Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 6

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	e 2016 calendar year, or tax year beginning and e	ending .						
В	Check if	C Name of organization		D Employer identifi	cation number				
	Addr	EQUAL JUSTICE USA, INC.							
	Name chan	Doing business as		26-1	316408				
	lnitia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	ır				
	Final	81 PROSPECT STREET		718-801-8940					
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,743,148.					
Г	Amer	ded DD0077777 ND 11201 0252	H(a) Is this a group return						
	Appli				? Yes X No				
	pend	물부드 [PD: 10]	-8353	H(b) Are all subordinates					
_	Tayas	rempt status: X 501(c)(3)	- Comment of the Comm	5 7558	list. (see instructions)				
	-	tte: > WWW.EJUSA.ORG	1 021	H(c) Group exemption	97				
		forganization: X Corporation Trust Association Other	1 Veer		M State of legal domicile: NY				
	art I	Summary							
0	1	Briefly describe the organization's mission or most significant activities: TO BU							
2		SYSTEM THAT IS FAIR, EFFECTIVE, AND RESPO	DNSIVE	TO EVERYON	E IMPACTED				
L S	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			7				
SS	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			19				
/itie	6	Total number of volunteers (estimate if necessary)			19				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
4	b	Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		730,127.					
	9	Program service revenue (Part VIII, line 2g)		1,871.	1,566.				
3Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,769.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		150.					
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		733,917.	3,743,148.				
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50.	100.				
	14	5 6 11 1 1 1 1 1 1 1 1 1 1 1 1		0.					
	2	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		680,386.					
Expenses	16-	Professional fundraising fees (Part IX, column (A), line 11e)		1,000.	······································				
en	102	Table 6 administration assessed (Part IX, column (A), line 11e)	· -	1,000.	0.				
Š	_ D	Total fundraising expenses (Part IX, column (D), line 25) 263, 10		100 007	F26 000				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,087.	536,282.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		873,523.	2,057,621.				
	19	Revenue less expenses. Subtract line 18 from line 12		-139,606.	1,685,527.				
ts o			Beg	inning of Current Year	End of Year				
Net Assets or Frind Balances	20	Total assets (Part X, line 16)		2,579,411.	4,318,546.				
Pet	21	Total liabilities (Part X, line 26)		66,268.	126,684.				
2	22	Net assets or fund balances. Subtract line 21 from line 20		2,513,143.	4,191,862.				
_	art II	Signature Block							
		lties of perjury, L declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer l	has any knowledge.					
		Signature of officer	Marine at House	10/5/1	+				
Sig				Date					
Her	re	SHARI SILBERSTEIN, EXECUTIVE DIRECTOR Type or print name and title							
		Print/Type preparer's name Preparer's signature	, Da	ate / Check	PTIN				
Paid	d	MARTIN BERKOWITZ Of by Berk.	1 14	0/4/17 If self-emplayer	P00154047				
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN	13-1655065				
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400	J						
	•	NEW YORK, NY 10176		Phone no 21	2-697-2299				
May	the IF	S discuss this return with the preparer shown above? (see instructions)		11 110110 110.23 2.	X Yes No				
					LA TES L INO				

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
J	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,250,557 • including grants of \$ 100 •) (Revenue \$ 1,566 •)
ти	DEATH PENALTY PROGRAM
	PROVIDED THOUSANDS OF HOURS OF FREE CONSULTING, CAPACITY BUILDING, &
	ORGANIZING SUPPORT TO ORGANIZATIONS IN 20 STATES WORKING TO RAISE
	AWARENESS OF THE FLAWS IN THE DEATH PENALTY SYSTEM. SUCH ASSISTANCE
	INCLUDED DEVELOPMENT OF EDUCATIONAL MATERIALS, TRAINING ORGANIZERS &
	VOLUNTEERS, STRATEGIC PLANNING, 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, CONDUCTING TRAININGS, AND GENERATING MEDIA ABOUT THE FLAWS
	OF THE DEATH PENALTY.
4b	(Code:) (Expenses \$ 142,136 • including grants of \$) (Revenue \$)
	CRIME SURVIVORS PROGRAM
	PROVIDED CAPACITY BUILDING TO COMMUNITY BASED ORGANIZATIONS SERVING
	CRIME SURVIVORS OF COLOR IN CALIFORNIA, FLORIDA, MICHIGAN,
	PENNSYLVANIA, NEW JERSEY, WASHINGTON, AND LOUISIANA SO THEY CAN
	STRENGTHEN THEIR PROGRAMS, EXPAND THEIR REACH, DEVELOP THEIR
	INFRASTRUCTURE, AND RAISE RESOURCES. NATIONALLY, RAISED AWARENESS ABOUT
	THE NEEDS OF CRIME SURVIVORS FOR HEALING AND THE RACIAL INEQUITY IN
	ACCESS TO SERVICES.
4c	(Code:) (Expenses \$ 314,650 • including grants of \$) (Revenue \$)
	TRAUMA ADVOCACY PROGRAM
	LAUNCHED A TWO-YEAR PILOT PROJECT IN NEWARK, NJ TO TRAIN 250 POLICE
	OFFICERS, VIOLENCE INTERRUPTERS, CRIME SURVIVORS, SERVICE PROVIDERS,
	AND OTHER COMMUNITY MEMBERS IN TRAUMA AND TRAUMA-INFORMED RESPONSES TO
	VIOLENCE. BROUGHT 20 PRACTITIONERS TRAUMA AND VIOLENCE EXPERTS,
	OFFICIALS FROM CITY HEALTH DEPARTMENTS FROM BALTIMORE, BOSTON, AND
	PHILADELPHIA, NATIONALLY-KNOWN PRACTITIONERS, CRIME SURVIVORS, AND
	VIOLENCE PREVENTION ADVOCATES FOR A MOVEMENT-BUILDING STRATEGY
	RETREAT ON "RACE, TRAUMA, AND DISRUPTING THE CYCLE OF VIOLENCE." JOINED
	AN ALLIANCE THAT BRINGS TOGETHER ORGANIZATIONS WORKING TO BRING A
	PUBLIC HEALTH FRAMEWORK TO CRIMINAL JUSTICE REFORM. PUBLISHED MEDIA
	PIECES FEATURING EJUSA'S VISION FOR A TRAUMA-RESPONSIVE JUSTICE SYSTEM.
4 a	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,707,343.
_ 40 _	Total program service expenses ► 1, 707, 343. Form 990 (2016)
62000	CEE COLEDILE O EOD COMMINIAMION/C
03200	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S)

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)?		х	
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 21
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	·		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1.0		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	(2010)

Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			. v
_	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
D	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			
	Schodula I Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			, v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
		, 55		

Form 990 (2016) EQUAL JUSTICE USA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	······		1c	Х	
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		19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
	•			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					.,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					x
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	ruiooo r	arouided to the never	7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.0		
C	to file Form 8282?		-	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year			70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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		
	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:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا مدا	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	l	44		Х
				14a		_^
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	e∪		14b Form	990	(2016)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	and the description of the second of the sec		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	,		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	X	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JASON ZAHORCHAK - 718-801-8943			
	81 PROSPECT STREET, 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 or note to any line in this Part VII

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

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

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

Name and Title	Average hours per	(do		200						(F)
	week	box	, unle	heck ss pe	rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EUNICE TIMONEY RAVENNA CHAIR	5.00	X		х				0.	0.	0
(2) JANE HENDERSON	2.00	125		25					<u> </u>	
TREASURER		x		x				0.	0.	0
(3) JESSELYN MCCURDY	2.00									
SECRETARY		Х		Х				0.	0.	0
(4) JONATHAN GRADESS DIRECTOR	2.00	x						0.	0.	0
(5) RICHARD SCHRADER	2.00									
DIRECTOR (6) LISA GOOD	2.00	Х						0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(7) JAMES QUEEN DIRECTOR	2.00	х						0.	0.	0
(8) SONYA SHAH	2.00	X						0.	0.	0
DIRECTOR (9) URSULA BENTELE	2.00	^						0.	0.	U
DIRECTOR		Х						0.	0.	0
(10) SHARI SILBERSTEIN EXECUTIVE DIRECTOR	57.00			х				118,539.	0.	12,636
(11) LAURA PORTER	46.00					Х		108,681.	0.	8,789
DIRECTOR OF CAMPAIGNS & ST						Α.		100,001.	0.	0,709
										F 000 (004

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	Position (do not check more than on box, unless person is both a officer and a director/truster				h an	(D) Reportable compensation	(E) Reportable compensatio	n	an	(F) timate nount o	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s			
			_											
			_											
	Cub Asset								227,220.		0.	2	1,4	25
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 227,220.		0.		1,4	0.
2	Total number of individuals (including but n compensation from the organization							no re		0,000 of reportab	_		_ , _	2
	-										ı		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		elat	ted organization or indiv	idual for services		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
~	(A) Name and business	address							(B) Description of s	ervices	С	ompe	;) nsatio	n
27	ANE ENTERPRISES INC STONY HILL ROAD, BURL	INGTON,	C'	г (060	013	3	- 1	PUBLIC RELATIONS/ME	DIA OUTR		10	0,2	00.
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li: 1	stec	a above) who received m	nore than				

Га	πv	Ш	Check if Schedule O cont		or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
S'al		b	Membership dues	1b					
is, (Am		С	Fundraising events	1c					
를 를		d	Related organizations	1d					
JS,		е	Government grants (contribut	ions) 1e					
e ţi		f	All other contributions, gifts, gran						
혈美			similar amounts not included above	ve 1f 3,	739,084.	_			
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines		35,083.	2 522 224			
<u>o</u> <u>e</u>		h	Total. Add lines 1a-1f			3,739,084.			
_			CULDENDO C HONO	DADTIMO	Business Code		1 566		
ice			STIPENDS & HONC	RARIUMS	900099	1,566.	1,566.		
er.		b							
We'l		С.							
gra Re		d							
Program Service Revenue		e •	All other program service reve	20110					
		'	Total. Add lines 2a-2f			1,566.			
	3		Investment income (including						
	ľ		other similar amounts)	•	•	2,498.			2,498.
	4		Income from investment of tax			-			-
	5		Royalties						
			•	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		<u></u>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses			_			
			Gain or (loss)		<u> </u>				
	_		Net gain or (loss)		······· <u> </u>				
ne	8	а	Gross income from fundraising	J (
ver			including \$contributions reported on line						
Other Revenu			Part IV, line 18	•					
ther		h	Less: direct expenses			-			
ō			Net income or (loss) from fund		>				
			Gross income from gaming ac						
		-	Part IV, line 19						
		b	Less: direct expenses						
	ı		Net income or (loss) from gam						
	10	а	Gross sales of inventory, less	returns					
			and allowances	a	ı				
		b	Less: cost of goods sold	b					
	<u> </u>	С	Net income or (loss) from sale	s of inventory	>				
			Miscellaneous Revenu	ie	Business Code	9			
	11								
		b							
		C	All alle access						
			All other revenue						
	12		Total. Add lines 11a-11d Total revenue . See instructions.			3,743,148.	1,566.	0.	2,498.
	12		i viai i voliuo. Obb ilibii uoliulis.			-	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	J •	, _, _, .

Part IX | Statement of Functional Expenses

2001	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		X
	not include amounts reported on lines 6b, 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 domestic organizations	100	100		
	and domestic governments. See Part IV, line 21	100.	100.		
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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	trustees, and key employees	131,176.	80,148.	8,658.	42,370
6	Compensation not included above, to disqualified	131,1700	00,110.	0,030.	12,570
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,107,627.	935,994.	25,559.	146,074
8	Pension plan accruals and contributions (include		200,222		
Ū	section 401(k) and 403(b) employer contributions)	48,544.	40,992.	1,126.	6,426
9	Other employee benefits	145,230.	121,042.	3,660.	20,528
10	Payroll taxes	88,662.	72,917.	2,414.	13,331
11	Fees for services (non-employees):	,		<u> </u>	, , , , , , , , , , , , , , , , , , ,
	Management				
b	Legal	7,900.		7,900.	
С	Accounting	16,336.		16,336.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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.)	208,777.	202,490.	1,186.	5,101 3,656
12	Advertising and promotion	45,691.	41,945.	90.	3,656
13	Office expenses	35,235.	22,008.	1,756.	11,471
14	Information technology				
15	Royalties				
16	Occupancy	44,113.	36,549.	1,998.	5,566
17	Travel	101,183.	94,338.	3,611.	3,234
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,181.	22,477.	1,719.	985
20	Interest				
21	Payments to affiliates	4 4 4 4 4			
22	Depreciation, depletion, and amortization	6,383.	5,289.	289.	805
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 0.)				
а	OTHER EXPENSES	45,483.	31,054.	10,867.	3,562
b		-	-	-	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,057,621.	1,707,343.	87,169.	263,109
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Part X Balance Sheet

Pai	τχ	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			582,457.	1	781,957.
	2	Savings and temporary cash investments			1,185,547.	2	1,913,770.
	3	Pledges and grants receivable, net			744,181.	3	1,577,630.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti					
δī		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			29,725.	9	19,387
	10a	Land, buildings, and equipment: cost or other	I				
		basis. Complete Part VI of Schedule D	10a	71,577.			
	b		10b	52,075.	19,615.	10c	19,502.
	11	Investments - publicly traded securities			-	11	-
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		17,886.	15	6,300.	
	16	Total assets. Add lines 1 through 15 (must equa		ı	2,579,411.	16	4,318,546
	17	Accounts payable and accrued expenses	66,268.	17	126,684.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former	office				
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		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			66,268.	26	126,684.
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here X and			
es		complete lines 27 through 29, and lines 33 and	d 34.				
S S	27	Unrestricted net assets			1,789,429.	27	1,664,502.
Fund Balances	28	Temporarily restricted net assets			723,714.	28	2,527,360.
Jd.	29			<u></u>		29	
표		Organizations that do not follow SFAS 117 (AS	SC 958	B), check here ▶Ш			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or equ	uipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inc				32	
Z	33	Total net assets or fund balances			2,513,143.	33	4,191,862.
	34	Total liabilities and net assets/fund balances			2,579,411.	34	4,318,546.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,74					
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,05					
3	Revenue less expenses. Subtract line 2 from line 1	3		.,68					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
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		_	6,8	08.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	4	1,19	1,8	62.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
	· · · · · · · · · · · · · · · · · · ·				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
	Act and OMB Circular A-133?	-		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016
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 III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDED CAPACITY-BUILDING SUPPORT TO A TRAUMA COALITION IN CAMDEN, NJ

CALLED THE HEALING 10 TO HELP GROW ITS GOVERNANCE STRUCTURE AND EXPAND

ITS SCOPE OF WORK TO INCLUDE CRIMINAL JUSTICE AND ADDRESSING COMMUNITY

VIOLENCE.

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

THE BOARD RECEIVED, REVIEWED, AND APPROVED THE FORM AT ITS JUNE 25, 2016
BOARD MEETING.

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

ANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR

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 FOR THAT

DECISION.

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

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

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

632211 08-25-16

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

Name of the organization EQUAL JUSTICE USA, INC.	Employer identification number 26-1316408
THE BOARD IN FY08. INDIVIDUAL SALARIES OF ALL STAFF WERE	REVIEWED BY AN
INDEPENDENT ORGANIZATIONAL DEVELOPMENT CONSULTANT IN 2012, AND WERE LAST	
REVIEWED BY THE BOARD IN 2013. EXECUTIVE DIRECTOR SALARY	IS BENCHMARKED
WITH SIMILAR ORGANIZATIONS ANNUALLY BY EITHER THE FULL BO	OARD OR THE
EXECUTIVE COMMITTEE. THE FULL BOARD IN EXECUTIVE SESSION LAST REVIEWED	
EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND ADMINISTRATION SALARY	
BENCHMARKS IN 2016.	_
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK,AL,CT,FL,KS,KY,MA,MD,ME,MN,MO,NC,ND,NH,NJ,NM,NY,OK,OR,PA,RI,SC,TN,UT,VA	
WA, WV, CA, IL, MS, OH, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
WE PROVIDE THESE DOCUMENTS TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	202,490.
MANAGEMENT AND GENERAL EXPENSES	1,186.
FUNDRAISING EXPENSES	5,101.
TOTAL EXPENSES	208,777.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	208,777.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CURRENCY EXCHANGE RATE LOSS ON FOREIGN GRANT	-6,808.