Form 990		90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (c		OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service			Do not enter social security numbers on this form as it may b	•	Open to Public		
-			Information about Form 990 and its instructions is at www ar year, or tax year beginning JUL 1, 2014 and ending	<u>JUN 30, 2015</u>	Inspection		
B	Check if	C Name of	organization	D Employer identif	,,,,,,, _		
÷	applicable:	-					
	Addrese Change Name		L JUSTICE USA, INC.		216400		
	_]change '''Ikvitial _}return		Isiness as and street (or P.O. box if mail is not delivered to street address) Room/sul		316408		
	Final		AY STREET 808		-801-8940		
	termin- ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,908,124.		
	Amende Irelian	DAOO	KLYN, NY 11201-8353	H(a) Is this a group r			
L	tion pending		nd address of principal officer: SHARI SILBERSTEIN Y ST, BROOKLYN, NY 11201	for subordinate	· · · · · · · · · · · · · · · · · · ·		
1 -	Гах-ехе		and the second se		included? Yes No		
			EJUSA.ORG	H(c) Group exemption			
			X Corporation Trust Association Other ► L Ye		M State of legal domicile; NY		
P	and the second	Summary			110m T OD		
ő	1 8	Briefly describ	e the organization's mission or most significant activities: TO BUILD THAT IS FAIR, EFFECTIVE, AND RESPONSIV	A CRIMINAL J	USTICE IE IMPACTED		
Activities & Governance	. –		If the organization discontinued its operations or disposed of model				
(avo			ing members of the governing body (Part V), line 1a)	3	8		
ত জ	4 N	lumber of ind	ependent voting members of the governing body (Part VI, line 1b)		8		
es	5 T	otal number o	of individuals employed in calendar year 2014 (Part V, line 2a)		15		
ivîti	6 T	otal number o	of volunteers (estimate if necessary)	6	15		
Act	1		I business revenue from Part VIII, column (C), line 12		0.		
	bN	let unrelated	pusiness taxable income from Form 990-7, line 34				
			and manufa (Dauk) (III) (Inc. 11)	Prior Year 1,509,388.	Current Year 1,901,609.		
ant			and grants (Part VIII, line 1h)	1,000.	1,900.		
Revenue		~	e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)	1,883.	2,617.		
Ř			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23.	1,998.		
	1	otal revenue	1,512,294.	1,908,124.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	250.	230.		
	14 B	lenefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.		
\$ 0	1	,	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,187,071.	1,202,457.		
sesuedx			ndraising fees (Part IX, column (A), line 11e)	33,750.	3,750.		
ġ.	1		ng expenses (Part IX, column (D), line 25) ►221,920.	201 750	353,220.		
			s (Part IX, column (A), lines 11a-11d, 11f-24e)	291,758. 1,512,829.	1,559,657.		
	1	•	Add lines 13-17 (must equal Part IX, column (A), line 25)		348,467.		
28		evenue less e	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20 T	otal accete (P	art X, line 16)	2,373,663.	2,720,706.		
Ass	21 T	•	(Part X, line 26)	69,381.	67,957.		
Fund	22 N		und balances. Subtract line 21 from line 20	2,304,282.	2,652,749.		
Pa	art II	Signature	Block				
Und	er penalti	ies of perjury, I	declare that I have examined this return, including accompanying schedules and state	ments, and to the best of in	ry knowledge and belief, it is		
true,	correct,	and complete	Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	12		
		Signature	The second secon	Date	<u>כי</u>		
Sig		, .	I SILBERSTEIN, EXECUTIVE DIRECTOR				
Her	e		int name and tille				
		Print/Type prep	arer's name Preparer's signature	Date Check	PTIN		
Paic			BERKOWITZ	11 2-115 sell-empio	P00154047		
		Firm's name	LUTZ AND CARR, CPAS LLP	Firm's EIN 🕨	13-1655065		
Use	Only 1	Firm's address	300 EAST 42ND STREET		n can anno		
			NEW YORK, NY 10017	Phone no.212-697-2299			
May the IRS discuss this feture with the preparer shown above, doe instructional							
4.320	01 11-07	-14 LHA F	or Paperwork Reduction Act Notice, see the separate instructions. DULE O FOR ORGANIZATION MISSION STATEM		Form 990 (2014)		
	SE	SE SCHE	DUFE A LAK ARGAMITATION MISSION DIVISI				

Form	990 (2014) EQUAL JUSTICE USA, INC. 26-1316408 Page 2
	t 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
-	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.
	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 \$ 1,214,951. including grants of \$ 230.) (Revenue \$ 1,900.
	DEATH PENALTY PROGRAM: PROVIDED THOUSANDS OF HOURS OF FREE CONSULTING, CAPACITY BUILDING, & ORGANIZING SUPPORT TO ORGANIZATIONS IN 34 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 COMMUNITIES OF COLOR,
	SPEAKING AT NUMEROUS NATIONAL CONFERENCES, DEVELOPING EDUCATIONAL
	MATERIALS, CONDUCTING TRAININGS, AND GENERATING MEDIA ABOUT THE FLAWS
	OF THE DEATH PENALTY.
41-	(Code:) (Expenses \$ 53,738 · including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$S, 7,38. including grants of \$) (Revenue \$] (Revenue \$) (Revenue
	CRIME SURVIVORS, ESPECIALLY IN UNDERSERVED COMMUNITIES WHERE PEOPLE ARE
	MORE LIKELY TO BE VICTIMS OF VIOLENCE AND LEAST LIKELY TO ACCESS
	SERVICES. OUR MAIN PROJECTS THIS YEAR WERE 1) ASSISTED CRIME SURVIVORS
	IN MARYLAND AND PENNSYLVANIA WORKING TO IMPROVE THE AVAILABILITY OF
	SERVICES FOR FAMILIES OF HOMICIDE VICTIMS, 2) TRAINED SEVERAL CRIMINAL
	JUSTICE REFORM ORGANIZATIONS ON HOW TO COLLABORATE WITH CRIME
	SURVIVORS, 3) CO-PRODUCED THE REPORT, "BRIDGING THE DIVIDE: A NEW PARADIGM FOR ADDRESSING CRIME, SAFETY, AND VICTIMIZATION," AND 4) WROTE
	OR SPARKED MEDIA COVERAGE OF THE NEED TO ADDRESS TRAUMA AND IMPROVE
	VICTIMS SERVICES AS PART OF A JUSTICE REFORM AGENDA.
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 🕨	1,268,689.								
				Form 990 (2014)						
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Form	aan	(2014)	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		- 23
10	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		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV.	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	16		<u> </u>
17	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	– "		<u> </u>
10	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? <i>If</i> "Yes,"	- 15		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

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EQUAL JUSTICE USA, INC.

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? 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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

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Form	990 (2014) EQUAL JUSTICE USA, INC. 26-1316	408	Р	age 5
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).	_		x
	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?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2014)

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11-07-14	

Form 990 (2014

EQUAL JUSTICE USA, INC.

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

X

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.

1-	Enter the number of veting members of the governing body of the and of the tax very	4-	8	2	Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	, c	2						
	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	8	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations			-						
-	officer, director, trustee, or key employee?									
3										
-	of officers, directors, or trustees, or key employees to a management company or other person?									
4										
5										
6										
7a										
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockhold	lers, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear by the f	ollowing:							
а	The governing body?			8a	Х					
	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 r	eached at	the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue C	Code.)							
					Yes	N				
0a	Did the organization have local chapters, branches, or affiliates?			10a		Σ				
b	If "Yes," did the organization have written policies and procedures governing the activities of such									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before	filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
				12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If in Schedule O how this was done</i>			12c	х					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and appro									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		spondon							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	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 arrang	ement with	na							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-	-							
	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	0								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		n 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (expla		,							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of i	nterest policy, an	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 b JASON ZAHORCHAK - $718-801-8943$	books and	records:							
	20 JAY STREET, SUITE 808, BROOKLYN, NY 11201									
32006	3 11-07-14			Form	990	(20				
	6			. 5111		,_0				
51	014 759420 6619 2014.04020 EQUAL JUSTICE	USA.	INC.	661	9					

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

Т

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)	(B)				C)			(D)	(E)	(F)		
Name and Title	Average	(da		Pos	ition) than		Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the		
	related	stee c	ustee			en sa		(W-2/1099-MISC)		organization		
	organizations	al trus	nal tr		loyee	e omp				and related		
	below	Individual trustee or director	Institutional trustee	cer	Key employee	hest (oloye	Former			organizations		
	line)	Indi	Inst	Officer	Key	Highest compensated employee	For					
(1) EUNICE TIMONEY RAVENNA	5.00											
CHAIR		X		X				0.	0.	0.		
(2) JANE HENDERSON	2.00											
TREASURER		x		x				0.	0.	0.		
(3) JESSELYN MCCURDY	2.00											
DIRECTOR		x		x				0.	0.	0.		
(4) JOHNATHAN GRADESS	2.00							0.	••	••		
· - , · · · · · · · · · · · · · · · · ·	2.00	x						0.	0.	0.		
DIRECTOR		^						0.	0.	0.		
(5) RICHARD SCHRADER	2.00								•	•		
DIRECTOR		X						0.	0.	0.		
(6) LISA GOOD	2.00											
DIRECTOR		X						0.	0.	0.		
(7) JAMES QUEEN	2.00											
DIRECTOR		X						0.	0.	0.		
(8) SONYA SHAH	2.00											
DIRECTOR		x						0.	0.	0.		
(9) SHARI SILBERSTEIN	53.00							•••	•••			
EXECUTIVE DIRECTOR	55.00			x				107,435.	0.	16,765.		
(10) LAURA PORTER	48.00							107,433.	•	10,705.		
	40.00					x		101 500	0.	7 964		
DIRECTOR OF CAMPAIGNS & STRATEGY						Ā		101,500.	0.	7,864.		
				-								
		-										
		<u> </u>		<u> </u>								
		-										
		1										
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer (do not check more than one box, unless person is both an officer (employae employae e		(D) (E) Reportable Reporta compensation compens from from rela		ole Estir ation amo ted ot		(F) timate nount other	of				
	(list any hours for related organizations below line)			the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fr org and	pensa om th anizat d relat anizati	e ion ed				
1b. Sub-total								208,935.		0.	2	4,6	29.
1b Sub-total 208,935. c Total from continuation sheets to Part VII, Section A 0.							0.			0.			
d Total (add lines 1b and 1c)				<u></u>				208,935.		0.	2	4,6	29.
2 Total number of individuals (including bu compensation from the organization	t not limited to th	nose	liste	ed at	oove	e) wh	io r	eceived more than \$100),000 of reportab	le			2
3 Did the organization list any former offic				-	•	•		•			_	Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i> 4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	n and	d ot		the organization		3		X
5 Did any person listed on line 1a receive of						X X							
rendered to the organization? <i>If</i> "Yes," consection B. Independent Contractors	omplete Schedul	eJt	or si	ucn p	pers	son .	<u></u>	<u></u>			5		л
1 Complete this table for your five highest										npens	ation f	rom	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)					(C)								
Name and business address NONE Description of services Compensation								n					
							_						
							_						
							-						
2 Total number of independent contractors \$100,000 of compensation from the orga		not lii	mite	d to		se lis D	stec	d above) who received m	nore than				
432008 11-07-14	unzation 📂					<u> </u>					Form	990 (2014)

Form 990 (2014) EQUAL JUSTICE USA, INC.							26-1316	408 Page 9	
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) (B) (C) (D) (D) (D) (D)									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
nts nts	1	а	Federated campaigns 1a						
Gra			Membership dues 1b		-				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c		-				
			Related organizations 1d		-				
			Government grants (contributions) 1e		-				
her		Т	All other contributions, gifts, grants, and similar amounts not included above 1f 1 ,	901,609.					
i d ti		a	Noncash contributions included in lines 1a-1f: \$	299.	-				
and			Total. Add lines 1a-1f	►	1,901,609.				
				Business Code					
e	2	а	STIPENDS & HONORARIUMS	900099	1,900.	1,900.			
ervi		b							
ven Ven		С							
Program Service Revenue		d							
Pro		e f	All other program service revenue						
			Total. Add lines 2a-2f		1,900.				
	3		Investment income (including dividends, intere						
			other similar amounts)		2,617.			2,617.	
	4		Income from investment of tax-exempt bond p						
	5		Royalties						
	~	_	(i) Real	(ii) Personal	-				
	0		Gross rents						
			Rental income or (loss)						
			Net rental income or (loss)	>					
	7		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) Net gain or (loss)						
•	8		Gross income from fundraising events (not						
Other Revenue			including \$ of						
Seve			contributions reported on line 1c). See						
ler F			Part IV, line 18 a						
Ğ			Less: direct expenses b						
	•			>					
	9	a	Gross income from gaming activities. See Part IV, line 19 a						
		b	Less: direct expenses b						
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			and allowances a						
			Less: cost of goods sold b						
		С	Net income or (loss) from sales of inventory	· · · · ·					
ŀ	11	а	NTGODI I ANDOLIG	Business Code 900099	1,998.			1,998.	
		a b			_,,,,,,			_,,,,,,,,	
		С							
			All other revenue						
			Total. Add lines 11a-11d		1,998.	1 000			
43200 11-07-	12 9		Total revenue. See instructions.	►	1,908,124.	1,900.	0.	4 ,615. Form 990 (2014)	
11-07-	14				9			(2014)	

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Part IX Statement of Functional Expenses

EQUAL JUSTICE USA, INC.

	Check if Schedule O contains a respons	<u> </u>			
	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				
	and domestic governments. See Part IV, line 21	230.	230.		
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,	126 092	75,725.	15,418.	34,940
_	trustees, and key employees	126,083.	/5,/25.	15,410.	54,940
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	857,179.	725,113.	6,832.	125,234
7	Other salaries and wages	057,179.	723,113.	0,052.	123,234
8	Pension plan accruals and contributions (include	38,002.	31,955.	1,300.	1 717
~	section 401(k) and 403(b) employer contributions)	102,636.	86,348.	3,496.	<u>4,747</u> 12,792
9 10	Other employee benefits	78,557.	63,901.	3,478.	11,178
10	Payroll taxes	10,557.	05,501.	5, 10.	11,170
11	Fees for services (non-employees):				
a h	E	6,755.		6,755.	
b	6 H	18,632.	5,513.	12,854.	265
	Accounting	10,0021	5,515.	12/0311	
u e	Lobbying Professional fundraising services. See Part IV, line 17	3,750.			3,750
f	Investment management fees	577501			57750
g					
Э	column (A) amount, list line 11g expenses on Sch O.)	123,282.	119,496.	101.	3,685
12	Advertising and promotion				-,
13	Office expenses	33,865.	19,745.	1,851.	12,269
14	Information technology			,	,
15	Royalties				
16	Occupancy	39,920.	32,473.	1,767.	5,680
17	Travel	78,765.	71,909.	4,813.	2,043
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,253.	15,632.	1,164.	1,457
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,738.	3,854.	210.	674
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	29,010.	16,795.	9,009.	3,206
b			-		
с					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,559,657.	1,268,689.	69,048.	221,920
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)				

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EQUAL JUSTICE USA, INC.

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Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any lin	e in this Part X			L
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			435,412.	1	432,495
2	Savings and temporary cash investments			1,229,810.	2	1,244,250
3	Pledges and grants receivable, net		649,629.	3	981,549	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for				-	
	trustees, key employees, and highest compens					
	Part II of Schedule L		5			
6	Loans and other receivables from other disgual				-	
	section 4958(f)(1)), persons described in section	•				
	employers and sponsoring organizations of sec					
	employees' beneficiary organizations (see instr)				6	
7	Notes and loans receivable, net				7	
8					8	
9	Inventories for sale or use			26,185.	9	23,73
	Prepaid expenses and deferred charges		·····	20,103.	9	25,15
108	a Land, buildings, and equipment: cost or other	10-	92,030.			
	basis. Complete Part VI of Schedule D		71,239.	14,741.	10-	20,79
	Less: accumulated depreciation		,	14,/41•	10c	20,19
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line		F		12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets	17 006	14	17 00		
15	Other assets. See Part IV, line 11			17,886. 2,373,663.	15	17,88
16	Total assets. Add lines 1 through 15 (must equ			16	2,720,70 67,95	
17	Accounts payable and accrued expenses		69,381.	17	د و, ۱ ه	
18	Grants payable				18	
19	Deferred revenue				19	<u> </u>
20	Tax-exempt bond liabilities				20	<u> </u>
21	Escrow or custodial account liability. Complete	Part IV of S	chedule D		21	
22	Loans and other payables to current and forme					
	key employees, highest compensated employe					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel	ated third p	arties		23	
24	Unsecured notes and loans payable to unrelate	d third part	ies		24	
25	Other liabilities (including federal income tax, pa	yables to re	elated third			
	parties, and other liabilities not included on line					
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			69,381.	26	67,95
	Organizations that follow SFAS 117 (ASC 958	3), check he	ere▶ 🛛 and			
	complete lines 27 through 29, and lines 33 ar	nd 34.				
27	Unrestricted net assets			1,504,073.	27	1,675,74
28	Temporarily restricted net assets			800,209.	28	977,00
29	Permanently restricted net assets		<u></u>		29	
	Organizations that do not follow SFAS 117 (A	SC 958), cl	heck here 🕨 🗌			
	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 ea				31	
32	Retained earnings, endowment, accumulated ir				32	
33	Total net assets or fund balances		F	2,304,282.	33	2,652,74
34	Total liabilities and net assets/fund balances			2,373,663.	34	2,720,70
				, - : - ; - : - : - :	51	Form 990 (2

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Form 990 (2014)
Part X Balance Sheet

	990 (2014) EQUAL JUSTICE USA, INC.	26 - 13	16408	Paç	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			1 0 0 1	~ 4	~ 4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,90				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,55				
3	Revenue less expenses. Subtract line 2 from line 1	3			67.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,304	4,2	82.		
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	2,652	2,7	49.		
Part 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	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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 separat	te basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c 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?							
	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.						
3a	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?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L		

Form **990** (2014)

432012 11-07-14

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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/form.990



OMB No. 1545-0047

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EQUAL JUSTICE USA, INC.

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 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:

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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 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. THE EXECUTIVE COMMITTEE ALSO REVIEWED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

2014.04020 EQUAL JUSTICE USA, INC.

Schedule O (Form 990 or 990-EZ) (2014) Page 2							
Name of the organization EQUAL JUSTICE USA, INC.	Employer identification number $26-1316408$						

EXECUTIVE DIRECTOR COMPENSATION FOR SIMILAR ORGANIZATIONS IN 2014, AND THE FULL BOARD DID SO IN EXECUTIVE SESSION IN 2015.

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

FORM 990, PART VI, SECTION C, LINE 19:

WE PROVIDE THESE DOCUMENTS TO THE PUBLIC UPON REQUEST.

432212 08-27-14