efile	Pu	ublic Visu	al Render ObjectId: 202103199349313435 - Submissior	n: 2021-11	L-15	TIN: 52-100997					
_	יי		Return of Organization Exempt From	Income	Tax	OMB No. 1545-004					
Form	12	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may	(except priv	ate foundations)	2020					
		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the la	•		Open to Publi Inspection					
A Fo	r th	ne 2020 ca	lendar year, or tax year beginning 01-01-2020 , and ending 12-31-	-2020							
_	ress	applicable: change hange	C Name of organization ALLIANCE FOR JUSTICE	D Employer iden 52-1009973	itification number						
O Initi			Doing business as								
_		rn/terminated ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	2	E Telephone numb	ber					
О Арр	licati	ion pending	11 DUPONT CIRCLE NW SUITE 500		(202) 822-60	70					
			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200361206		G Gross receipts s	\$ 6,961,717					
		ſ	F Name and address of principal officer: RAKIM BROOKS	H(a) Is this	a group return fo	or					
			11 DUPONT CIRCLE NW SUITE 500	NW SUITE 500 subordinates? 200361206 H(b) Are all subord							
I Tax-	-exer	mpt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527	includ If "No	," attach a list. (s	☐ Yes ☐No ee instructions)					
J We	ebsit	te:► WW	W.AFJ.ORG	H(c) Group	exemption numb	er 🕨					
K Form	of o	organization:	✓ Corporation □ Trust □ Association □ Other ►	L Year of forma	ation: 1974 M Sta	te of legal domicile: DC					
			•								
Governance		2 Check this box									
×8											
ttle:						3					
Activities		lotal num	f independent voting members of the governing body (Part VI, line 1b) .			4					
-		Total num	ber of individuals employed in calendar year 2020 (Part V, line 2a)		. ·	4 5					
			ber of volunteers (estimate if necessary)		· · ·	4 5 6					
		Total unre	ber of individuals employed in calendar year 2020 (Part V, line 2a)		· · ·	4 5					
		Total unre	ber of volunteers (estimate if necessary)	· · · ·	· · ·	4 5 6 7a					
a	b	Total unre Net unrel	ber of individuals employed in calendar year 2020 (Part V, line 2a)	· · · ·	· · · · · · · · · · · · · · · · · · ·	4 5 6 7a 7b					
enne	b 8	Total unre Net unrel Contribut	ber of individuals employed in calendar year 2020 (Part V, line 2a)	· · · ·		4 5 6 7 a 2 b Current Year					
Revenue	b 8 9 10	Total unre Net unrel Contribut Program s Investme	ber of individuals employed in calendar year 2020 (Part V, line 2a)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b Current Year 4,587,2					
_	b 8 9 10 11	Total unre Net unrel Contribut Program Investme Other rev	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b Current Year 4,587,2 223,5 250,4 81,4					
	b 8 9 10 11 12	Total unre Net unrel Contribut Program s Investme Other rev Total reve	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 39 ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 'a 'b Current Year 4,587,2 223,5 250,4 81,4 5,142,5					
	b 8 9 10 11 12 13	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an	ber of individuals employed in calendar year 2020 (Part V, line 2a) ber of volunteers (estimate if necessary)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b Current Year 4,587,2 223,5 250,4 81,4					
	b 9 10 11 12 13 14	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 39 ons and grants (Part VIII, line 1h) envice revenue (Part VIII, line 2g) tincome (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1–3) aid to or for members (Part IX, column (A), line 4)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 'a 'b Current Year 4,587,2 223,5 250,4 81,4 5,142,5 202,8					
	b 8 9 10 11 12 13 14 15	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries,	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 'a 'b Current Year 4,587,2 223,5 250,4 81,4 5,142,5					
	8 9 10 11 12 13 14 15 16a	Total unre Net unrel Contribut Program Investme Other rev Total reve Grants an Benefits p Salaries, a Professio	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 39 ons and grants (Part VIII, line 1h) envice revenue (Part VIII, line 2g)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 'a 'b Current Year 4,587,2 223,5 250,4 81,4 5,142,5 202,8					
xp enses	b 8 9 10 11 12 13 14 15 16a b	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, Professio Total fundre	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary)	· · · ·	• • • • • • • • • • • • • • • • • • •	4 5 6 'a 'b Current Year 4,587,2 223,5 250,4 81,4 5,142,5 202,8					
Expenses	b 8 9 10 11 12 13 14 15 16a b 17	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 39 ons and grants (Part VIII, line 1h)	· · · ·	·	4					
Exp enses	b 8 9 10 11 12 13 14 15 16a b 17 18	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp Total expe	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary)	· · · ·	· · · · · · · · · · · · · · · · · · ·	4					
Exp enses	b 8 9 10 11 12 13 14 15 16a b 17 18	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp Total expe	ber of individuals employed in calendar year 2020 (Part V, line 2a) . ber of volunteers (estimate if necessary)	 	· · · · · · · · · · · · · · · · · · ·	4 5 6 7a 7b Current Year 4,587,2 223,5 223,5 223,5 223,5 223,5 202,8 3,614,4 1,660,5 5,477,8					
Exp enses	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundr Other exp Total expe Revenue	ber of individuals employed in calendar year 2020 (Part V, line 2a)	 	·	4					
et Assets or Expenses and Balances	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21	Total unre Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp Total expa Revenue	ber of individuals employed in calendar year 2020 (Part V, line 2a)	 		4					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer bas https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

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	<u> </u>	and a first			2021-11-15
Sign Here		nature of officer			Date
iere	INA.	KIM BROOKS PRESIDENT be or print name and title			
	,	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Paid		-			self-employed
	parer	Firm's name 🕨 CALIBRE CPA GRO	Firm's EIN 🕨 47-0900880		
Jse	Only	Firm's address > 7501 WISCONSIN WEST BETHESDA, MD 2			Phone no. (202) 331-9880
1ay t	he IRS disc	uss this return with the preparer s	shown above? (see instruction	ons)	🗹 Yes 🗆 No
or P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y Form 990 (202
			Daga 2		
			Page 2		
orm	990 (2020)				Page
Pai		atement of Program Servic	•		_
		eck if Schedule O contains a responder cribe the organization's mission:	onse or note to any line in th	is Part III	🗹
1	,	5		S CORE CONSTITUTIONA	L VALUES AND ACCESS TO THE COURTS FO
ALL, /	AND PROVID	DES INDISPENSABLE RESOURCES			ADVOCACY AND EFFECTIVENESS IN
ADVA	NCING THE	IR MISSIONS.			
2	Did the org	ganization undertake any significa	nt program services during	the year which were not li	sted on
	the prior F	orm 990 or 990-EZ? • • •			🗌 Yes 🗹 No
_		escribe these new services on Sch			
3	-	ganization cease conducting, or m	iake significant changes in h	ow it conducts, any progra	am 🗌 Yes 🗸 No
	services?	escribe these changes on Schedul	• • • • • • • •		🗆 Yes 💟 No
4	Describe the Section 50	ne organization's program service	accomplishments for each o		n services, as measured by expenses. locations to others, the total expenses,
4a	(Code:) (Expenses \$	2,216,898 including gra	ants of \$ 200.24	3) (Revenue \$ 223,502)
	BOLDER AD' WITH THE K THOUGHT-LI THE 501(C)(VOCACY - BOLDER ADVOCACY (BA) PR NOWLEDGE AND CONFIDENCE TO ADV EADERSHIP, WORKSHOPS, TECHNICAL	OMOTES ACTIVE ENGAGEMENT I /OCATE EFFICIENTLY AND EFFEC ASSISTANCE, PUBLICATIONS, A FFECTIVE ADVOCATES FOR THEI	N THE DEMOCRATIC PROCESS TIVELY. FOR OVER 20 YEARS, ND EDUCATIONAL EVENTS TO R COMMUNITIES. THROUGH L	5 BY PROVIDING NONPROFITS AND FOUNDATIONS BA HAS OFFERED A COMPREHENSIVE PROGRAM C HELP NONPROFITS COST-EFFECTIVELY NAVIGATE OBBYING, REGULATORY EFFORTS, AND CANDIDAT
4b	(Code:) (Expenses \$	1,631,374 including gra	ints of \$) (Revenue \$)
	JUSTICE SEI	LECTION: THROUGH THE VARIOUS INI	TIATIVE'S UNDER ITS JUDICIAL	SELECTION PROGRAM (JUSTIC	CE), AFJ WORKS TO ENSURE THAT THE NATION'S
	NOMINATIO PUBLIC AND IDENTIFICA JUSTICE WC	NS PROJECT AFJ WORKS TO RESEARCH DEDUCATES THE PUBLIC ABOUT THE IN TION OF PROFESSIONALLY AND DEMO	H NOMINEES TO THE FEDERAL BE MPORTANCE AND ROLE OF THE F GRAPHICALLY DIVERSE AND HIG ALUE OF A VIGOROUS CIVIL JUST	ENCH, PROVIDING DETAILED I EDERAL COURTS. OUR BUILDI HLY-QUALIFIED INDIVIDUALS FICE SYSTEM AND MONITORS	RIGHTS OF ALL. THROUGH THE JUDICIAL INFORMATION TO CONGRESS, THE MEDIA, AND TH ING THE BENCH PROJECT PROMOTES THE FOR FEDERAL JUDGESHIPS. AND AFJ'S ACCESS T AND EXPOSES THREATS TO THE RULE OF LAW FOR THE PUBLIC.
4c	(Code:) (Expenses \$	257,965 including gra	ants of \$ 2.61	0) (Revenue \$)
40	COMMUNITY ORGANIZAT NATIONAL N JUSTICE AN	ENGAGEMENT PARTNERSHIPS - AFJ'S IONS AND LEADS STRATEGIES ELEVAT IETWORK OF MEMBER ORGANIZATION	COMMUNITY ENGAGEMENT PAR ING THE IMPORTANCE OF THE C 5, PROGRESSIVE GROUPS, LEGA ARM PARTNERS, GRASSROOTS /	TNERSHIP PROGRAM OF OVER OURTS THROUGH PUBLIC EDU L COMMUNITIES, AND POLITIC	2 120 CIVIL RIGHTS AND PUBLIC INTEREST ICATION AND MOBILIZATION; ENGAGING AFJ'S CAL INFLUENCERS; AND EXPANDING THE REACH (DNSTITUENCIES WITH THE TOOLS TO ADVOCATE
4d		gram services (Describe in Schedu	,		~
40	(Expenses	s Inci gram service expenses►	uding grants of \$ 4,106,237) (Revenue	φ)
4e			T,100,237		Form 990 (202
			Page 3	;	
_	990 (2020)				-
orm	JJU (2020)				Page

			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 \mathfrak{B} .	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗐	3		No
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	Yes	
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		No
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? <i>If "Yes," complete Schedule D</i> , Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	200	Yes	

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— Page 4 —

Pa	The Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔞	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
4-	Enter the number reported in Boy 2 of Form 1006 Enter 0 if not applicable 1 4-1 50		Yes	No
la b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a58Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Form **990** (2020)

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гач	с.	-

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	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-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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)? If "Yes," enter the name of the foreign country:	4a		No
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Na
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		NO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
https://j	projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full			

If "Yes," complete Form 4720, Schedule O.

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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resni	onse to	Page 6 lines
i ui	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			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17 If there are material differences in voting rights among members of the governing 1 17			
	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 1b 16			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6	Yes	
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			

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

CA , VA , MD , NY , FL , MA , PA , MI , WA

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

□ Own website □ Another's website ☑ Unon request □ Other (explain in Schedule O) https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

(1) NAN ARON

..... PRESIDENT

(2) PAULETTE MEYER

CHAIRMAN OF THE BOARD

(4) NORMAN ROSENBERG

(5) SERRA FALK-GOLDMAN

.....

VICE CHAIR

SECRETARY

(6) DEEPAK GUPTA

BOARD MEMBER

(7) CLAY HILES

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

(8) AKUNNA COOK

(9) FARHANA KHERA

(10) RAKIM BROOKS

..... BOARD MEMBER

(3) BARBARA GONZALEZ-MCINTOSH

TREASURER

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

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State the name, address, and telephone number of the person who possesses the organization's books and records: ALICIA PEYTON 11 DUPONT CIRCLE NW SUITE 500 WASHINGTON, DC 200361206 (202) 822-6070 20

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				Page	.7.					
Form 990 (2020)									Page 7
Part VII	Compensation of Officers, D and Independent Contracto	-	stees,	Key	/ En	nplo	oyees,	Highest Compe	nsated Employ	5
	Check if Schedule O contains a resp	ponse or note to	o any lir	ne in	this l	Part	VII.			🗆
Section	n A. Officers, Directors, Truste	es, Key Emp	oloyee	s, ar	nd H	ligł	nest Co	mpensated Emp	oloyees	
year. • List all • List all • List the who receive organizatio • List all of reportab • List all organizatio See instruct	te this table for all persons required to I of the organization's current officers sation. Enter -0- in columns (D), (E), is of the organization's current key em e organization's five current highest of ed reportable compensation (Box 5 of n and any related organizations. of the organization's former officers, le compensation from the organization of the organization's former directo n, more than \$10,000 of reportable of this box if neither the organization no	s, directors, tru and (F) if no cor ployees, if any. compensated er Form W-2 and/ key employees n and any relate rs or trustees ompensation fro persons above.	stees (v mpensa See ins nployee 'or Box 'or Box s, or hig ed orga that re- om the o	wheth tion v struct s (oth 7 of F hest nizati ceived organ	her in was p ions her t Form comp ons. d, in hizati	divi baid for han 109 bens the on a	duals or definition an offici 99-MISC sated em capacity and any i	organizations), regan of "key employee. er, director, trustee of of more than \$100 of more than \$100 uployees who receive r as a former director related organization	ardless of amount br key employee) 0,000 from the ed more than \$100 or or trustee of the s.	D,000
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positic tha pers and	on (do an on on is	(C) o not e bo: both recto	che x, u i an r/tri	eck more nless officer ustee) Former employee mployee	(D) Reportable compensation from the organization (W-	(Edit) of rustee. (E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Highest compensated

266,016

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Institutional Trustee

https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

(11) BILL LURYE BOARD MEMBER	2.00	х			0	0	0
(12) CHRISTOPHER TORRES BOARD MEMBER	2.00	х			0	0	0
(13) MADELINE DELONE BOARD MEMBER	2.00	х			0	0	0
(14) KHALIL SHAHYD BOARD MEMBER	2.00	х			0	0	0
(15) ARNOLD SPELLUN BOARD MEMBER	2.00	х			0	0	0
(16) CAROL LESLIE HAMILTON BOARD MEMBER	2.00	х			0	0	0
(17) BRADLEY WHITFORD BOARD MEMBER	2.00	х			0	0	0
					•		Form 990 (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox,ι n of	t ch unle ficei	ss pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(18) LESLIE CORDES VP OF PROGRAMS AND OPERATI						х		209,332	0	21,821
(19) DANIEL GOLDBERG DIRECTOR OF JUSTICE PROGRAMS						х		164,275	0	32,624
(20) ABBY LEVINE DIRECTOR OF ADVOCACY PROGRAMS	40.00 •••					х		159,334	0	32,693
(21) NONA RANDOIS DIRECTOR OF CA						х		149,032	0	8,997
(22) ALICIA PEYTON DIRECTOR OF ADMINISTRATION	40.00					х		120,884	0	16,265
1b Sub-Total	/II, Section A				1			1,068,873	0	138,713

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

of reportable compensation	n from the organization 🕨 10	

			Yes	No		
3	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	3		No		
4	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? <i>If "Yes," complete Schedule J for such</i>					
		4	Yes			
5	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	5		No		

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. 1

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1						

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			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectio 512 - 514
derated campaigns	1a					
	1b					
104,000	1c					
ated organizations	1d					
vernment grants (contributions)	1e					
567,200 o ther contributions, gifts, grants, id similar amounts not included bove	1f					
3,569,223 oncash contributions included in les 1a - 1f:\$	1g					
1,170,087 • tal. Add lines 1a-1f		4,587,236				
		Business Code				
a CONTRACT REVENUE		900099	222,752	222,752		
) HONORARIUM		900099	750	750		
:						
4						
	ŀ	1	1			

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1	· -			1	1			1
	9 Total. Add lines 2a	a-2f	5 >	223,502	2			
	3 Investment income similar amounts) .		luding dividends, ir	nterest, and other	173,541			173,541
	4 Income from investr	men	t of tax-exempt bo	nd proceeds 🛛 🕨				
	5 Royalties							
	Γ		(i) Real	(ii) Personal				
	6a Gross rents b Less: rental	6a	81,528	3				
	expenses	6b	C)				
	c Rental income or (loss)	6c	81,528	3				
	d Net rental income	or (loss)	· · · •	81,528			81,528
	[[]		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	1,895,910					
	b Less: cost or other basis and sales expenses	7b	1,819,046	5				
	c Gain or (loss)	7c	76,864	ŀ				
	d Net gain or (loss)				76,864			76,864
Other Revenue	 Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expension 	on l •	346,813 of ine 1c).	0 110				
e 1	c Net income or (loss			nts 🕨	-110			-110
Oth	 Gross income from g See Part IV, line 19 b Less: direct expens c Net income or (loss 	ses	· · 9a · · · 9b	25				
	 10a Gross sales of inverreturns and allowar b Less: cost of goods c Net income or (loss 	nces s sol s) fr	d 10a 10b om sales of invento	ory 🕨				
	Miscellaneo	us R	Revenue	Business Code				
	11a b							
	c							
	d All other revenue							
	e Total. Add lines 11	.a-1	1d	· · •				
	12 Total revenue. Se	e in	structions	••••	5,142,561	223,502	() 331,823
_								

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Page 10 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). \Box Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (C) (A) Program service Management and Total expenses expenses general expenses expenses

https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

10/13/24, 5:33 AM Alliance For	r Justice - Full Filing- N	onprofit Explorer - ProP	ublica	
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	202,853	202,853		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	291,016	227,013	46,686	17,317
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,651,355	2,068,242	425,340	157,773
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,831	84,896	17,459	6,476
9 Other employee benefits	314,628	245,432	50,474	18,722
10 Payroll taxes	248,635	193,953	39,887	14,795
11 Fees for services (non-employees):			1	
a Management				
b Legal	33,606	23,524	6,049	4,033
c Accounting	75,103	15,769	15,319	44,015
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,078		38,078	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	176,486	120,012	35,858	20,616
12 Advertising and promotion	5,831	4,287	1,544	
13 Office expenses	59,163	29,827	25,850	3,486
14 Information technology	76,734	53,714	13,812	9,208
15 Royalties				
16 Occupancy	812,101	633,496	178,605	
17 Travel	27,457	16,788	2,657	8,012
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	35,305	7,556	9,172	18,577
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,863	104,423	29,440	
23 Insurance	15,714	8,373	7,341	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITING AND HIRING	81,446	6,580	28,266	46,600
b BOOKS AND PERIODICALS	54,365	43,462	10,903	0
c REPAIRS AND MAINTENANCE	17,746	8,115	9,631	0
d EQUIPMENT RENTAL	17,522	7,922	9,600	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,477,838	4,106,237	1,001,971	369,630
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here b if following SOP 98-2 (ASC 958-720).				

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		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			641,927	1	831,870
	2	Savings and temporary cash investments .		[2,427,512	2	3,480,832
	3	Pledges and grants receivable, net			3,006,271	3	1,810,465
	4	Accounts receivable, net			85,693	4	59,764
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$	fied pe ection	rsons (as defined under 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			100,298	9	46,485
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,608,560			
	b	Less: accumulated depreciation	10b	747,704	972,715	10c	860,856
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line		6,462,198	12	6,583,862	
	13	Investments-program-related. See Part IV, line	. –		13		
	14	Intangible assets	🔽		14		
	15	Other assets. See Part IV, line 11		130,483	15	150,756	
	16	Total assets. Add lines 1 through 15 (must equ	ual line	. 33)	13,827,097	16	13,824,890
	17	Accounts payable and accrued expenses	•		101,308	17	54,195
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	· · [20		
ŝ	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, (22	
Ë	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
1	24	Unsecured notes and loans payable to unrelated		· _		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	·	1,844,575	25	1,879,082
	26	Total liabilities. Add lines 17 through 25 .			1,945,883	26	1,933,277
ances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🕨 🗹 and	6,885,891	27	8,760,141
Ba	28	Net assets with donor restrictions			4,995,323	28	3,131,472
Net Assets or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.			.,,		
0	29	Capital stock or trust principal, or current funds				29	•
ets	30	Paid-in or capital surplus, or land, building or ec				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
et	32	Total net assets or fund balances			11,881,214	32	11,891,613
ž	33	Total liabilities and net assets/fund balances .	•		13,827,097	33	13,824,890

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Part XI	Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1 Tota	revenue (must equal Part VIII, column (A), line 12)	1		5,142,561
2 Tota	expenses (must equal Part IX, column (A), line 25)	2		5,477,838
3 Reve	nue less expenses. Subtract line 2 from line 1	3		-335,277

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4	Net assets or fund balances at beginning of year (must equ	ual Part X, line 32, column (A))	4		11	,881,214
5	Net unrealized gains (losses) on investments		5			345,676
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 Se	chedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3	3 through 9 (must equal Part X, line 32, column (B))	10		11	,891,613
Pa	Tt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to	o any line in this Part XII				
				-	Yes	No
1	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from Schedule O.	Cash Z Accrual Other a prior year or checked "Other," explain in				
2a	Were the organization's financial statements compiled or re	eviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial separate basis, consolidated basis, or both:	I statements for the year were compiled or reviewed or	na			
	□ Separate basis □ Consolidated basis	$\hfill \square$ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an	independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial consolidated basis, or both:	I statements for the year were audited on a separate b	asis,			
	Separate basis Consolidated basis	$\hfill \square$ Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a com of the audit, review, or compilation of its financial stateme			2c	Yes	
	If the organization changed either its oversight process or	selection process during the tax year, explain in Sched	ule O.			
3a	As a result of a federal award, was the organization require Audit Act and OMB Circular A-133?	ed to undergo an audit or audits as set forth in the Sing	gle	3a		No
b	If "Yes," did the organization undergo the required audit or audit or audits, explain why in Schedule O and describe an		ed	3b		
				F	orm 99	0 (2020)

 Form 990 (2020)
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 Additional Data
 Return to Form

 Software ID:
 Software Version:

Form 990, Special Condition Description:

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Special Condition Description

10/13/24, 5:33 AM

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efile	e Pub	lic Visual	Render	ObjectId: 2	20210319934931	3435 - Subm	ission: 2021-	11-15	TIN: 52-1009973 OMB No. 1545-0047
(Form 990 or 990EZ) Complete if the Department of the Treasury					rganization is a sect 4947(a)(1) nonexe Attach to Form	Charity Status and Public Support ganization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. gov/Form990 for instructions and the latest information.			
		e organiza	ition					Employer identifi	Inspection cation number
ALLIAN		R JUSTICE						52-1009973	
Par The or	-				us (All organization it is: (For lines 1 thro			See instructions.	
1		A church, d	convention of	churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital	or a coopera	tive hospital ser	vice organization desc	ribed in sectior	170(b)(1)(A)	iii).	
4 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:									
5		170(Ď)(1))(A)(iv). (Co	omplete Part II.)					ibed in section
6 7				•	r governmental unit de a substantial part of it				el cublic descuibed in
	✓	section 17	70(b)(1)(A)	(vi). (Complete	e Part II.)		5	init of from the gener	al public described in
8			,		n 170(b)(1)(A)(vi).	· · ·	,		
9		An agricult non-land g	ural research rant college	organization de of agriculture. S	escribed in 170(b)(1) See instructions. Enter	(A)(ix) operate the name, city,	ed in conjunction and state of the	with a land-grant col college or university:	lege or university or a
10		from activi	ties related t t income and	o its exempt fur unrelated busir	: (1) more than 331/3% nctions—subject to cer ness taxable income (le pomplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its si	
11			-		d exclusively to test fo				
12		more publi in lines 12a	cly supported a through 12	d organizations of that describes	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se g organization a	ection 509(a)(2 nd complete lines). See section 509(s 12e, 12f, and 12g.	a)(3). Check the box
a		organizatio	on(s) the pow Part IV, Se	ver to regularly a ctions A and B		prity of the direct	ctors or trustees	of the supporting org	anization. You must
b		manageme must com	ent of the sup plete Part I	porting organiz		ne persons that	control or manag	ge the supported orga	anization(s). You
с					supporting organizatio ions). You must com				ated with, its
d		functionally	y integrated.	The organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	fy a distribution	requirement and		
e		integrated,	or Type III i	non-functionally	ved a written determin integrated supporting	organization.			I functionally
			••	2				· · · · · · · ·	
		lame of sup organizatio	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
									<u> </u>
Total		-	_						
		vork Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule A (Form 9	990 or 990-EZ) 2020
					——— Ра	ge 2			
Sched	ule A	(Form 990 d	or 990-EZ) 2	020					Page 2
Par	t II				zations Described he box on line 5, 7,				1)(A)(vi)
		If the o	rganization		ify under the tests l				,
	ction	A. Public	Support	I	<u> </u>		<u> </u>	1	<u> </u>
ttps://p	rojects	s.propublica.c	org/nonprofits/	organizations/521	009973/20210319934931	13435/full			

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	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	fifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	7,072,413	5,298,084	5,339,475	7,771,021	4,587,126	30,068,119
2	Tax revenues levied for the organization'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	7,072,413	5,298,084	5,339,475	7,771,021	4,587,126	30,068,119
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)						5,553,191
	Public support. Subtract line 5 from line 4.						24,514,928
	ection B. Total Support endar year	1					
	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	7,072,413	5,298,084	5,339,475	7,771,021	4,587,126	30,068,119
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	33,634	249,814	205,181	216,715	331,933	1,037,277
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.).		2,483	19	21	750	3,273
11	Total support. Add lines 7 through 10						31,108,669
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	583,724
13	First 5 years. If the Form 990 is for t	he organization's f	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					🕨 🗆	
S	ection C. Computation of Public	c Support Perc	entage				
14	Public support percentage for 2020 (li	ne 6, column (f) di	ivided by line 11,	column (f))		14	78.800 %
15	Public support percentage for 2019 Sc					15	80.290 %
16a	33 1/3% support test—2020. If the	organization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	
b	and stop here. The organization qual 33 1/3% support test—2019. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1,	3% or more, chec	k this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets	t-2020. If the orgon meets the "facts	ganization did not -and-circumstanc	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and stop h e	, and line 14 ere. Explain	►
b	organization	st—2019. If the or zation meets the "f	rganization did no facts-and-circums	t check a box on l tances" test, chec	ine 13, 16a, 16b, k this box and sto	or 17a, and line p here.	► 🗆
18	supported organization	ion did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this bo	and see	
					Schedu	le A (Form 990 c	or 990-EZ) 2020
			Page 3				

Schedule A (Form 990 or 990-EZ) 2020

Schee	chedule A (Form 990 or 990-EZ) 2020 Page 3										
Pa	(Complete on	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.)									
Se	ection A. Public Suppor	t									
	endar year fiscal year beginning in) 🖡	•	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").										
2	Gross receipts from admiss merchandise sold or service performed, or facilities furn any activity that is related to organization's tax-exempt p	es ished in to the									
3		ss receipts from activities that are an unrelated trade or business									

	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	. 💌		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .			
	Schedule A (Form 990			2020
	Page 4			
Sche	edule A (Form 990 or 990-EZ) 2020		F	Page 4
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you			
Se	12d, of Part I, complete Sections A and D, and complete Part V.) ection A. All Supporting Organizations			
	ection A. All Supporting Organizations		Yes	No
5e 1			Yes	No
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.	1	Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was	1	Yes	No
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. Did the organization have any supported organization that does not have an IRS determination of status under section	1	Yes	No
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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and	2	Yes	No
1 2	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	Yes	No
1 2	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2	Yes	No

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	under section 513		ļ	 		I			
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf.								
5	The value of services or facilities								
5	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								
0	from line 6.)								
Se	ction B. Total Support		•		•				
	ndar year	() 0010	(1) 00/-	() 0010	(1) 2010	() 0000			
	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(†)) Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.				1				
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is								
	regularly carried on.								
12									
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
13	11, and 12.).								
14	First 5 years. If the Form 990 is for the	he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	ion 501(c)(3)	organiza	ation,	
	check this box and stop here								\Box
Se	ction C. Computation of Public								
15	Public support percentage for 2020 (lir	ne 8. column (f) d	ivided by line 13.	column (f)) .		15			
	Public support percentage from 2019 S					16			
16						10			
Se	ction D. Computation of Invest								
17	Investment income percentage for 202					17			
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18			
19a	331/3% support tests-2020. If the o	organization did n	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and	l line 17	is not	
	nore than 33 $\frac{1}{3}$ %, check this box and s								
, b	33 1/3% support tests—2019. If the								18 is
5	not more than 33 1/3%, check this box	-						_	-
20									
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, chec					
					Schedul	le A (Form 9	90 or 9	90-EZ)	2020
			Page 4						
. ·									
Sche	dule A (Form 990 or 990-EZ) 2020							F	Page 4
Par	t IV Supporting Organization	s							
	(Complete only if you checked a	a box on line 12 o	f Part I. If you ch	ecked box 12a, o	f Part I, complete	Sections A an	d B. If y	ou chec	ked
	box 12b, of Part I, complete Se								
	12d, of Part I, complete Section	ns A and D, and co	omplete Part V.)						
Se	ction A. All Supporting Organiz	ations							
-	· · · · · · · · · · · · · · · · · · ·							Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	organization's a	overning documon	ts?		1	<u> </u>
-	If "No," describe in Part VI how the su							1	
	describe the designation. If historic an				,	/		+	
-							1		

- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
 10b

Schedule A (Form 990 or 990-EZ) 2020

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

10a

Page 5 -

Sche	dule A (Form 990 or 990-EZ) 2020		F	Page 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations		-	
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			

	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit					
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2				

Section C. Type II Supporting Organizations

1

1

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).

Section D. All Type III Supporting Organizations

- Yes 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b \square
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С \square

2 Activities Test. Answer lines 2a and 2b below.

- Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a **b** Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? If "Yes" or "No", provide details in Part VI.
 - **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.

Schedule A (Form 990 or 990-EZ) 2020

3b

Schedule A (Form 990 or 990-EZ) 2020

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No

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3

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 organize	ations i	must complete Sections .	A through E.
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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 (<i>explain in detail in</i> 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
~	Minimum Asset Amount (add line 7 to line 6)	8	
8	Minimum Asset Amount (add line / to line 0)	•	
8	Section C - Distributable Amount	0	Current Year
8		1	Current Year
8 1 2	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2	Current Year
1 2 3	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3	Current Year
1 2 3 4	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	1 2 3 4	Current Year Current Year

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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	art V Type III Non-Functionally Integrated	(a)(b) Supporting	Organizations (CO	ntinued	l)
S	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers e excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructio	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9	Distributable amount for 2020 from Section C, line 6			9	
1(D Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations	ns	(iii) Distributable		
	(see instructions)	Excess Distributions	Pre-2020		Amount for 2020
1	(see instructions) Distributable amount for 2020 from Section C, line 6	Excess Distributions			
		Excess Distributions			
2	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020:	Excess Distributions			
2 3 a	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020: From 2015.	Excess Distributions			
2 3 2	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020: From 2015	Excess Distributions			
2 3 7 1 0	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020: a From 2015. From 2016. Comparison From 2017.	Excess Distributions			
2 3 2 2 2	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020: From 2015. From 2016. Underdistributions From 2017. Image: From 2018.	Excess Distributions			
2 3 2 2 3	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020: From 2015. From 2016. I From 2018. From 2019.	Excess Distributions			
2 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020: From 2015. From 2016. From 2017. From 2018. From 2019. From 2019.	Excess Distributions			
2 3 a t c c f	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020: From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through e Applied to underdistributions of prior years	Excess Distributions			
2 3 2 0 0 0 0 0 0 1	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020: From 2015. From 2016. From 2017. From 2018. From 2019. From 2019.	Excess Distributions			
2 3 2 0 0 0 0 0 0 1	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2020: From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see	Excess Distributions			
2 3 c c f f h i j	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020: From 2015. From 2016. From 2017. From 2018. From 2019. From 2019. Second stributions of prior years Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions)	Excess Distributions			

a Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		
d Excess from 2019		
e Excess from 2020		
	Schedule A (F	Form 990 or 990-EZ) (2020)

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Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test						
Return Reference	Explanation					
Schedule A (Form 990 or 990-EZ) 2020						

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Software ID: Software Version:

efile Public Visual Ren	der Objectld: 202103199349313435 - Submission: 2021-11-15		TIN: 52-1009973
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No. 1545-0047
or 990-PF)	Attach to Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury Internal Revenue Service	Go to <u>www.irs.gov/Form990</u> for the latest information.		
Name of the organization ALLIANCE FOR JUSTICE		Employer id	entification number
		52-1009973	
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	I	
	\Box 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:**Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

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

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

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$\$\$\$\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization Employer identification number ALLIANCE FOR JUSTICE						
		52-1009973				
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			

https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

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-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$_	
(a) No. from Part I	Description of noncash		(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
			Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2020)
		Page 4		
		ũ		
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
Name of or ALLIANCE	rganization FOR JUSTICE		Employer iden 52-1009973	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) th e total of <i>exclusively</i> religious, ch structions.) ► \$	rough (e) and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to	o transferee
(a) No. from (b) Purpose of gift Part I		(c) Use of gift	(d) Descri	ption of how gift is held
-				
ŀ	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to	o transferee
(a)	(b) Burnaga of gift			ntion of how gift is hold

(a) (b) Durness of sift https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full

(d) Description of how gift is hold

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Part I	(b) Fulpose of gill		(c) use of gift	(u) Description of now gift is neither
. =				_
	Transferee's name, address, ar	nd ZIP 4	(e) Transfer of gift Relatio	onship of transferor to transferee
=				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	nd ZIP 4	(e) Transfer of gift Relatio	onship of transferor to transferee
				nedule B (Form 990, 990-EZ, or 990-PF) (2020

Additional Data

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Software ID: Software Version:

efile Public Visual	Render	ObjectId: 202103	319934	49313435 - Submissi	on: 2021.	11-15	TIN: 52-1009973
	1			in and Lobbying		1 	OMB No. 1545-0047
SCHEDULE C (Form 990 or 990-EZ)				come Tax Under section			2020
Department of the Treasury Internal Revenue Service				bed below. ►Attach to for instructions and the			Open to Public Inspection
 Section 501(c)(3) or Section 501(c) (oth Section 527 organization ans Section 501(c)(3) o Section 501(c)(3) o Section 501(c)(3) o If the organization ans (Proxy Tax) (see separation and s	ganizations: C er than sectior zations: Comp swered "Yes" rganizations th rganizations th swered "Yes" rate instruction	complete Parts I-A and n 501(c)(3)) organizatio lete Part I-A only. on Form 990, Part IV, nat have filed Form 576 nat have NOT filed Forn on Form 990, Part IV,	B. Do no ons: Con Line 4, 58 (elect m 5768 Line 5	or Form 990-EZ, Part V, ot complete Part I-C. nplete Parts I-A and C belo or Form 990-EZ, Part VI, tion under section 501(h)): (election under section 50 (Proxy Tax) (see separat	ow. Do not c line 47 (Lo Complete F 1(h)): Comp	omplete Part I-B. bbying Activities), 'art II-A. Do not com lete Part II-B. Do no	then plete Part II-B. t complete Part II-A.
Name of the organizat			ait III.			Employer identi	fication number
ALLIANCE FOR JUSTICE						52-1009973	
Part I-A Complet	te if the org	anization is exem	pt und	ler section 501(c) or	is a secti		tion.
 Provide a descrip "political campaig Political campaign 	tion of the org on activities") n activity expe	anization's direct and i nditures (see instructio	ndirect ons)	political campaign activitie	s in Part IV	(see instructions for	
				ons)			
· · · · ·			-	ler section 501(c)(3)		•	
				on under section 4955 nanagers under section 49			
		, ,		n 4720 for this year?			🗌 Yes 🗌 No
-		·		, ,			
							🗆 Yes 🛛 No
b If "Yes," describe Part I-C Complet		anization is exem	pt und	ler section 501(c), e	xcept sec	tion 501(c)(3).	
 Enter the amount Enter the amount 	t directly expe t of the filing o	nded by the filing orga	nization htributed	for section 527 exempt fu	nction activi r section 52	ties > \$	
3 Total exempt fund	ction expendit	ures. Add lines 1 and 2	. Enter	here and on Form 1120-PC	DL, line 17b.	► e	
						Ψ.	
5 Enter the names, organization mad of political contrib	addresses an le payments. F outions receive	d employer identificatio for each organization lis ed that were promptly a	on numb sted, en and dire	per (EIN) of all section 527 ter the amount paid from sctly delivered to a separat is needed, provide inform	' political org the filing org e political or	janizations to which janization's funds. A ganization, such as	lso enter the amount
(a) Name	(b)) Address		(c) EIN	fi) Amount paid from ing organization's nds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1							
2							
3							
4							
5							
6	Act Notice	o the instructions for T		or 000-57			
For Paperwork Reduction	act Notice, se		, III 990	- Page 2	Cat. No. 5008	45 Scneaule C (Fo	rm 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020

_	Section Sol(11)).			
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated gexpenditures).	group member's name	, address, EIN,
в	Check b if the filing organization checked box A	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinic	on (grass roots lobbying)	72,096	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	18,980	
с	Total lobbying expenditures (add lines 1a and 1b)		91,076	
d	Other exempt purpose expenditures		5,017,132	
е	Total exempt purpose expenditures (add lines 1c and	i 1d)	5,108,208	
f	Lobbying nontaxable amount. Enter the amount fron columns.	n the following table in both	405,410	
	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.		
				4
g	Grassroots nontaxable amount (enter 25% of line 1f)	101,353	
h	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 either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
<u>2a</u>	Lobbying nontaxable amount	397,729	426,394	418,126	405,410	1,647,659			
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,471,489			
с	Total lobbying expenditures	176,651	180,528	79,106	91,076	527,361			
d	Grassroots nontaxable amount	99,432	106,599	104,532	101,353	411,916			
e	Grassroots ceiling amount (150% of line 2d, column (e))					617,874			
f	Grassroots lobbying expenditures	95,595	104,790	,	72,096	321,439			

Schedule C (Form 990 or 990-EZ) 2020

🗌 Yes 🗌 No

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Schedule C (Form 990 or 990-EZ) 2020 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)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? а Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b С Media advertisements? d Mailings to members, legislators, or the public? Publications or nublished or broadcast statements? https://projects.propublica.org/nonprofits/organizations/521009973/202103199349313435/full the state of the

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10/13/2	24, 5:33 AM	Alliance For Justice - Full Filing- Nonprofit Explorer - ProPublic	a				
f		lobbying purposes?					
g	•	eir staffs, government officials, or a legislative body?					
h		s, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause t	the organization to be not described in section 501(c)(3)?		i P			
b		tax incurred under section 4912					
с	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912		i t			
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?		i P			
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	on		
				_		Yes	No
1		ore) dues received nondeductible by members?		L	1		
2	• ,	n-house lobbying expenditures of \$2,000 or less?		L	2		
3	5	ry over lobbying and political expenditures from the prior year? ganization is exempt under section 501(c)(4), section 501(c)			3		
1 2	Section 162(e) nondeductible lob expenses for which the section		1 2a				
a b			2a 2b	 			
c			2c	 			
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does	-				
-	the organization agree to carryov	ver to the reasonable estimate of nondeductible lobbying and political		1			
			4				
5		political expenditures (see instructions)	5				
Pa	art IV Supplemental Infe	ormation					
		Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); F o, complete this part for any additional information.	'art II-	A, lines 1	1 an	d 2 (se	е
	Return Reference	Explanation					
		Schedule	C (For	m 990 c	or 99	90EZ)	2020
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SCHEDULE D Supplemental Einancial Stat			tal Financial Statom	onte		OMB No. 1545-0047	
(For	Form 990) Supplemental Financial Statements						2020
	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.				2020		
Depar	Department of the Treasury ► Attach to Form 990.						Open to Public
	al Revenue Service		o to <u>www.irs.gov/Forn</u>	<mark>1990</mark> for instructions and the late			Inspection
	me of the organ IANCE FOR JUSTICE	ization			En	nployer ident	ification number
					-	-1009973	
Pa				sed Funds or Other Similar F	unds or Ac	counts.	
	Comple	te ir the orga	anization answered re	a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at	end of year .				()	
2			ns to (during year)				
3	Aggregate value	of grants from	n (during year)				
4	Aggregate value	at end of year	•				
5	Did the organiza	ation inform al	I donors and donor adviso	brs in writing that the assets held in a	donor advised	d funds are the	9
	organization's p	roperty, subje	ct to the organization's ex	clusive legal control?			🗆 Yes 🗌 No
6	Did the organiza	ation inform al	I grantees, donors, and do	onor advisors in writing that grant fu	nds can be u	sed only for	
				or donor advisor, or for any other p		rring impermis	
Do	-	vation Ease					🗌 Yes 🗌 No
r d				s" on Form 990, Part IV, line 7.			
1	Purpose(s) of co	onservation ea	sements held by the orga	nization (check all that apply).			
	Preservation	on of land for j	public use (e.g., recreation	n or education) 🛛 🗍 Preservation	on of an histo	orically import	ant land area
	Protection	of natural hab	oitat	Preservation	on of a certifi	ied historic str	ucture
	Preservatio	on of open spa	ICE				
2				qualified conservation contribution in	n the form of	a conservatio	n
_	easement on the			· · · · · · · · · · · · · · · · · · ·			he End of the Year
а	Total number of	conservation e	easements		2a		
b	Total acreage res	stricted by cor	servation easements		2b		
с	Number of conse	ervation easen	nents on a certified histori	ic structure included in (a)	2c		
d	Number of conse structure listed i			ired after 7/25/06, and not on a hist	oric 2d		
3	Number of constax year	ervation easer	ments modified, transferre	ed, released, extinguished, or termin	ated by the o	organization du	uring the
4	Number of state	es where prope	erty subject to conservation	on easement is located 🕨			
5				he periodic monitoring, inspection, h	andling of vic	olations,	
	and enforcemen	it of the conse	rvation easements it hold	s?		C	🗌 Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enfo	orcing conser	vation easeme	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservatio	n easements o	luring the year
8	Does each conse	ervation easer	— nent reported on line 2(d)	above satisfy the requirements of s	ection 170(h))(4)(B)(i)	
							Yes 🗌 No
9	balance sheet, a	and include, if		servation easements in its revenue as e footnote to the organization's financ ts.			
Par	t III Organi	zations Mai	intaining Collections	of Art, Historical Treasures,	or Other S	imilar Asse	ets.
				s" on Form 990, Part IV, line 8.			
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its revenue s lic exhibition, education, or research ents that describes these items.			
b		res, or other s	imilar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research			
(i) Revenue includ	led on Form 99	90, Part VIII, line 1			. ▶\$	
						-	
2	If the organizati	ion received or	r held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			►\$	
b	Assets included	in Form 990,	Part X			. ►\$	
For	Paperwork Redu	ction Act No	tice, see the Instructio	ns for Form 990.	Cat. No. 5228	B3D Sched	ule D (Form 990) 2020

		Page 2			
Scho	edule D (Form 990) 2020				Da
	t III Organizations Maintaining Co	llections of Art Historical Tre	asures or	Other Similar Asse	Page 2
3	Using the organization's acquisition, accessic items (check all that apply):				
а	Public exhibition	d 🗌 La	oan or exchar	nge programs	
b		e 🗌 o)ther		
с	Scholarly research				
	Preservation for future generations			,	
4	Provide a description of the organization's co Part XIII.	llections and explain how they further	r the organiza	tion's exempt purpose in	n
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t				Yes 🗌 No
Pai	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.		/, line 9, or ı	reported an amount o	on Form 990, Part X,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				Yes 🗌 No
b	If "Yes," explain the arrangement in Part XII	I and complete the following table:	Γ	Amo	unt
С	Beginning balance		[1c	
d	Additions during the year			1d	
e	Distributions during the year		-	1e	
f	Ending balance			1f	
2a	Did the organization include an amount on Fo			_	
b	If "Yes," explain the arrangement in Part XIII	. Check here if the explanation has be	een provided	in Part XIII 🗌	
Ра	ITT V Endowment Funds. Complete if the organization ans	wered "Yes" on Form 990. Part IV	/. line 10.		
		(a) Current year (b) Prior year	(c) Two yea	ars back (d) Three years b	back (e) Four years back
	Beginning of year balance				
	Contributions				
	Net investment earnings, gains, and losses				
	Grants or scholarships Other expenditures for facilities				
	and programs				
	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curr Board designated or guasi-endowment	ent year end balance (line 1g, columr	n (a)) held as	:	
a	Permanent endowment				
b c	Term endowment				
C	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.			
3a	Are there endowment funds not in the posse organization by:		d and adminis	tered for the	Yes No
	(i) Unrelated organizations				3a(i)
ь	(ii) Related organizations				3a(ii) 3b
4	Describe in Part XIII the intended uses of the	·			30
Pai	rt VI Land, Buildings, and Equipme	-			
	Complete if the organization ans Description of property (a) Cost or ot (investment)	wered "Yes" on Form 990, Part IV ther basis (b) Cost or other basis (oth		See Form 990, Part X mulated depreciation	, line 10. (d) Book value
1a	Land				
	Buildings				
	Leasehold improvements	1,051,	677	276,354	775,323
d	Equipment	556,	883	471,350	85,533
	Other			-	
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, column (B), I	line 10(c).) .	. 🕨	860,856

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	11b See Form 990 P	art X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: year market value
	ial derivatives			,
(2) Closely(3) Other	/-held equity interests			
(A) SECUR: (C)	ITIES	6,583,862		С
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 12.)	6,583,862		
Part VII	Investments - Program Related. Complete if the organization answered 'Yes' on		11c Soo Form 000 D	Part V line 12
	(a) Description of investment	10111 990, Part IV, IIIe	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colui	mn (b) must equal Form 990, Part X, col.(B) line 13.)		Þ	
Part IX	Other Assets. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line :	11d. See Form 990, Part	X, line 15.
(2)	(a) Descriptio	on		(b) Book value
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990, Part IV. line	11e or 11f.See Form G	
1.	(a) Description of			(b) Book value
(1) Federa (3)	l income taxes			

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,879,082
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 6,620,7 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 6,620,7 a Net unrealized gains (losses) on investments 2a 345,676 b Donated services and use of facilities 2b 1,170,087 c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 0
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . 1 6,620,2 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 345,676 345,676 b Donated services and use of facilities 2b 1,170,087 2c 2d d Other (Describe in Part XIII.) . 2d 2d 2d
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.)
aNet unrealized gains (losses) on investments2a345,676bDonated services and use of facilities2b1,170,087cRecoveries of prior year grants2cdOther (Describe in Part XIII.)2d
b Donated services and use of facilities 2b 1,170,087 c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2c 2d
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 38,078
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5,142,5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements 1 6,609,6
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 38,078
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5,477,8
Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ALLIANCE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION I THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2020, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2016 THROUGH 2019	Return Reference	Explanation
JURISDICTIONS IN WHICH THE ALLIANCE FILES RETURNS.	PART X, LINE 2:	PRESCRIBED THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ALLIANCE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2020, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2016 THROUGH 2019 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE STATE AND LOCAL

Schedule D (Form 990) 2020

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual R	ender	ObjectId: 202	210319	934931	3435 - Submission	: 2021-11	L-15	TIN: 52-1009973
SCHEDULE G (Form 990 or 990-EZ)					Ormation Rega Gaming Activi on Form 990, Part IV, lines	-		OMB No. 1545-0047
Department of the Treasury	Co		on entere	d more tha	on Form 990, Part IV, lines n \$15,000 on Form 990-EZ, 990 or Form 990-EZ.		, or if the	Open to Public
Internal Revenue Service		Go to www.	irs.gov/Fo	orm990 for	instructions and the latest i	nformation.	Employer ide	Inspection
Name of the organization ALLIANCE FOR JUSTICE							52-1009973	entification number
	-	ties. Complete if re not required t	-		answered "Yes" on F part.	⁵ orm 990,	Part IV, line 1	.7.
1 Indicate whether the	organiza	tion raised funds th	rough an	iy of the f	ollowing activities. Checl	k all that ap	ply.	
a 🗌 Mail solicitations					e 🗌 Solicitation of nor	n-governme	ent grants	
b 🗌 Internet and ema	il solicitat	ions		1	f 🗌 Solicitation of gov	vernment g	rants	
c 🗌 Phone solicitation	IS			9	g 🗌 Special fundraisir	ng events		
d 🗌 In-person solicita	tions							
or key employees list	ted in For	m 990, Part VII) or	entity in	connectio	vidual (including officers on with professional func	Iraising serv	/ices?	es 🗌 No
b If "Yes," list the 10 h to be compensated a				ndraisers)	pursuant to agreements	s under whic	ch the fundraise	r is؛
(i) Name and address of in or entity (fundraise		(ii) Activity	fundrai cust coni) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which licensing.	the organ	ization is registered	d or licen	sed to sol	icit contributions or has	been notifie	ed it is exempt i	from registration or
For Paperwork Reduction Ac	ct Notice, s	see the Instructions	for Form		0-EZ. Cat. No	o. 50083H	Schedule G	(Form 990 or 990-EZ) 2020
Schedule G (Form 990 or 9	90-EZ) 2	020			· j - =			Page 2
Part II Fundraisin than \$15,00	g Event 00 of fun	ts. Complete if the draising event co			nswered "Yes" on For gross income on Forr			, or reported more
gross receip	ots great	er than \$5,000.						

	3/24, 5:33 AM		Alliance For Jus	stice - Full Filing- Nonprofit I	Explorer - ProPublica	
			(a)Event #1 VIRTUAL EVENTS	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	
	1 Gross receipts		346,813			346,813
	2 Less: Contributions		346,813			346,813
	3 Gross income (line 1 minus line 2)		510,015			510,015
	4 Cash prizes	•				
se	5 Noncash prizes					
Direct Expenses	6 Rent/facility costs					
Exp	7 Food and beverages	•				
ect	8 Entertainment	•				
Ď	9 Other direct expenses	•	110			110
	10 Direct expense summary. Add li	nes 4 t	hrough 9 in column (d)		🕨	110
	11 Net income summary. Subtract				🕨	-110
Par	on Form 990-EZ, line 6		anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue					
nses	2 Cash prizes					
Expense	3 Noncash prizes					
111						
	4 Rent/facility costs					
	4 Rent/facility costs5 Other direct expenses					
			□ Yes%	□ Yes%_	□ Yes%_	
			☐ Yes% ☐ No	☐ Yes%_ ☐ No	 ☐ Yes% ☐ No 	
	5 Other direct expenses		□ No	_	_	
Direct E	5 Other direct expenses . 6 Volunteer labor . .	nes 2 t	No hrough 5 in column (d)	□ No	□ No	
	5 Other direct expenses . 6 Volunteer labor . 7 Direct expense summary. Add literation is a summary. Ad	nes 2 t ubtract	No No	□ No	□ No	
Direct	 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add li 8 Net gaming income summary. S Enter the state(s) in which the organization licensed to com 	nes 2 t ubtract anizati duct ga	No No No No Incough 5 in column (d) Incough 7 from line 1, colum on conducts gaming activ aming activities in each of	No No (d). ities: these states?	□ No	Yes No

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	

Schedule G (Form 990 or 990-EZ) 2020

Sche	dule G (Form 990 or 990-EZ) 202	20					Р	age 3
11	Does the organization conduct	gaming activities with nonmembers	?			🗌 Yes		
12		eneficiary or trustee of a trust or a gaming?	member of a partnership or other e	ntity 		□ Yes		
13	Indicate the percentage of gam	ing activity conducted in:			1 1			
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of	the person who prepares the organ	ization's gaming/special events boo	oks and re	ecords:			
	Name 🕨 🛛							
	Address 🕨							
15a	Does the organization have a correvenue?		m the organization receives gaming			🗌 Yes		
b		aming revenue received by the organized by the third party \blacktriangleright \$	nization 🕨 \$	and th				
с	If "Yes," enter name and addres	ss of the third party:						
	Name 🕨 🛛							
	Address							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensatior	▶\$						
	Description of services provided	।►						
	Director/officer	Employee	Independent contract	or				
17	Mandatory distributions:							
a	•		tributions from the gaming proceed	ls to				
h	···· · · · · · · · · · · · · · · · · ·		ted to other exempt organizations of	 or spent	• •	∐ Yes	∪ No	
		pt activities during the tax year \blacktriangleright		of spene				
Par	rt IV Supplemental Info	rmation. Provide the explanati	ons required by Part I, line 2b, icable. Also provide any additio					
	Return Reference		Explanation					
			1	Sched	ule G (Fo	orm 990 or	990-EZ) 2	2020
					(/ -	

Additional Data

Return to Form

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Covernments and Individuals in the United States Description of memory of the description of access of the description of access of the description of access of the line 1 table. Covernment Covernment Covernments Covevernments	efile Public Visual Render	ObjectId: 2	0210319934931343	35 - Submission: 20	21-11-15				TIN: 52-1009973
Control of Control and Other Assistance to Organizations, Sourments and Addies in the United States to Form 990, Part IV, line 21 or 22. A stack to Form 990, Part IV, line 21 or 23. The organization survey of signed form 990, Part IV, line 21 or 24. The organization survey of signed form 990, Part IV, line 21 or 24. The organization survey of signed form 990, Part IV, line 21 or 24. The organization survey of signed form 990, Part IV, line 21 or 24. The organization survey of signed form 990, Part IV, line 21 or 24. The organization survey of signed form 990, Part IV, line 21 or 24. The organization survey of signed form 100 or 1		tent of this d	ocument, please sel	ect landscape mode	e (11" x 8.5") whe	en printing.			MB No. 1545-0047
Part II Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, Ime 21, for any recipient I can be duplicated in difficulties in the Inte 1 table. Part II Cancel Information on Grant and Assistance I for any call and the grants or assistance, the grantees' eligibility for the grants or assistance, the grant set assistance in the set of the grant set assistance in the grant set assistance. The grant set assistance is a set of the grant set assistance in the set of the grant set assistance. The grant set assistance is a set of the grant set assistance in the set of the grant set assistance in the united States. Part II Cancel Information on Grant and Assistance in the united States. Part II Cancel Information on Grant and Assistance in the united States. Part II Cancel Information on Grant and Assistance in the united States. Part II Cancel Information on Grant and Assistance in the united States. Part II Cancel Information on Grant and Assistance in the united States. Part II Cancel Information on Grant and Assistance in the united State in	(Form 990)		Governments a	and Individuals	s in the Unite	d States			2020
Description Employee identification number S2: 0.00973 Part I General Information on Grants and Assistance Image: S2: 0.00973 1 Obset the organization anishin incortor is substantiate the amount of the grants or assistance, the grants or assistance, and the substantiation's procedures for monitoring the use of grant funds in the United States. Image: S2: 0.00973 2 Description of the organization anishin incortor is substantiate the amount of the grants and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any necipient 2 Image: S0: 00.000 IRC: action of grant (g) Amount of cash grant (g) Amount of cash or government (g) DEN (g) RC: action of grant (g) Amount of cash grant (g) Amount of cash other of the organization and grant (g) Description of cook, Phy grantskill (g) Description of or Sistence (g) Process of grant (1) ALLIANCE FOR USTICE 52: 2330508 501(C)(4) 200,000 (g) Amount of cash assistance (g) Description of cook, Phy grantskill (g) Description of other organizations sited in the line 1 table. (g) Amount of cash other of the organizations sited in the line 1 table. (g) Amount of cash other of the organizations sited in the line 1 table. (g) Amount of cash other of the organizations sited in the line 1 table. (g) Amount of cash other of the organizations sited in the line 1 table. (g) Amount of other of the organizations sited in the line 1 ta	Department of the Treasury Internal Revenue Service	Co		Attach to Form	990.				
1 Oses the organization maintain records to substantitle the amount of the grants or assistance, the grants et all substance in the selection certeria used to available assistance in the selection certeria used to available assistance in the grants of assistance. Image: Term of the selection certeria used to available assistance in the selectin the organizatin the selectin the selection	Name of the organization ALLIANCE FOR JUSTICE								ation number
The selection of retrain used to award the grants or assistance?	Part I General Informat	ion on Grants	and Assistance						
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form '990, Part IV, line 21, for any recipient the received more than 50,000, Part To and be addicated and addices is needed. (a) Name and address of organization and be addicated and addices is needed. (b) EIN (c) IRC section (f applicable) (d) Amount of cash grant (f) Amount of non-cash assistance in check and the part of the intervent of							e, and		🗹 Yes 🗌 Ne
that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amma and address of organization organization (b) EIN (c) IRC section (d) Amount of and assistance (f) Amunt of non-cash assistance (g) Description of noncash assistance (g) Purpose of grant or assistance (1) ALLIANCE FOR SUSTICE ACTOR LEWN \$2-2330508 \$501(C)(4) 200,000 (g) Control of the cash assistance (g) Description of noncash assistance (g) Purpose of grant or assistance (1) ALLIANCE FOR SUSTICE ACTOR LEWN \$2-2330508 \$501(C)(4) 200,000 (g) Control of the cash assistance (g) Description of noncash assistance (g) Purpose of grant or assistance (g) Part IV Support Part III Part V Support Part III Cash duplicated in the line 1 table Cat. No. 5005P Schedule I (form 990) 2020 Page 2 Cat. No. 5005P Schedule I (form 990) 2020 Page 2 Cat. No. 5005P Page 2 Cat. No. 5005P Schedule I form 990) 2020 Page 2 Cat. No. 5005P Cat. No. 5005P Cat.	-		5	5					
organization orgovernment if applicable if grant cash assistance (book, PMV, appraisal, other) noncash assistance ir assistance (1) ALLANCE FOR JUSTICE ACTION CAMPAIGN 52-2330508 S01(C)(4) 200,000 Image: Source of the sou					nts. Complete if the o	rganization answered "Yes"	on Form	990, Part IV, line I	21, for any recipient
ACTION CAMPAION JUSTICE ACTION SUTE 500 JUSTICE ACTION WASHINGTON, DC 20036 Image: Comparized on the line 1 table Image: Comparized on the line 1 table 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Image: Comparized on the line 1 table Image: Comparized on the line 1 table 3 Enter total number of other organizations listed in the line 1 table Cat. No. 50055P Schedule 1 (Form 990) 2020 Page 2 Schedule 1 (Form 990) 2020 Page 2 Page 2 Schedule 1 (Form 990) 2020 Page 2 Page 2 Schedule 1 (Form 990) 2020 Page 2 Page 2 Schedule 1 (Form 990) 2020 Page 2 Page 2 Schedule 1 (Form 990) 2020 Page 2 Comparize on form 990, Part IV, line 22. Page 2 Schedule 1 (Form 990) 2020 Page 2 (1) (2) Amount of cash grant (d) Amount of moncash assistance (f) Description of noncash assistance (a) (b) Number of cash grant Image: Cash grant Image: Cash grant	organization	(b) EIN			cash	(book, FMV, appraisal,			
3 Enter total number of other organizations listed in the line 1 table 1 For Pagerwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule 1 (Form 990) 2020 Page 2 Page 2 Page 2 Page 2 Schedule 1 (form 990) 2020 Page 2 Page 2 Page 2 Schedule 1 (form 990) 2020 Page 2 Page 2 Page 2 Schedule 1 (form 990) 2020 Page 2 Page 2 Page 2 Schedule 1 (form 990) 2020 Page 2 Page 2 Page 2 Schedule 1 (form 990) 2020 Page 2 Page 2 Page 2 Schedule 1 (form 990) 2020 Page 2 Page 2 Page 2 (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (e) Method of valuation (book, FMU, appraisal, other) (f) Description of noncash assistance (1) Image: Schedule 1 (Singer Sched	ACTION CAMPAIGN 11 DUPONT CICRCLE NW SUITE 500	52-2330508	501(C)(4)	200,000					JUSTICE ACTION
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2020 Page 2								· t	
Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (1) Image: Cash grant	Schedule I (Form 990) 2020	i	5						
Trecipients Cash grant noncash assistance FMV, appraisal, other) (1) Image: Cash grant noncash assistance FMV, appraisal, other) (2) Image: Cash grant Image: Cash grant Image: Cash grant (2) Image: Cash grant Image: Cash grant Image: Cash grant (3) Image: Cash grant Image: Cash grant Image: Cash grant (4) Image: Cash grant Image: Cash grant Image: Cash grant (5) Image: Cash grant Image: Cash grant Image: Cash grant (6) Image: Cash grant Image: Cash grant Image: Cash grant (7) Image: Cash grant Image: Cash grant Image: Cash grant Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation	Part III Grants and Other Ass Part III can be duplicat	ed if additional s	pace is needed.	piece il the organization a	answered tes on For				
(2) Image: Constraint of the second of	(a) Type of grant or assistant	ce						(f) Description of	of noncash assistance
(3) Image: Constraint of the second of	(1)								
(4) Image: Constraint of the second of the	(2)								
(5) Image: Constraint of the second of the	(3)								
(6) Image: Constraint of the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation	(4)								
(7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation	(5)								
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation	(6)								
Return Reference Explanation	(7)								
	Part IV Supplemental I	nformation.	Provide the information	n required in Part I, lin	ne 2; Part III, colum	in (b); and any other ad	ditional	information.	
Schedule I (Form 990) 2020	Return Reference	Explanation							
								Schedul	e I (Form 990) 2020

Additional Data

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efile Public Visua	Render ObjectId: 2021031	99349	313435 - Submission: 2021-11-15	IN: 52-	-1009	973
Schedule J	Compe	ensat	ion Information	OMB No.	1545-0	0047
orm 990)	Complete if the organizati	ompens on ansv Attac	Trustees, Key Employees, and Highest ated Employees vered "Yes" on Form 990, Part IV, line 23. h to Form 990.	20)20)
partment of the Treasury ernal Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 fo	r instructions and the latest information.	Open t Insp	to Pul ectio	
Name of the organiza	ition		Employer identifie			
LEIANCE FOR JUSTICE			52-1009973			
Part I Questi	ons Regarding Compensation					
					Yes	No
			f the following to or for a person listed on Form ny relevant information regarding these items.			
Eirst-class	or charter travel		Housing allowance or residence for personal use			
_	companions	$\overline{\Box}$	Payments for business use of personal residence			
	ification and gross-up payments		Health or social club dues or initiation fees			
Discretion	ary spending account		Personal services (e.g., maid, chauffeur, chef)			
b Tf a a a a f a b a b a			6-11			
			follow a written policy regarding payment or ove? If "No," complete Part III to explain	1b		
Did the organiza	tion require substantiation prior to reim	bursing	or allowing expenses incurred by all	2		
directors, truste	es, officers, including the CEO/Executive	e Directo	pr, regarding the items checked on Line 1a?	- 2		-
Indicate which,	if any of the following the filing organiz	ation us	ed to establish the compensation of the			
organization's C	EO/Executive Director. Check all that ap	ply. Do	not check any boxes for methods			
used by a relate	d organization to establish compensatio	n of the	CEO/Executive Director, but explain in Part III.			
Compensation	tion committee		Written employment contract			
Independ	ent compensation consultant		Compensation survey or study			
Form 990	of other organizations	✓	Approval by the board or compensation committee			
During the year, related organiza		t VII, Se	ection A, line 1a, with respect to the filing organization or a	1		
a Receive a sever	ance payment or change-of-control payr	nent? .		4a		No
			lified retirement plan?	4b		No
			nsation arrangement?	4c		No
If "Yes" to any o	f lines 4a-c, list the persons and provide	e the ap	plicable amounts for each item in Part III.			
$O_{\rm mby} = E01(a)/2$), 501(c)(4), and 501(c)(29) organi		must complete lines E.O.			
	d on Form 990, Part VII, Section A, line					
compensation c	ontingent on the revenues of:	10, 010	the organization pay or accide any			
a The organization	1?			5a		No
-	inization?			5b		No
If "Yes," on line	5a or 5b, describe in Part III.					
	d on Form 990, Part VII, Section A, line ontingent on the net earnings of:	1a, did	the organization pay or accrue any			
a The organization	1?			6a		No
b Any related orga	inization?			6b		No
If "Yes," on line	6a or 6b, describe in Part III.					
For persons liste payments not d	d on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr	1a, did ibe in Pa	the organization provide any nonfixed art III	7		N
	nts reported on Form 990, Part VII, paid					
	itial contract exception described in Rec		section 53.4958-4(a)(3)? If "Yes," describe			
				8		No
	3, did the organization also follow the re		e presumption procedure described in Regulations section	9		1

Cat. No. 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

– Page 2 –

Schedule J (Form 990) 2020 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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 (F) Compensation in (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (D) Nontaxable (E) Total of compensation and other benefits columns column (B) reported as deferred (B)(i)-(D) (i) Base compensation (iii) Other reportable compensation (ii) Bonus & compensation deferred on prior Form 990 incentive compensation 1 NAN ARON PRESIDENT 266,016 0 25,000 1,313 292,329 0 (i) 0 - - - - -- - - - -- - - -- - - - - ---------0 ----------(ii) - - - - -- - - -0 0 0 2 LESLIE CORDES VP OF PROGRAMS AND OPERATI 209,332 (i) 0 0 1.356 231,153 0 20,465 - - - -- - -- - -- - - - -0 (ii) - - - -- - - -- - - -- - - - -- - - - - -- - - -0 0 0 0 0 0 3 DANIEL GOLDBERG DIRECTOR OF JUSTICE PROGRAMS 164,275 0 (i) 0 0 19,000 13,624 196,899 - - - - -- - -- - - -- - - -----(ii) - - - -- - - -- - - -- - - - -- - - - - -- - - -0 0 0 0 0 0 4 ABBY LEVINE 159.334 (i) 0 0 19,000 13,693 192,027 0 DIRECTOR OF ADVOCACY PROGRAMS - - - -- - - -- - - - -- - - -0 0 0 -----0 (ii) ----

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Schedule J (Form 990) 2020

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5 NONA RANDOIS DIRECTOR OF CA

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				Schedule J (Form 990) 20
		— Page 3 —		
dule J (Form 990) 2020				Page
t III Supplemental Information de the information, explanation, or descriptions required l	for Part I lines 1a 1b 2 4a 4	a 4c 5a 5h 6a 6h 7 and 9	and for Dart II. Also complete this	a part for any additional information
Return Reference	UI FAIL I, IIIIES IA, ID, 3, 48, 41	5, 40, 5a, 5b, 6a, 6b, 7, and 8, a Explana		א א א א א א א א א א א א א א א א א א א
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Additional Data

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Software ID: Software Version:

efil	e Public Visua	al Render Ob	jectId: 2	02103199349313435 -	Submission: 2021-1	1-15	TIN: 52-	1009	973
			1	Noncash Contri	butions		OMB No. 1	545-0	047
(For	m 990)						20	20	
		►Complete if the ► Attach to Form	-	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	29 or 30.	20	20	
				90 for the latest informat	ion.		Open to	Dub	lic
	ment of the Treasury I Revenue Service						Inspe		
	e of the organizat NCE FOR JUSTICE	tion				Employer iden	tification n	umber	
	NCE FOR JUSTICE					52-1009973			
Pa	rt I Types	of Property				1			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determin ontribution a		S
1	Art–Works of ar	t							
	Art—Historical tr								
	Art—Fractional in								
4 5	Books and public Clothing and hou					-			
5	goods								
6	Cars and other v								
7	Boats and planes								
	Intellectual prop								
9	Securities—Publi	,	X	8	297,86	0 FMV			
10 11	Securities—Close Securities—Parte	,							
	or trust interest								
12	Securities-Misc								
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14	Qualified conser contribution—O								
15	Real estate—Res								
16	Real estate—Cor								
17 18	Real estate—Oth Collectibles								
19	Food inventory								
20	Drugs and medie								
21	Taxidermy .								
22	Historical artifac	ts							
23	Scientific specim	iens							
	Archeological art								
25 26	Other ► (
	Other ► (Other ► (
28	Other ► ()							
	Number of Form	s 8283 received by t		ation during the tax year for 3, Part IV, Donee Acknowledg		29			
		Janization completed		5, Part IV, Donee Acknowledg	Jement	23		Yes	No
30a	During the vear	, did the organizatio	n receive b	y contribution any property r	eported in Part I, lines 1 th	nrough 28, that it	must	. 05	
	hold for at least	three years from th	e date of the	ne initial contribution, and wh	nich isn't required to be us	ed for exempt			
	purposes for the	e entire holding peri	od?				30a		No
b	If "Yes," describ	e the arrangement i	n Part II.						
		5		alion that requires the regime	of any nonstandard as the	ibutions?	31		No
31	-	-	• •	olicy that requires the review			31		No
	contributions?		ird parties	or related organizations to so	DIICIT, process, or sell nonc	ash • • • •	32a		No
	If "Yes," describ			aluman (a) four a tra		الحاد ما			
33	If the organizat describe in Part	•	amount in c	column (c) for a type of prop	erly for which column (a) i	s checked,			
For P	aperwork Reducti	on Act Notice, see the	e Instructio	ns for Form 990.	Cat. No. 512273	Sche	dule M (Form	990) (2020)
				Page 2 -					

Schedule M (Form 990) (2020)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	8 CONTRIBUTORS

Schedule M (Form 990) (2020)

Additional Data

Return to Form

Software ID:

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efile Public	Visual Render	ObjectId: 20210	319934931343	5 - Submission:	2021-11-15	5	TIN: 52-1009973
SCHEDUL (Form 990 or 9 Department of the Trea Internal Revenue Serv Name of the org ALLIANCE FOR JUS	asury ice anization	►		to Form 99 esponses to specificany additional in 90 or 990-EZ. for the latest infor xplanation ND LOCAL MEMBE AMERICANS AND CALE AND ARE NO NTS, CONFLICT OF IAL STATEMENTS A PRESIDENT, DIREC AND OPERATIONS D TO THE ALLIANC D TO THE ALLIANC	c questions of ormation. mation. Empl	n	OMB No. 1545-0047 2020 Open to Public Inspection fication number
Return Reference			Ex	planation			
FORM 990, PART VI, SECTION A, LINE 6	THAT GOVERNM FOR ALL. MEMB	IUSTICE'S 120 NATION IENT RESPONDS TO T ERS PAY DUES BASED CLES OF INCORPORAT	HE NEEDS OF ALL ON A SLIDING SC	AMERICANS AND	KEEPS ITS PL	EDGE OF L	IBERTY AND JUSTICE
FORM 990, PART VI, SECTION A, LINE 6		TON MAKES ITS GOVE AILABLE UPON REQU					
FORM 990, PART VI, SECTION B, LINE 11B	BOLDER ADVOC	M 990 IS REVIEWED IN ACY, VICE PRESIDENT EVIEWED FORM 990 V	F OF PROGRAMS A	ND OPERATIONS,	AND MEMBER	RS OF THE A	AUDIT COMMITTEE. A
FORM 990, PART VI, SECTION B, LINE 12C		RD MEMBERS ARE RE REQUIRED ANNUALLY					
FORM 990, PART VI, SECTION B, LINE 15A	BIANNUALLY, AN SALARY. THE BC	'S SALARY IS REVIEW D THAT COMMITTEE F DARD ALSO DETERMIN SE, BASED ON COMP	REVIEWS THE PRE	SIDENT'S PERFOR	RMANCE AND	DETERMINE	S THE PRESIDENT'S
FORM 990, PART VI, SECTION C, LINE 19		TON MAKES ITS GOVE AILABLE UPON REQU					
FORM 990, PART XII, LINE 2C:	THE PROCESS H	HAS NOT CHANGED FF	ROM THE PRIOR YI	EAR			
For Paperwork Redu	ction Act Notice, see the	Instructions for Form 990 or 99	0-EZ.	Cat. No. 51056K		Schedu	ıle O (Form 990 or 990-EZ) 2020

Additional Data

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Alliance For Justice - Full Filing- Nonprofit Explorer - ProPublica

efile Public Visual Render	ObjectId: 20	2103199	3493134	35 - Subi	mission: 20	21-11-1	5											
SCHEDULE R (Form 990)	~			-						-			10			47		
(Form 990) Prompteties if the organization nanweed "Vie" on Form 990, Part IV, line 33, 34, 358, 567, 278, 297, 207, 207, 207, 207, 207, 207, 207, 20		с																
Internal Revenue Service Name of the organization										E	mployer id	lentificatio	n numbe		tion			
											2-1009973							
	(a)		mplete if I	the organ	(b)			(c)		(d)		(e)		(f)				
Name, address, and El	N (if applicable) of disre	garded entity			Primary act	ivity				fotal income	End-of-	year assets						
related tax-exemp	t organizations du				5			ed "Yes		n 990, Pa		34 becaus		one or n				
Name, address, and E	Name, address, and EIN of related organization		Prima	(B) ry activity	Legal do	micile (sta		(d) mpt Code s		Public charity status Di			Direct controlling		512(b) ntrolled			
(1)ALLIANCE FOR JUSTICE ACTION C. 11 DUPONT CIRCLE NW SUITE 500	AMPAIGN (AFJAC)			PROMOTES T	THE E OF COURTS		DC	501((C)(4)							No		
For Paperwork Reduction Act	Notice, see the Ins	tructions fo	or Form 99	90.		Ca	t. No. 50)135Y				Scl	nedule R	(Form 9	90) 20	020		
	-		- Page	2										-	-			
Schedule R (Form 990) 2020				_											Pag	e 2		
							e organ	ization	answered	d "Yes" or	Form 990	, Part IV, I	line 34, l	pecause	it had			
(a Name, addres) s, and EIN of		(b) Primary	(c) Legal domicile (state or	(d) Direct controlling entity	(e Predom income(r unrela excluded under se	Predominant income(related, unrelated, excluded from tax		Share of end-of- year	Dispro	roprtionate Code amou ocations? amou box 2 Schedu		roprtionate Code V-UBI ocations? amount in box 20 of		BI General or m managing f partner?		ng owners	
						512-5	514)			Yes	No		Yes	No				
Part IV Identification of										answere	d "Yes" on	Form 990	, Part IV	, line 34				
(a)		(b)			(c)	(d)	(e)	(f)	(g)	(h)		(i)	(12)		
Name, address, and EIN related organization	T	Primary a	ictivity	do (state)	egal omicile or foreign untry)		ontrolling	Type of (C cor cor or tru	rp, S p,	are of total income	Share of end of-year assets		entage ership	Section contro Yes	1512(b) Iled ent	(13) ity? No		
			l			1		I				1						

	•	•	•	•	Schedule R	(Form 990) 2020

— Page 3 —

Schedule R (Form 990) 2020					Page
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pai	rt IV, line 34, 35b	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	Yes N
1 During the tax year, did the orgranization engage in any of the following transactions with one or more relate	d organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	N
b Gift, grant, or capital contribution to related organization(s)				1b `	Yes
c Gift, grant, or capital contribution from related organization(s)				1c	N
d Loans or loan guarantees to or for related organization(s)				1d	N
e Loans or loan guarantees by related organization(s)				1e	N
f Dividends from related organization(s)				1f	N
g Sale of assets to related organization(s)				1g	N
h Purchase of assets from related organization(s)				1h	N
i Exchange of assets with related organization(s)				1i	N
j Lease of facilities, equipment, or other assets to related organization(s)				1j	N
k Lease of facilities, equipment, or other assets from related organization(s)				1k	N
I Performance of services or membership or fundraising solicitations for related organization(s)				11	N
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	N
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n `	Yes
${\boldsymbol o}$ Sharing of paid employees with related organization(s)				10	Yes
p Reimbursement paid to related organization(s) for expenses				1p	N
${\bm q}$ Reimbursement paid by related organization(s) for expenses				1q	N
r Other transfer of cash or property to related organization(s)				1r	N
s Other transfer of cash or property from related organization(s)				1s	N
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered re	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount inv	volved
(1)ALLIANCE FOR JUSTICE ACTION CAMPAIGN	В	200,000	CASH		
(2)ALLIANCE FOR JUSTICE ACTION CAMPAIGN	0	169,239	ACTUAL EXPENSES		

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020													Page 4		
Part VI Unrelated Organizations Taxable a Provide the following information for each entity taxed as was not a related organization. See instructions regarding	a partnership	through w	hich the organ	ization cor							ssets or g	jross rev	enue) that		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		n total 3) income	rs Share of total income	Share of Share of total end-of-year		Share of Disproprtionate Code V- d-of-year allocations? amount assets b Code V- amount box 2 of Schec K-1		e Code V-UBI General or amount in managing box 20 partner? of Schedule		ral or iging	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			

Page 4 -----

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										Sch	edule R (Form 99	90) 2020
			Page 5 -										
nedule R (Form 990) 2020													Page 5
Part VII Supplemental Inf	ormation												, age e
Provide additional info	rmation for respon	ses to questio	ons on Sche	dule R. See in	structions.								
Return Reference						E	planation						n 990) 202
											Schedu	ек (гог	n 990) 202
Additional Data													o Form