TO THE FULL BOARD FOR ITS REVIEW PRIOR TO FILING WITH THE IRS.

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

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

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

THE CHAIR OR CO-CHAIRS REVIEW THE PRESIDENT'S SALARY AND THE COO'S SALARIES ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE, INFORMED BY MARKET-BASED COMPARABILITY DATA PREPARED BY INDEPENDENT COMPENSATION SPECIALISTS. ALL OTHER EMPLOYEE SALARIES ARE SET BY THE PRESIDENT, INFORMED BY AND WITHIN MARKET-BASED COMPENSATION RANGES BASED ON ANALYSES PERFORMED INDEPENDENT THIRD PARTY COMPENSATION SPECIALISTS. SALARY LEVELS ARE PART THE BOARD REVIEW AND APPROVAL OF THE BUDGET. ALL HIRES ARE INTRODUCED TO THE BOARD AT THE NEXT MEETING FOLLOWING THEIR HIRE.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.	Employer identification numb
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING (COPY OF FORM 990:
AK, AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MO, MS	, NC, NH, NJ, NY, OK, OR, PA
RI,SC,TN,UT,VA,WI,WV	
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 AVAI	AILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON DISPOSAL OF FIXED ASSETS	-57,792
PART XI, LINE 2C	
THE PROCESS BY WHICH THE ORGANIZATION APPOINTS A COMM	ITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINAL	NCIAL STATEMENT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHA	ANGED FROM THE
PRIOR YEAR.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

(c)

Legal domicile (state or

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(b)

Primary activity

Emplo

(e)

End-of-year assets

(d)

Total income

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

WILLIAM J. BRENNAN CENTER FOR JUSTICE, INC.

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

Employer identification number 13-3839293

(f)

Direct controlling

of disregarded entity		foreign country)			е	ntity	
	_						
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	512(b)(13) trolled tity?
BRENNAN CENTER STRATEGIC FUND - 03-0593698 120 BROADWAY, SUITE 1750 NEW YORK, NY 10271	TO ATTEMPT TO INFLUENCE PUBLIC POLICY ON ISSUES OF SOCIAL JUSTICE.	NEW YORK	501(C)(4)				х
	-						

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

	organization district the desired at a partition in partition in the tax year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	(state or	Direct controlling entity	ontrolling Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of end-of-year assets		ortionate itions?	amount in box	General managin partner	Percentage ownership
		foreign country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	
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	l .								L		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share of total Share of F		(i Sec 512(k contr enti	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
									l
									
									l
									<u> </u>
		10							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

X

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	X				
c Gift, grant, or capital contribution from related organization(s)				1c	X				
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f	Х				
g Sale of assets to related organization(s)				1g	X				
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
I Performance of services or membership or fundraising solicitations for related org	anization(s)			11	X				
m Performance of services or membership or fundraising solicitations by related organizations					X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n	X				
Sharing of paid employees with related organization(s)				10	X				
p Reimbursement paid to related organization(s) for expenses				1p	X				
q Reimbursement paid by related organization(s) for expenses				1a	X				
4 (2)									
r Other transfer of cash or property to related organization(s)				1r	Х				
s Other transfer of cash or property from related organization(s)					X				
2 If the answer to any of the above is "Yes," see the instructions for information on				•					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	nt involved					
1)									
2)									
3)									
4)									
7									
5)									
6)									
32163 09-06-16	49		Sched	lule R (Form 9	90) 2016				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managii partner Yes N	or Percentage ownership

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

musi i	ise Form 7004 to request an extension of time to file incom	e tax retui	iis.	Enter file	er's identifying i	number			
Type o	WILLIAM J. BRENNAN CENTER I JUSTICE, INC.		Employer identification num 13-38392						
File by the due date filing you return. S	For Number, street, and room or suite no. If a P.O. box, so 120 BROADWAY NO. 1750	ee instruc	tions.	Social se	curity number (S	SN)			
instruction	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10271								
Enter t	the Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applic	ation	Return	Application			Return			
Is For		Code	Is For			Code			
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	990-BL	02	Form 1041-A			08			
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	990-PF	04	Form 5227			10			
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 9	990-T (trust other than above) JOHN ANTHONY BU	06	Form 8870			12			
Tele If the lifth box	e books are in the care of ▶ 120 BROADWAY, Sephone No. ▶ 646-292-8310 The organization does not have an office or place of business his is for a Group Return, enter the organization's four digit of the companization. If it is for part of the group, check this box ▶ 1 request an automatic 6-month extension of time until for the organization named above. The extension is for the companization or	s in the Ur Group Exe and atta	Fax No. inited States, check this box emption Number (GEN) In ch a list with the names and EINs of Y 15, 2018 , to file	f this is fo	r the whole grou	n is for.			
	Calendar year or X tax year beginning JUL 1, 2016, and ending JUN 30, 2017 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
3a	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
!	nonrefundable credits. See instructions.			За	\$	0.			
b	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.						0.			
c l	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,						
l	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.			
Cautio	on: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-FO ar	nd Form 8879-F0) for payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.