

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EQUAL JUSTICE USA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 JAY STREET 808 City, town, or post office, state, and ZIP code BROOKLYN, NY 11201-8353 F Name and address of principal officer: SHARI SILBERSTEIN 20 JAY ST, BROOKLYN, NY 11201	D Employer identification number 26-1316408 E Telephone number 718-801-8940 G Gross receipts \$ 963,711. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.EJUSA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2007 M State of legal domicile: NY

Part I Summary																		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD A CRIMINAL JUSTICE SYSTEM THAT IS FAIR, EFFECTIVE, AND RESPONSIVE TO EVERYONE IMPACTED 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 15 6 Total number of volunteers (estimate if necessary) 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 0.																	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,306,711. 9 Program service revenue (Part VIII, line 2g) 1,100. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,998. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 430. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,312,239.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>1,306,711.</td> <td>959,536.</td> </tr> <tr> <td>1,100.</td> <td>1,000.</td> </tr> <tr> <td>3,998.</td> <td>3,020.</td> </tr> <tr> <td>430.</td> <td>155.</td> </tr> <tr> <td>1,312,239.</td> <td>963,711.</td> </tr> </tbody> </table>	Prior Year	Current Year	1,306,711.	959,536.	1,100.	1,000.	3,998.	3,020.	430.	155.	1,312,239.	963,711.				
Prior Year	Current Year																	
1,306,711.	959,536.																	
1,100.	1,000.																	
3,998.	3,020.																	
430.	155.																	
1,312,239.	963,711.																	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,050. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 790,104. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,107. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,142. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 199,967. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 998,228. 19 Revenue less expenses. Subtract line 18 from line 12 314,011.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>7,050.</td> <td>700.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>790,104.</td> <td>973,288.</td> </tr> <tr> <td>1,107.</td> <td>32,195.</td> </tr> <tr> <td>199,967.</td> <td>310,617.</td> </tr> <tr> <td>998,228.</td> <td>1,316,800.</td> </tr> <tr> <td>314,011.</td> <td>-353,089.</td> </tr> </tbody> </table>	Prior Year	Current Year	7,050.	700.	0.	0.	790,104.	973,288.	1,107.	32,195.	199,967.	310,617.	998,228.	1,316,800.	314,011.	-353,089.
Prior Year	Current Year																	
7,050.	700.																	
0.	0.																	
790,104.	973,288.																	
1,107.	32,195.																	
199,967.	310,617.																	
998,228.	1,316,800.																	
314,011.	-353,089.																	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,770,770. 21 Total liabilities (Part X, line 26) 112,864. 22 Net assets or fund balances. Subtract line 21 from line 20 2,657,906.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>2,770,770.</td> <td>2,382,293.</td> </tr> <tr> <td>112,864.</td> <td>77,476.</td> </tr> <tr> <td>2,657,906.</td> <td>2,304,817.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	2,770,770.	2,382,293.	112,864.	77,476.	2,657,906.	2,304,817.								
Beginning of Current Year	End of Year																	
2,770,770.	2,382,293.																	
112,864.	77,476.																	
2,657,906.	2,304,817.																	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer: SHARI SILBERSTEIN, EXECUTIVE DIRECTOR Type or print name and title	Date: 11/13	
Paid Preparer Use Only	Print/Type preparer's name: MARTIN BERKOWITZ Firm's name: ▶ LUTZ AND CARR, CPAS LLP Firm's address: ▶ 300 EAST 42ND STREET NEW YORK, NY 10017	Preparer's signature: Date: 10/29/13	Check if self-employed <input type="checkbox"/> PTIN: P00154047 Firm's EIN: ▶ 13-1655065 Phone no.: 212-697-2299

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: OUR MISSION IS TO BUILD A CRIMINAL JUSTICE SYSTEM THAT IS FAIR, EFFECTIVE AND RESPONSIVE TO EVERYONE IMPACTED BY CRIME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 983,931. including grants of \$ 700.) (Revenue \$ 1,155.) DEATH PENALTY PROGRAM: PROVIDED THOUSANDS OF HOURS OF FREE CONSULTING, CAPACITY BUILDING & ORGANIZING SUPPORT TO 31 STATE ORGANIZATIONS WORKING TO RAISE AWARENESS OF THE FLAWS IN THE DEATH PENALTY SYSTEM. SUCH ASSISTANCE INCLUDED DEVELOPMENT OF EDUCATIONAL MATERIALS, TRAINING ORGANIZERS & VOLUNTEERS, STRATEGIC PLANNING, PROVISION OF A CUTTING-EDGE ONLINE DATABASE TO STATE ORGANIZATIONS, BOARD AND ORGANIZATIONAL DEVELOPMENT, ASSISTANCE WITH OUTREACH TO KEY CONSTITUENCIES, MEDIA AND COMMUNICATIONS SUPPORT & OTHER ADVISING. NATIONALLY, WE EXPANDED OUR OUTREACH TO CONSERVATIVES, EVANGELICALS, AND UNDERSERVED COMMUNITIES, SPEAKING AT NUMEROUS NATIONAL CONFERENCES, DEVELOPING EDUCATIONAL MATERIALS TAILORED TO THESE CONSTITUENCIES, AND GENERATING MEDIA ABOUT THE FLAWS OF THE DEATH PENALTY.

4b (Code:) (Expenses \$ 28,751. including grants of \$) (Revenue \$) CRIME VICTIMS PROGRAM: WORKED WITH CRIME SURVIVORS IN UNDERSERVED COMMUNITIES TO ADVOCATE FOR SERVICES, POLICIES AND PROGRAMS THEY NEED TO REBUILD THEIR LIVES IN THE AFTERMATH OF VIOLENCE AND REDUCE VIOLENCE IN THEIR COMMUNITIES. OUR MAIN PROJECTS THIS YEAR WERE TO HELP LEAD A SERIES OF MEETINGS THAT BROUGHT TOGETHER ADVOCATES FROM THE VICTIMS' ASSISTANCE FIELD AND THE CRIMINAL JUSTICE REFORM FIELD TO FIND COMMON GROUND IN TRANSFORMING THE CRIMINAL JUSTICE SYSTEM, AND HELP A PHILADELPHIA-BASED GROUP OF MOTHERS OF MURDERED CHILDREN TO HOST THEIR FIRST NATIONAL CONFERENCE ON VIOLENCE PREVENTION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,012,682.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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, Part I</i>		X
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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JASON ZAHORCHAK - 718-801-8943 20 JAY STREET, SUITE 808, BROOKLYN, NY 11201

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EUNICE TIMONEY RAVENNA CHAIR	5.00	X		X				0.	0.	0.
(2) JANE HENDERSON TREASURER	1.00	X		X				0.	0.	0.
(3) PETER LOGE SECRETARY	1.00	X		X				0.	0.	0.
(4) JONATHAN GRADESS DIRECTOR	2.00	X						0.	0.	0.
(5) JESSELYN MCCURDY DIRECTOR	2.00	X						0.	0.	0.
(6) RICHARD SCHRADER DIRECTOR	2.00	X						0.	0.	0.
(7) LISA WILSON-GOOD DIRECTOR	1.00	X						0.	0.	0.
(8) EDGAR DELEON DIRECTOR	1.00	X						0.	0.	0.
(9) LORI JAMES-TOWNES DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL SIEM DIRECTOR	1.00	X						0.	0.	0.
(11) SHARI SILBERSTEIN EXECUTIVE DIRECTOR	59.00			X				89,688.	0.	13,989.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, and Yes/No response. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE' in column A.

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 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	959,536.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		959,536.			
	Program Service Revenue	2 a STIPENDS & HONORARIUMS	Business Code 900099	1,000.	1,000.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,020.		3,020.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	155.	155.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		155.				
12 Total revenue. See instructions.		963,711.	1,155.	0.	3,020.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	700.	700.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,851.	64,396.	36,347.	15,108.
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	687,223.	581,148.	100,083.	5,992.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,411.	23,625.	3,578.	208.
9 Other employee benefits	78,777.	66,238.	11,276.	1,263.
10 Payroll taxes	64,026.	52,381.	10,035.	1,610.
11 Fees for services (non-employees):				
a Management				
b Legal	6,135.		6,135.	
c Accounting	27,889.	167.	27,722.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,195.			32,195.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	73,421.	64,114.	7,555.	1,752.
12 Advertising and promotion				
13 Office expenses	40,813.	30,990.	6,350.	3,473.
14 Information technology				
15 Royalties				
16 Occupancy	39,715.	32,063.	6,668.	984.
17 Travel	68,540.	63,380.	4,076.	1,084.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,113.	12,239.	1,576.	2,298.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,788.	5,480.	1,140.	168.
23 Insurance				
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 OTHER EXPENSES	31,078.	15,761.	13,310.	2,007.
b CONTRIBUTIONS	125.		125.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,316,800.	1,012,682.	235,976.	68,142.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	8,201.	4,653.	1,470.	2,078.

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	146,117.	1	390,618.	
	2 Savings and temporary cash investments	1,195,460.	2	941,352.	
	3 Pledges and grants receivable, net	1,389,206.	3	995,592.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	5,552.	9	20,211.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 138,960.			
	b Less: accumulated depreciation	10b 120,719.	18,156.	10c 18,241.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		16,279.	15	16,279.
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,770,770.	16	2,382,293.	
Liabilities	17 Accounts payable and accrued expenses	112,864.	17	77,476.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		112,864.	26	77,476.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	930,035.	27	1,203,052.	
	28 Temporarily restricted net assets	1,727,871.	28	1,101,765.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		2,657,906.	33	2,304,817.	
34 Total liabilities and net assets/fund balances		2,770,770.	34	2,382,293.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	963,711.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,316,800.
3	Revenue less expenses. Subtract line 2 from line 1	3	-353,089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,657,906.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,304,817.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

EQUAL JUSTICE USA, INC.

Employer identification number

26-1316408

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY CRIME.

FORM 990, PART VI, SECTION B, LINE 11: AS PER EJUSA'S FINANCIAL POLICIES,
WHENEVER FEASIBLE, THE FULL BOARD WILL RECEIVE A COPY OF THE FORM 990 FOR
APPROVAL PRIOR TO SUBMISSION. WHEN THAT IS NOT FEASIBLE, THE EXECUTIVE
DIRECTOR WILL REVIEW THE FORM 990 WITH THE TREASURER PRIOR TO SUBMISSION
AND WITH THE FULL BOARD WITHIN 30 DAYS OF ITS SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL MEMBERS OF THE BOARD
OF DIRECTORS AND THE EXECUTIVE DIRECTOR ARE ASKED TO FILL OUT A CONFLICT OF
INTEREST FORM, DISCLOSING ANY POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST
IN THE PRECEDING YEAR AND THE UPCOMING YEAR. THESE FORMS ARE RECEIVED BY
THE EXECUTIVE DIRECTOR AND THE CHAIR OF THE BOARD OF DIRECTORS. IN THE CASE
WHERE AN ACTUAL CONFLICT OF INTEREST ARISES, THE BOARD MEMBER IS ASKED TO
RECUSE THEMSELVES FROM THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 15: ALL SALARIES ARE REVIEWED AND
APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE BUDGET APPROVAL PROCESS,
WHICH IS DONE ANNUALLY. COMPENSATION FOR ALL NEW STAFF OR INTERNAL
PROMOTIONS ARE SET USING A SALARY SCALE APPROVED BY THE BOARD IN FISCAL
YEAR 2008. INDIVIDUAL SALARIES OF ALL STAFF WERE REVIEWED BY AN INDEPENDENT
ORGANIZATIONAL DEVELOPMENT CONSULTANT IN 2012, AND WERE LAST REVIEWED BY
THE BOARD IN 2013. THE EXECUTIVE COMMITTEE ALSO REVIEWED EXECUTIVE DIRECTOR
COMPENSATION FOR SIMILAR ORGANIZATIONS IN 2012.

Name of the organization EQUAL JUSTICE USA, INC.	Employer identification number 26-1316408
--	---

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AZ, CA, CT, DC, FL, IL, KS, KY, MA, MD, ME, MN, MS, NC, ND, NH, NM, NY, OH, OK, OR, PA, RI
 SC, TN, NJ, UT, VA, WA, WI, WV, MO

FORM 990, PART VI, SECTION C, LINE 19: WE PROVIDE THESE DOCUMENTS TO THE
 PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C
 AUDIT OVERSIGHT
 THE FINANCE COMMITTEE AND AUDIT SUBCOMMITTEE ARE BOTH COMMITTEES OF THE
 WHOLE DUE TO THE SMALL SIZE OF OUR BOARD. THIS FINANCE COMMITTEE/AUDIT
 SUBCOMMITTEE REVIEWS THE AUDIT PRIOR TO FINALIZATION.