

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2016**

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](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 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  
**81 PROSPECT STREET**  
 City or town, state or province, country, and ZIP or foreign postal code  
**BROOKLYN, NY 11201-8353**

**D** Employer identification number: **26-1316408**

**E** Telephone number: **718-801-8940**

**G** Gross receipts \$: **3,743,148.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.EJUSA.ORG**

**K** Form of organization:  Corporation  Trust  Association  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: <b>TO BUILD A CRIMINAL JUSTICE SYSTEM THAT IS FAIR, EFFECTIVE, AND RESPONSIVE TO EVERYONE IMPACTED</b>		
	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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	19
	6	Total number of volunteers (estimate if necessary)	6	19
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 730,127.	Current Year 3,739,084.
	9	Program service revenue (Part VIII, line 2g)	1,871.	1,566.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,769.	2,498.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	733,917.	3,743,148.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	680,386.	1,521,239.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	1,000.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	263,109.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	192,087.	536,282.
18		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.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year 2,579,411.
	21	Total liabilities (Part X, line 26)	66,268.	126,684.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,513,143.	4,191,862.

**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: *[Signature]* Date: **10/5/17**  
**SHARI SILBERSTEIN, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **MARTIN BERKOWITZ** Preparer's signature: *[Signature]* Date: **10/4/17** Check if self-employed:  PTIN: **P00154047**  
 Firm's name: **LUTZ AND CARR, CPAS LLP** Firm's EIN: **13-1655065**  
 Firm's address: **551 FIFTH AVENUE, SUITE 400**  
**NEW YORK, NY 10176** 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 or note to any line in this Part III [X]

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 [X] No

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

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

4a (Code: ) (Expenses \$ 1,250,557. including grants of \$ 100. ) (Revenue \$ 1,566. ) 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.

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

4e Total program service expenses 1,707,343.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes/No columns.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	



Part 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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes rows for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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.
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, 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.

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	2.00	X		X				0.	0.	0.
(3) JESSELYN MCCURDY SECRETARY	2.00	X		X				0.	0.	0.
(4) JONATHAN GRADESS DIRECTOR	2.00	X						0.	0.	0.
(5) RICHARD SCHRADER DIRECTOR	2.00	X						0.	0.	0.
(6) LISA GOOD DIRECTOR	2.00	X						0.	0.	0.
(7) JAMES QUEEN DIRECTOR	2.00	X						0.	0.	0.
(8) SONYA SHAH DIRECTOR	2.00	X						0.	0.	0.
(9) URSULA BENTELE DIRECTOR	2.00	X						0.	0.	0.
(10) SHARI SILBERSTEIN EXECUTIVE DIRECTOR	57.00			X				118,539.	0.	12,636.
(11) LAURA PORTER DIRECTOR OF CAMPAIGNS & ST	46.00					X		108,681.	0.	8,789.





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,739,084.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		35,083.				
	<b>h Total.</b> Add lines 1a-1f .....			3,739,084.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>STIPENDS &amp; HONORARIUMS</u> .....	<b>Business Code</b>	900099	1,566.	1,566.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,566.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,498.			2,498.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			3,743,148.	1,566.	0.	2,498.	

**Part IX Statement of Functional Expenses**

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

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

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 domestic organizations 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 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	131,176.	80,148.	8,658.	42,370.
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	1,107,627.	935,994.	25,559.	146,074.
8 Pension plan accruals and contributions (include 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):				
a Management				
b Legal	7,900.		7,900.	
c Accounting	16,336.		16,336.	
d Lobbying				
e 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.
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				
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 O.)				
a <b>OTHER EXPENSES</b>	45,483.	31,054.	10,867.	3,562.
b				
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,057,621.	1,707,343.	87,169.	263,109.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	582,457.	<b>1</b>	781,957.
	<b>2</b> Savings and temporary cash investments .....	1,185,547.	<b>2</b>	1,913,770.
	<b>3</b> Pledges and grants receivable, net .....	744,181.	<b>3</b>	1,577,630.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	29,725.	<b>9</b>	19,387.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 71,577.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 52,075.	19,615.	<b>10c</b> 19,502.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	17,886.	<b>15</b>	6,300.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,579,411.	<b>16</b>	4,318,546.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	66,268.	<b>17</b>	126,684.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	66,268.	<b>26</b>	126,684.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,789,429.	<b>27</b>	1,664,502.
	<b>28</b> Temporarily restricted net assets .....	723,714.	<b>28</b>	2,527,360.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,513,143.	<b>33</b>	4,191,862.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,579,411.	<b>34</b>	4,318,546.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,743,148.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,057,621.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,685,527.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,513,143.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-6,808.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,191,862.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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
<b>b</b> 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	
<b>c</b> 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	
<b>3a</b> 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
<b>b</b> 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 (2016)

**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.

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

OMB No. 1545-0047

**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:

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

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

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

Name of the organization

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 BOARD 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.
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