Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1 2020 and ending JUN 30, 2021 C Name of organization D Employer identification number Check if applicable: Address change CENTER FOR JUSTICE & ACCOUNTABILITY Name change 94-3299686 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated ONE HALLIDIE PLAZA SUITE 750 415-544-0444 2,228,988. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN FRANCISCO, CA 94102 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CARMEN CHEUNG Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.CJA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1998 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION IS DEDICATED TO Governance DETERRING TORTURE, WAR CRIMES, CRIMES AGAINST HUMANITY AND OTHER if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 13 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) 25 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,675,759 2,096,242. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 50,614 3,873. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,322 121,752. 11 3,740,695 2,221,867. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 415,363. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,193,984. 1,250,336. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 3,375,544. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 381,674. 4,569,528. 2,047,373. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -828,833. 174,494. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 5 **End of Year** 3,227,810 3,129,801. Total assets (Part X, line 16) 527,582 288,117. 21 Total liabilities (Part X, line 26) 三年 2,700,228. 2,841,684. Net assets or fund balances. Subtract line 21 from line 20 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. Carweu Cheyug 05 / 16 / 2022 Signature of officer Sign CARMEN CHEUNG, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JENNIFER BECKER HARRIS JENNIFER BECKER HARRIS 05/16/22 P00183358 Paid Firm's name CLARK NUBER PS 91-1194016 Preparer Firm's EIN ▶ Firm's address 
10900 NE 4TH ST STE 1400 Use Only Phone no. 425-454-4919 BELLEVUE, WA 98004

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2020)

X Yes

No

	Check if Schedule O contains a response or note to any line in this Part III	l
1	Briefly describe the organization's mission:	
	THE CENTER FOR JUSTICE AND ACCOUNTABILITY (CJA) IS AN INTERNATIONAL	_
	HUMAN RIGHTS ORGANIZATION DEDICATED TO DETERRING TORTURE, WAR CRIMES,	_
	CRIMES AGAINST HUMANITY AND OTHER SEVERE HUMAN RIGHTS ABUSES AROUND	_
	THE WORLD THROUGH LITIGATION, POLICY ADVOCACY AND OUTREACH IN PURSUIT	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	í
	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 \$1,458,793. including grants of \$415,363. ) (Revenue \$	,
	CJA IS A LEADING U.SBASED ORGANIZATION WORKING WITH SURVIVORS AND	
	COMMUNITIES IMPACTED BY ATROCITY CRIMES IN SEEKING TRUTH, JUSTICE, AND	
	REDRESS. THROUGH INNOVATIVE HIGH-IMPACT LITIGATION, CJA HAS BROUGHT	
	CASES AGAINST HUMAN RIGHTS VIOLATORS FROM BOSNIA, CAMBODIA, CHILE,	
	CHINA, COLOMBIA, EL SALVADOR, GUATEMALA, HAITI, HONDURAS, INDONESIA,	_
	LIBERIA, PERU, SOMALIA, SRI LANKA, SYRIA AND THE UNITED STATES.	
	ADDITIONALLY, CJA PARTICIPATES IN OTHER CASES OF IMPORTANCE TO THE	
	HUMAN RIGHTS COMMUNITY AS AMICUS CURIAE IN HUMAN RIGHTS CASES IN THE	-
	U.S. AS WELL AS ADVOCACY BEFORE UNITED NATIONS AND REGIONAL HUMAN	-
	RIGHTS BODIES. CJA ALSO SUPPORTS INITIATIVES THAT ADVANCE THE UNITED	-
	STATES GOVERNMENT'S COMMITMENT TO CRIMINALLY PROSECUTE HUMAN RIGHTS	-
	ABUSERS. CJA WORKS ON AN ONGOING BASIS WITH U.S. AND INTERNATIONAL LAW	-
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	,
	(code	
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4c	(Code:) (Expenses \$	,
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		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e	Total program service expenses ▶ 1,458,793.	_

# Form 990 (2020) CENTER FOR JUSTICE & ACCOUNTABILITY 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_	Х	
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			
	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	_		17
_	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	l _		v
_	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			v
_	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,	_		v
_	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? If "Yes," complete	_		v
_	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?			17
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			17
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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			v
	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	۱.,		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			Х
	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
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	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)? If "Yes," complete Schedule E	13	Х	Λ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	- 23	
Ŋ	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			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	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	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>   </del>		
.,		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b> ''		l
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
IJ	,	19		х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	ICINA III II OO II III II II II II II II II I	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	democracy government on that by, columnity y, into it: II fes, complete ochequie I, Parts I and II			

94-3299686

Form 990 (2020) CENTER FOR JUSTICE & ACCOUNTABILITY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
	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		
25 a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M  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? <i>If</i> "Yes," <i>complete</i>			
<b>52</b>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	
Pai	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

94-3299686

Form 990 (2020) CENTER FOR JUSTICE & ACCOUNTABILITY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 13				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х	
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 Advanced in the Financi	ccounts (FBAR).				
			5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X	
	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 the	e organization solicit				
			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۵.			
_	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover	7-	х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes." did the organization notify the donor of the value of the goods or services provided?		7a 7b	X		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e required	76			
·	to file Form 8282?	·	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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:	1 1				
	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:	1 1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441.				
10-	amounts due or received from them.)	11b	10-			
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 ?	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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.		iou			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
			14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?		15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2020) CENTER FOR JUSTICE & ACCOUNTABILITY 94-3299686 Pag
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 12			
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, 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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, ,	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
	The governing body?	00	Х	
a	Each committee with authority to act on behalf of the governing body?	8a 8b	Х	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	ļ	Λ
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the constant of the book o	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	400		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Λ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	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	Х	
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	X	
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?			
	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		Х
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 ▶CA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- /		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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			
	CARMEN CHEUNG - 415-544-0444			
	ONE HALLIDIE PLAZA, SUITE 750, SAN FRANCISCO, CA 94102			

# 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average			Position (do not check more than one				Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		ao	pensa		(W-2/1099-MISC)		organization
	organizations	nal tru	io nal 1		ploye	t com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CARMEN CHEUNG	40.00									
EXECUTIVE DIRECTOR				Х				151,083.	0.	13,701.
(2) JENNIFER RASMUSSEN	40.00									
DEPUTY EXECUTIVE DIRECTOR				Х				142,657.	0.	19,567.
(3) HETAL PATEL	40.00									
DIRECTOR OF FINANCE AND OPERATIONS				Х				108,150.	0.	2,213.
(4) WILLIAM J ACEVES	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) ROBERT FLYNN	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) ROCHELLE KING	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) FARAH BRELVI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) TYLER GIANNINI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) AJAY KRISHNAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MINA TITI LIU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JANE ROCAMORA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIAM F SCHULZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) CAROLINE L SCULLIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BETH VAN SCHAACK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DONNOVAN ANDREWS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) VIJAY PADMANABHAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
										000

032007 12-23-20 Form **990** (2020)

Section A. Officers, Directors, Trus		JIUY	ees,	and	ı mığ	gries	οι <b>C</b>	This area chiployee	<u>&gt; (continued)</u>				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable		<b>I</b>		
	hours per week					s both		compensation	compensatio		l ar	nount	
	(list any					T	.,	from the	from related organization		com	other pensa	
	hours for	direct				,		organization	(W-2/1099-MIS		ı	om th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	,	l	aniza	
	organizations	trust	nal tru		oyee	om pe				and relat		ted	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizat	ions
	line)	Indi	Inst	Officer	Key	Hig	Pu						
							L	401 000				2 5	401
1b Subtotal								401,890.		0.		35,	,481.
c Total from continuation sheets to Part VI										0.		2.5	0.
d Total (add lines 1b and 1c)								401,890.				35,	,481.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	÷			3
compensation from the organization												Yes	No
O Distallar conscionation that you form on affin	-Post-Arm Arman									ſ		162	NO
3 Did the organization list any <b>former</b> officer,	•		•	•	•		•	•	•		_		х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su	•		-						-		4	Х	
and related organizations greater than \$150											4	Λ	
5 Did any person listed on line 1a receive or a											5		x
rendered to the organization?  f "Yes," com	<u>piete Scheaule</u>	9 J T	or su	icn ŗ	oers	on .					3		
Complete this table for your five highest contains the second secon	mnensated ind	lanai	nder	at co	ntra	acto	re th	nat received more than \$	100 000 of com		tion fr		
the organization. Report compensation for										)CI ISAI	tion in	J111	
(A)	ine calcindar ye	oui c	, ruii	19 W	1011	J1 VV1	<u> </u>	(B)	our.		((	<u>.</u> )	
Name and business	address	NOI	NE					Description of s	ervices	С	ompe		n
							_						
							$\neg$						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				(	0							

Form 990 (2020)
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			🔲
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
10.10	4.	- Foderated compaigns 4-					
nts		a Federated campaigns 1a					
يخ و		Membership dues 1b	02.664				
ts,		Fundraising events1c	93,664.				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1d					
ini.	•	e Government grants (contributions)	962,163.				
Ρ̈́	1	f All other contributions, gifts, grants, and					
the the		similar amounts not included above <b>1f</b>	1,040,415.				
들었	9	Noncash contributions included in lines 1a-1f	1,174.				
a So	ı	Total. Add lines 1a-1f		2,096,242.			
			Business Code				
•	2 8	1					
Š							
er ue							
n S		·					
Ja Se	•	d					
Program Service Revenue		·					
Δ.		All other program service revenue					
		Total. Add lines 2a-2f	<b></b>				
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	<b>&gt;</b>	3,873.			3,873.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	•	164.			164.
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a	.,				
		control contro					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	(::) Oth a::				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
e		and sales expenses					
ther Revenue	(	Gain or (loss) <b>7c</b>					
Be		d Net gain or (loss)	<b>&gt;</b>				
ē	8 8	a Gross income from fundraising events (not					
₹		including \$ 93,664. of					
_		contributions reported on line 1c). See					
		Part IV, line 188a	3,186.				
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-3,935.			-3,935.
		a Gross income from gaming activities. See		2,7220			2,233.
	9 6						
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold10b					
	(	Net income or (loss) from sales of inventory	<b>&gt;</b>				
\			Business Code				
snc	11 :	FELLOWSHIP REIMBURSE	900099	125,495.			125,495.
ne The				,			,
Miscellaneous Revenue							
Sc		d All other revenue	900099	28.			28.
Ξ				125,523.			20.
		Total. Add lines 11a-11d		2,221,867.	0.	0.	125,625.
		TOTAL TEVERINE SEE INSURCIOUS					1 140.040.

# 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 respons				
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	415,363.	415,363.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	320,343.	193,516.	83,189.	43,638.
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		732,133.	454,120.	178,221.	99,792.
7	Other salaries and wages	,52,155.	101,120.	1,0,221.	22,122.
8	Pension plan accruals and contributions (include	14,642.	9,082.	3,564.	1 996
^	section 401(k) and 403(b) employer contributions)	107,439.	52,817.	40,044.	1,996. 14,578.
9	Other employee benefits				11,126.
10	Payroll taxes	75,779.	52,053.	12,600.	11,120.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	21,481.		21,481.	
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.)	164,636.	160,630.	4,006.	
12	Advertising and promotion				
13	Office expenses	16,847.	3,859.	8,490.	4,498.
14	Information technology	49,673.	24,943.	9,383.	15,347.
15	Royalties	·	·	,	· ·
16	Occupancy	72,499.	68,664.	3,835.	
17		629.	400.	229.	
18	Payments of travel or entertainment expenses				
10					
40	for any federal, state, or local public officials	70.	70.		
19	Conferences, conventions, and meetings	70.	70.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,662.	3,614.	21,717.	331.
23	Insurance	25,002.	3,014.	21,/1/.	331.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & LICENSES	29,129.	19,662.	6,380.	3,087.
b					
С					
d					
e	All other expenses	1,048.		1,048.	
25	Total functional expenses. Add lines 1 through 24e	2,047,373.	1,458,793.	394,187.	194,393.
26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	, ,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110Wing 50P 98-2 (ASC 956-720)				Form <b>990</b> (2020)

# Form 990 (2020) Part X Balance Sheet

ıa	ILΑ	Check if Schedule O contains a response or	note to any	/ line in this Part X			
		oneon il concadie o containe a response or	note to any	A THIRD IT GIVE X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,371.	1	829,172.
	2	Savings and temporary cash investments		1,410,511.	2	1,729,514.	
	3	Pledges and grants receivable, net	394,179.	3	554,729.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			31,574.	9	1,368.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	55,766.			
	b	Less: accumulated depreciation	10b	55,766.	0.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	0.	12	635.		
	13	Investments - program-related. See Part IV, li	1,253,975.	13	0.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			16,200.	15	14,383.
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	3,227,810.	16	3,129,801.
	17	Accounts payable and accrued expenses			80,696.	17	129,171.
	18	Grants payable			18		
	19	Deferred revenue			257,646.	19	5,119.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of	these perso	ons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	ated third p	arties	189,240.	24	153,827.
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X			
		of Schedule D				25	
	26				527,582.	26	288,117.
(0		Organizations that follow FASB ASC 958,	check here	e • X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			2,149,340.	27	2,330,796.
Ä	28	Net assets with donor restrictions			550,888.	28	510,888.
Ĕ		Organizations that do not follow FASB AS	C 958, che	ck here ▶ 📖			
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o				30	
ţ	31	Retained earnings, endowment, accumulated			0.700.000	31	0.044.604
Š	32	Total net assets or fund balances			2,700,228.	32	2,841,684.
	33	Total liabilities and net assets/fund balances			3,227,810.	33	3,129,801.

Form **990** (2020)

-33,038.

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7 8

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Form	1990 (2020) CENTER FOR JUSTICE & ACCOUNTABILITY	94-3299686	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets		-
	Check if Schedule O contains a response or note to any line in this Part XI		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,221,867.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,047,373.
3	Revenue less expenses. Subtract line 2 from line 1	3	174,494.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,700,228.
5	Net unrealized gains (losses) on investments	5	·

Donated services and use of facilities

Investment expenses

Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)

10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		2	,841,	684.	
Pa	rt XIII 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?						
	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	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 separate	basis	,				
	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 the	audit	,				
	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 on Scho	edule (	o.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit				
	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 required	ed au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X		
				Form	990	(2020)	

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#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection Name of the organization Employer identification number CENTER FOR JUSTICE & ACCOUNTABILITY 94-3299686

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)    A school, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).   A school described in section 170(b)(1)(A)(ii), (Affach Schedule E (Form 990 or 990-EZ), (A)(iii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   A hospital organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).   A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).   A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).   A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.)	Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
A chunch, convention of churches, or association of churches described in acction 170(b)(1)(A)(ii).  A chaptal or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated for conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, only, and state:  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  8 A community that described in section 170(b)(1)(A)(iv). (Complete Part III.)  9 An aganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.)  9 An aganization and section 170(b)(1)(A)(iv). (Complete Part III.)  10 An organization that normally receives (1) more than 33 173% of its support from contributions, membership fees, and gross receipts from activities related to its evempt functions, subject to certain exceptions; and (2) more than 33 173% of its support from contributions, membership fees, and gross receipts from activities related to its evempt functions, subject to certain exceptions; and (2) more than 33 173% of its support from gross investment income and unrelated business taxable income (less section 501(a) to nome than 33 173% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization arter June 30, 1975. See section 509(a)(2). Complete Part III.)  11 An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a	The	organ							
A school described in section 170(b)(1)(A)(ii), (Altan Schedule E (Form 980 or 980 EZ),  A hospitation or cooperative hospital service organization described in section 170(b)(1)(A)(iii),  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III)  An agricultural research organization described in section 170(b)(1)(1)(A)(iv) operated in conjunction with a land-grant college or university:  In An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to ordan exceptions; and (2) no more than 33 1/3% of its support from goss investment income and unrelated business taxabile nome (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organization dand operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization organization operated, supervised, or controlled by its supported organization(s), by polying the supporting organization operated, supervised, or controlled by its supported organization(s), by polying the supported organization operated organization vested in the same persons that control or manage the supporting organization operated in connection with its suppor								I)(A)(i).	
A Anospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  □ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  6 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  7 ☒ An organization manually receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  8 □ A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)  9 □ An agricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part II.)  9 □ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and grant college or university.  10 □ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization arter June 30, 1975. See section 500(a)(2). (Complete Part II.)  11 □ An organization organized and operated exclusively to test for public safety. See section 500(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  12 □ Type 1. A supporting organization or		一						-76-76-7	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).  A norganization that normality receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv). Enter the name, city, and state of the college or university:  10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less searction 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 124 through 12d that describes the type of supporting organization complete Iner 12e, 12f, and 12e, 12f, 12f, 12f, 12f, 12f, 12f, 12f, 12f		Ħ			:			ii).	
city, and state:    An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A normal provide or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:   10		Ħ	·					•	the hospital's name.
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(i)(i). (Complete Part II.)  A dederal, state, or local government or governmental unit described in section 170(b)(1)A(i)(i).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(i)(i). (Complete Part II.)  A nagricultural research organization described in section 170(b)(1)A(i)(i). (Complete Part II.)  A nagricultural research organization described in section 170(b)(1)A(i)(i). Operated in conjunction with a land grant college or university:  In mineral organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from granization adults are all university.  An organization organization activated and perated exclusively to test for public safety. See section 509(a)(4).  An organization organization adults of the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 124 through 126 that describes the type of supporting organization dropplet lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by pixing the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization operated in connection with its supported organization(s) by alwing control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V.  Check this box if th	•			anon operates in ee.	nganionon man a noopha.	4000111004	000110		ine ricepinal e rialite,
section 170(b)(1)(A)(n), (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A origanization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(v). (Described in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions or the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes he type of supporting organization and complete lens 12e, 12f, and 12g.  1 Type I. A supporting organization operated, superv	5			or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  7	3				nege of university owner	or operat	cd by a gc	Werrimental unit describe	5 <b>4</b> III
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  8	6				aantal wait daaaribad in	<del></del>	70/6\/4\/A\	(.)	
section 170(b)(1)(A)(w). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(w). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a		v	•	_					
A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	′	Δ	-	-	ntial part of its support if	om a gove	ernmentai	unit or from the general	oublic described in
An agricultural research organization described in section 170(b)(1)(A)(b) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10	_			•	(4)(A)(1) (O	\			
or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10		Н	•			-			
university:  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.)  11	9		•				-	-	-
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11			· · · · · · · · · · · · · · · · · · ·	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11			· -						
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11	10								
See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization is the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  Dype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated organizations.  G Provide the following information about the supported organizations.  G Provide the following information about the supported organization					•				-
11					(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ifter June 30, 1975.
An organization organizate and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a				•				20( )(4)	
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a		$\mathbb{H}$	-	•	•	•			
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (Nou must complete Part IV, Sections A and B.  D Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  g Provide the following information about the supported organizations.  g Provide the following information about the supported organizations.  (ii) Type of organization in the properties of the	12		-	•	•	-		•	
Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization(s).  w				~					Sheck the box in
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  b			¬	* *			-		ali da a
organization. You must complete Part IV, Sections A and B.  b	•	'		· · · · · · · · · · · · · · · · · · ·	·	•	-		
Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations g Provide the following information about the supported organization (described on lines 1-10 above (see instructions)  (ii) Name of supported (iii) EIN (iiii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed by Oy Amount of monetary support (see instructions) support (see instructions)			• • • •			majority C	n the direc	tors or trustees or the st	apporting
control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  c			¬ ~			ion with it	o oupporto	od organization(s), by bay	ina
organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  E Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  If Enter the number of supported organizations  Ground Type III non-functionally integrated supporting organization.  If Enter the number of supported organizations (described on lines 1-10 above (see instructions))  If Enter the number of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  If Enter the number of supported (iii) EIN (iii) Type of organization (see instructions) (v) Amount of monetary support (see instructions) support (see instructions)		,		•					-
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization (described on lines 1-10 above (see instructions))  (ii) Name of supported (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)			-			arrie perso	iis iiiai co	ntiol of manage the supp	Jorted
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d	,		¬ · · · · · · · · · · · · · · · · · · ·	-		in connect	tion with	and functionally integrate	ad with
d	•	, <u> </u>							od widi,
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e	,		¬ ''		•				zation(s)
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e	•	•						· · · · · · · · · · · · · · · · · · ·	
Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization (described on lines 1-10 above (see instructions))  (ii) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  Yes No (v) Amount of monetary support (see instructions) support (see instructions)			•		• ,	•		•	7011000
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization(s).  (ii) Name of supported organization (described on lines 1-10 above (see instructions))  (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed (iv) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)	-		¬ '	•	-				
g Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-10 above (see instructions))  (ii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed in your governing document?  Yes No  (vi) Amount of monetary support (see instructions) support (see instructions)	-		_					., po ., ., po, ., po	
Provide the following information about the supported (ii) Pin (lii) Type of organization (described on lines 1-10 above (see instructions))   (iv) Is the organization listed in your governing document? Yes   No   (v) Amount of monetary support (see instructions)   (vi) Amount of other support (see instructions)   (vi) Amount of other support (see instructions)   (vi) Amount of monetary support (see instructions)   (vi) Amount of other support (see instructions)   (vi) Amount of monetary support (see instructions)   (vii) Amount of m	ſ	Ente	• •	• •	,				
(ii) Name of supported organization (described on lines 1-10 above (see instructions))  (iii) Type of organization (liv) Is the organization listed in your governing document?  Yes No (v) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)			• • •		ed organization(s).				
organization (described on lines 1-10 above (see instructions))  Yes No support (see instructions) support (see instructions)					(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
			organization					support (see instructions)	support (see instructions)
Total					,				
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# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	814,260.	3,630,925.	1,439,254.	3,154,465.	2,096,242.	11,135,146.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	814,260.	3,630,925.	1,439,254.	3,154,465.	2,096,242.	11,135,146.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						520,818.
	Public support. Subtract line 5 from line 4.						10,614,328.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	814,260.	3,630,925.	1,439,254.	3,154,465.	2,096,242.	11,135,146.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,681.	42,804.	46,808.	50,614.	4,037.	148,944.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	562.	17,407.	17,160.	14,322.	125,551.	175,002.
	<b>Total support.</b> Add lines 7 through 10						11,459,092.
	Gross receipts from related activities,	· · ·				12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
80	organization, check this box and stor						<b>P</b>
	etion C. Computation of Publi			- L (f))			92.63 %
	Public support percentage for 2020 (I					15	70
	Public support percentage from 2019						,,,
102	33 1/3% support test - 2020. If the caten hare. The organization qualifies						<b>.</b> 77
	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2019.</b> If the o		-			or more shock thi	
L							
17-	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances test and if the organization meets the fact	-					
	meets the facts-and-circumstances te						<b>.</b> .
j.		J		, ,,			
Ĺ	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the organization meets the facts-and-circu		•		•		ightharpoonup
1Ω	Private foundation. If the organization					***************************************	<b>-</b>
10	ate roundation. If the organization	an ala not oneon a	00 011 1111 <del>0</del> 10, 108	, 100, 11a, 01 17b	, or look triis bux a	500 111311111011101115	

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	•					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	<u> </u>					
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	: Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019 etion D. Computation of Inves					16	%
	•			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	33 1/3% support tests - 2020. If the						r is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b> f	<b>top here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	rt IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 77 6 6		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	direct	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  The organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		• •			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	super tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
				Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•					
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tne su	upported organization(s).  D. All Type III Supporting Organizations	•		
				Yes	No
4	D:4 th	as a reprinction provide to each of its supported arganizations, but he lost day of the fifth month of the		res	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	_	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	_	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	suppo tion F	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance Test. Annual lines 20 and 26 halour	struction	l ' I	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2-		
L		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL.		
^		activities but for the organization's involvement.	2b		
3		tt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	61		
	ot its:	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3_	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting orga	nization (see	
	instructions).			·	

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	 S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
с	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2016 AMOUNT: \$ 562.
2017 AMOUNT: \$ 17,407.
2018 AMOUNT: \$ 17,160.
2019 AMOUNT: \$ 14,322.
2020 AMOUNT: \$ 28.
FELLOWSHIP REVENUE
2020 AMOUNT: \$ 125,523.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

2020

CENTER FOR JUSTICE & ACCOUNTABILITY

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

\_\_\_

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
	any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

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

	, ,	<u> </u>
Name of organization		Employer identification number
CENTER FOR JUSTICE & ACCOUNT	ABILITY	94-3299686

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 772,923.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CENTER FOR JUSTICE & ACCOUNTABILITY

94-3299686

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of or	rganization			Employer identification number
CENTER F	OR JUSTICE & ACCOUNTABILITY			94-3299686
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of o	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(1) Tanada ada		
_	Transferee's name, address, a	(e) Transfer of g		ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
-		(e) Transfer of g	gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of to	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of o	gift	
	Transferee's name, address, at	nd ZIP + 4	Relationship of t	ransferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR JUSTICE & ACCOUNTABILITY

**Employer identification number** 94 - 3299686

Pai	t I Organizations Maintaining Donor Advise	d Funds or Othe	er Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor ac	lvised funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor advi	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose	conferring	
D :	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization		oly).		
	Preservation of land for public use (for example, recrea	tion or education)		-	important land area
	Protection of natural habitat		Preservation of	of a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the form	of a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a			ure	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		pection, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing con	servation eas	ements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conserva	ation easemer	ts during the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial statem	ents that des	cribes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical	Freasures or O	ther Simils	ιτ Δεερίε
rai	Complete if the organization answered "Yes" on Form	-	rreasures, or O		ii Assets.
	-				
па	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub	•	•		public
	service, provide in Part XIII the text of the footnote to its finar				house the left
D	If the organization elected, as permitted under FASB ASC 95	· ·			
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	nerance of pu	blic service,
	provide the following amounts relating to these items:			_	•
	(i) Revenue included on Form 990, Part VIII, line 1				\$
•					\$
2	If the organization received or held works of art, historical treat			ai gain, provid	9
_	the following amounts required to be reported under FASB A	-			Φ
a	Revenue included on Form 990, Part VIII, line 1				\$
a	Assets included in Form 990, Part X				Φ

chedule [	O (Form 990) 2020 CENTER FOR	JUSTICE & ACCOU	UNTABILITY				94-329	9686	P	age 2
Part III	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	r S	imila	r Assets	(conti		
<b>3</b> Usin	g the organization's acquisition, accession							1		
colle	ection items (check all that apply):		•	-	-					
а	Public exhibition	d	Loan or ex	change program						
b _	Scholarly research	е								
с	Preservation for future generations									
• Prov	ride a description of the organization's co	ollections and explain	n how they further t	he organization's exe	mpt	purpo	se in Part	XIII.		
<b>Duri</b>	ng the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	r ass	ets				
to be	e sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?				Yes		No
art IV	Escrow and Custodial Arrang							line 9, or		
	reported an amount on Form 990, Pai		-							
a Is the	e organization an agent, trustee, custodi	an or other intermed	iary for contributior	s or other assets not	incl	uded				
	orm 990, Part X?							Yes		□No
	es," explain the arrangement in Part XIII									
		•	-					Amour	nt	
<b>c</b> Begi	nning balance					1c				
	tions during the year					1d				
	ibutions during the year					1e				
	ng balance					1f				
	the organization include an amount on Fo							Yes		No
b If "Y	es," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XIII						
art V	Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three	years back	(e) Fou	r years	back
<b>a</b> Begi	nning of year balance								200,	000.
<b>C</b> Ont	tributions									
	investment earnings, gains, and losses									
d Gran	nts or scholarships									
e Othe	er expenditures for facilities									
and	programs								200,	000.
	inistrative expenses									
	of year balance									
Prov	ride the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
a Boar	rd designated or quasi-endowment		%							
<b>)</b> Pern	nanent endowment	<del></del> %	_							
		<del></del> %								
	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
		•	tion that are held a	nd administered for t	he o	rganiz	ation			
a Aret	inere endowment funds not in the bosse	SSIULL OF THE OLGANIZA	tion that are note a							
	there endowment funds not in the posse	ssion of the organiza	tion that are note a	na daministered for t		J			Yes	No
by:	Unrelated organizations	-				J		3a(i)	Yes	No

а	Board designated or quasi-endowment		%
b	Permanent endowment	%	

(i) Unrelated organiza (ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land							
b	Buildings							
С	Leasehold improvements		30,376.	30,376.	0.			
d	Equipment		25,390.	25,390.	0.			
е	Other							
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)							

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CHNTER TOR SOUTH	. a necouninginiii	-	+ 3233000 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or en	d of year market value
ta en	(b) Book value	(c) Method of Valuation: Cost of en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Goo Form Goo, Farry, into To.	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

94-3299686

Part	Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				5,952,733.
				1	5,952,755.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا			
	Net unrealized gains (losses) on investments		3,728,897.	-	
	Donated services and use of facilities		3,720,037.	-	
	Recoveries of prior year grants Other (Describe in Part XIII.)			-	
	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>			2e	3,728,897.
	Subtract line <b>2e</b> from line <b>1</b>			3	2,223,836.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		-1,969.		
	Add lines <b>4a</b> and <b>4b</b>			4c	-1,969.
5				5	2,221,867.
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.  XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	5,811,277.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,728,897.		
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	35,007.		
	Add lines 2a through 2d			2e	3,763,904.
	Subtract line 2e from line 1			3	2,047,373.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c 5	2,047,373.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. : XIII Supplemental Information.	8.)		5	2,047,373.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4: Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X. lir	ne 2: Part XI.
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			.,	,,
		•			
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
EVENT	! EXPENSES	-1,969.			
рарт	XII, LINE 2D - OTHER ADJUSTMENTS:				
	MII, DIND DD OIMM MOODIMANID.				
WRITE	-OFF OF UNCOLLECTIBLE PLEDGES	33.038.			
		, -			
EVENT	EXPENSES	1,969.			
TOTAL	TO SCHEDULE D, PART XII, LINE 2D	35,007.			

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

CENTER FOR JUSTICE & ACCOUNTABILITY 94-3299686

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_\_X Yes \_\_\_\_\_No.

**2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

			an be duplicated if additional space is n		(6) Tatal
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents, and independent contractors	gram services, investments, grants to		for and
	In the region	contractors	recipients located in the region)	of service(s) in the region	investments
		in the region	recorpionis located in the region)	or service(s) in the region	in the region
MIDDLE EAST AND			CDANIES EO DECEDERMES		
	0	0	GRANTS TO RECIPIENTS		252 042
NORTH AFRICA	0	U	LOCATED IN THE REGION		352,843
			GRANTS TO RECIPIENTS		
SOUTH ASIA	0	0	LOCATED IN THE REGION		62,520
EUROPE (INCLUDING				INTERNATIONAL	
ICELAND & GREENLAND)	8	0	PROGRAM SERVICES	CONSULTANTS	90,273
		_		INTERNATIONAL	
NORTH AMERICA	1	0	PROGRAM SERVICES	CONSULTANTS	29,457
MIDDLE EAST AND				INTERNATIONAL	
NORTH AFRICA	2	0	PROGRAM SERVICES	CONSULTANTS	5,200
3 a Subtotal	11	0			540,293
<b>b</b> Total from continuation	0	0			0
sheets to Part I c Totals (add lines 3a					1
and 3b)	11	0			540,293

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

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation (book, FMV,
	and Em (ii applicable)	"	grant	or cash grant	Cash dispursement	assistance	assistance	appraisal, other)
			TO CENTER AROUND					
			INVESTIGATING					
		MIDDLE EAST AND	INTERNATIONAL CRIMES					
		NORTH AFRICA	THAT MAY HAVE BEEN	25,000.	WIRE TRANSFER	0.		
			DEVELOPMENT OF					
			EVIDENCE COLLECTIONS					
		MIDDLE EAST AND	AND POTENTIAL CASE					
		NORTH AFRICA	FILES ON CRIMES	62,500.	WIRE TRANSFER	0.		
			WOMEN FROM BURMA WITH					
			DIVERSE BACKGROUNDS					
			-RELIGION, ETHNICITY,					
		SOUTH ASIA	GENDER, MARITAL	9,000.	WIRE TRANSFER	0.		
			TO DEVELOP CASE FILES	,				
			TO COMBAT IMPUNITY					
			FOR THOSE RESPONSIBLE					
			FOR HUMAN RIGHTS	36 479.	WIRE TRANSFER	0.		
			TO DEVELOP CASE-READY	,				
			FILES ON WAR CRIMES,					
		MIDDLE EAST AND	CRIMES AGAINST					
		NORTH AFRICA	HUMANITY, AND	228 864.	WIRE TRASNFER	0.		
			TO WORK FOR WOMEN'S	,				
			EMPOWERMENT AND					
			ADVANCEMENT OF THE					
		SOUTH ASIA	STATUS OF WOMEN, AND	45,243.	WIRE TRANSFER	0.		
			TO ADVANCE LEGAL	,				
			PROTECTIONS FOR					
			MINORITY WOMEN'S					
		SOUTH ASIA	RIGHTS THROUGH	8 277.	WIRE TRANSFER	0.		
				-,				
			1	1	1			1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<b></b>
3	Enter total number of other organizations or entities	

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2020 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2020

Page 5

#### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: GRANTS TO FOREIGN ORGANIZATIONS ARE MADE PURSUANT TO A USG-APPROVED SUBGRANT WHICH DELINEATES THE INTENDED USE OF THE FUNDS BY THE GRANTEE AND THE SCHEDULE OF PAYMENTS. WHEN REQUIRED, CJA CONDUCTS A RISK ANALYSIS AND MANAGEMENT (RAM) REVIEW OF FOREIGN ORGANIZATION EMPLOYEES. FUNDS ARE DISBURSED ON A DISCIPLINED AND CONTROLLED BASIS EITHER ON ACHIEVEMENT OF MILESTONES (FIXED AMOUNT AWARD OR FAA) OR BY SUBGRANT AGREEMENT AND REQUEST FOR FUNDS ACCOMPANIED BY SUPPORTING DOCUMENTATION OF EXPENSES. STAFF REVIEWS DOCUMENTATION PROVIDED AND WHEN SATISFIED, AUTHORIZES RELEASE OF ADDITIONAL FUNDS. FUNDS MUST BE USED FOR AUTHORIZED PURPOSES. CJA MAINTAINS DETAILED RECORDS OF SUBGRANT FUNDS PAID AND BALANCE REMAINING. IN ADDITION, CJA PERIODICALLY VISITS PROGRAMS IN PROGRESS TO CONDUCT A FIRST-HAND ASSESSMENT THAT FUNDS ARE BEING USED AS INTENDED. PART I, LINE 3: THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR EXPENDITURES. SCHEDULE F, PART IV, LINE 1: THERE WERE TRANSFERS TO FOREIGN CORPORATIONS. BUT THEY WERE NOT OF THE TYPE DESCRIBED IN SECTION 6038B(A)(1)(A), 367(D), OR 367(D) SO NO FORM 926 WAS REQUIRED TO BE FILED.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

Schedule G (Form 990 or 990-EZ) 2020

CENTER FOR	JUSTICE & ACCOUNTABILITY				94	-329968	16
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. For	ກ 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Yes</b> er is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amou to (or reta fundra listed in	ined by) aiser	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>&gt;</b>				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exemp	ot from re	gistration

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through THE UN-GALA col. (c)) (event type) (event type) (total number) 96,850. 96,850. 1 Gross receipts 2 Less: Contributions 93,664. 93,664. 3 Gross income (line 1 minus line 2) .... 3,186. 3,186. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs ..... 7 Food and beverages 8 Entertainment 7,121. 7,121. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 7,121. -3,935. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 CENTER FOR JUSTICE & ACCOUNTABILITY 94-3	29900	Ö	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	s If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided	—		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III. lir	es 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	CENTER FOR JUSTICE	& ACCOUNTABILITY	94-3299686	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (continued)			

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CENTER FOR JUSTICE & ACCOUNTABILITY

Employer identification number 94-3299686

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Deneiits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) CARMEN CHEUNG	(i)	151,083.	0.	0.	3,022.	10,679.	164,784.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0.	
(2) JENNIFER RASMUSSEN	(i)	142,657.	0.	0.	2,856.	16,711.	162,224.	0.	
DEPUTY EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	1.

#### 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

**Employer identification number** Name of the organization CENTER FOR JUSTICE & ACCOUNTABILITY 94-3299686 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEVERE HUMAN RIGHTS ABUSES AROUND THE WORLD THROUGH LITIGATION, POLICY ADVOCACY AND OUTREACH IN PURSUIT OF TRUTH. JUSTICE AND REDRESS FOR VICTIMS AND SURVIVORS. FORM 990, PART I, LINE 6, VOLUNTEERS THE NUMBER OF VOLUNTEERS CONSISTS OF BOARD MEMBERS AND LEGAL & TRANSITIONAL JUSTICE INTERNS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF TRUTH, JUSTICE AND REDRESS FOR VICTIMS AND SURVIVORS, FORM 990. PART III. LINE 4A. PROGRAM SERVICE ACCOMPLISHMENTS: ENFORCEMENT. CJA INTEGRATES OTHER INNOVATIVE STRATEGIES TO HOLD HUMAN RIGHTS ABUSERS ACCOUNTABLE. CJA PAIRS SURVIVOR-CENTERED LITIGATION WITH TRANSITIONAL JUSTICE PROJECTS, IN WHICH CJA WORKS ALONGSIDE LAWYERS AND HUMAN RIGHTS DEFENDERS FROM IMPACTED COMMUNITIES IN JOINT CASE INVESTIGATION AND DEVELOPMENT. CJA ENGAGES IN ADVOCACY TO ENSURE THAT THERE ARE LEGAL REMEDIES TO HOLD HUMAN RIGHTS VIOLATORS ACCOUNTABLE WHEREVER THEY MAY BE FOUND. CJA PARTNERS WITH PRO BONO LAWYERS TO LITIGATE OUR CASES. DURING THE 2020-2021 FISCAL YEAR, CJA'S PRO BONO PARTNERS DONATED SERVICES AND PROFESSIONAL OUT OF POCKET EXPENSES VALUED AT APPROXIMATELY \$3,728,897. CJA ALSO LEVERAGES PARTNERSHIPS WITH LEADING ACADEMIC CENTERS, FORENSIC, MILITARY AND COUNTRY EXPERTS SURVIVOR COALITIONS, MEDICAL PROFESSIONALS, TORTURE TREATMENT CENTERS

Name of the organization  CENTER FOR JUSTICE & ACCOUNTABILITY	Employer identification number 94-3299686
IN INVESTIGATING NEW CASES, ENSURING A SURVIVOR-CENTERED APPROACH TO	
JUSTICE, AND ENGAGING IN TRANSNATIONAL LITIGATION THAT HAS IMPACT IN	
THE COUNTRIES WHERE THE CRIMES ORIGINALLY TOOK PLACE. THE IMPACT OF	
CJA'S WORK CAN BE MEASURED IN AT LEAST FIVE IMPORTANT WAYS:	
1. THE USE OF CJA'S CASES AROUND THE WORLD AS A CATALYST AND SUPPORT	
FOR DOMESTIC ACCOUNTABILITY MOVEMENTS.	
2. THE DEVELOPMENT OF A BODY OF INTERNATIONAL HUMAN RIGHTS	
JURISPRUDENCE.	
3. THE HISTORIC RECORD OF TRUTH OUR CASES CREATE.	_
4. THE THERAPEUTIC BENEFITS THAT SURVIVORS OF GROSS HUMAN RIGHTS ABUSES	
EXPERIENCE AS A RESULT OF PARTICIPATING IN JUSTICE PROCESSES.	
5. THE DOMESTICATION OF INTERNATIONAL HUMAN RIGHTS NORMS IN THE UNITED	
STATES THROUGH CJA'S HUMAN RIGHTS LITIGATION IN U.S. COURTS.	
CJA MADE SIGNIFICANT PROGRESS IN SEVERAL OF ITS CASES BEFORE THE COURTS	
ON ACCOUNTABILITY FOR ATROCITY CRIMES. CJA ALSO FILED BRIEFS AS AMICUS	
CURIAE IN CASES PENDING IN U.S. APPELLATE COURTS. THROUGH ITS CAPACITY	
BUILDING WORK, CJA PROVIDES ADVICE AND ASSISTANCE TO LOCAL LAWYERS AND	
HUMAN RIGHTS DEFENDERS ON COLLECTION, PRESERVATION AND ANALYSIS OF	
EVIDENCE TO ASSIST IN HOLDING PERPETRATORS OF ATROCITY CRIMES	
ACCOUNTABLE. MORE INFORMATION IS AT WWW.CJA.ORG.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF	
THE 990, CJA IS SENT A DRAFT OF THE RETURNS TO BE REVIEWED AND EXAMINED.	
CJA MAKES COPIES OF THE RETURNS AND DISTRIBUTES TO THE EXECUTIVE DIRECTOR,	
DEPUTY EXECUTIVE DIRECTOR, AND THE EXECUTIVE COMMITTEE. AT THAT TIME THEY	_
CAN REVIEW AND, IF APPLICABLE, DISCUSS ANY LINE ITEMS IN THE RETURN WITH	Schodulo O (Form 990 or 990 E7) 2020

Name of the organization  CENTER FOR JUSTICE & ACCOUNTABILITY	Employer identification number 94-3299686
THE ACCOUNTANT WHO HAS PREPARED THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL CJA BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF	
INTEREST (COI) DISCLOSURE ANNUALLY. THE WRITTEN CONFLICT OF INTEREST POLICY	
IS REVIEWED AND A DISCLOSURE STATEMENT MUST BE FILLED OUT AND SIGNED.	
COMPLETED DISCLOSURES ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND FILED WITH	
GOVERNANCE MATERIALS. DETERMINATIONS OF WHETHER A CONFLICT EXISTS ARE MADE	
BY THE BOARD AND ALL POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD. THE	
BOARD SHALL REVIEW ALL CONFLICTS OF INTEREST AND DETERMINE WHAT, IF ANY,	
ACTION SHOULD BE TAKEN TO ADDRESS OR MITIGATE THE COI. THE BOARD SHALL	
REQUIRE THAT ANY RECUSED DIRECTOR, OR ANY OTHER PERSON WITH AN INTEREST IN	
THE COI, LEAVE THE MEETING DURING THE DISCUSSION OF, AND ANY VOTE ON, THE	
COI. AFTER REVIEWING A COI, THE BOARD MAY DETERMINE, BY A MAJORITY VOTE OF	
THE NON-INTERESTED DIRECTORS, TO:	
- APPROVE A TRANSACTION OR ARRANGEMENT SUBJECT TO A COI, BUT ONLY IF THE	
BOARD DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN CJA'S BEST	_
INTERESTS AND FOR ITS OWN BENEFIT; IS FAIR AND REASONABLE TO CJA; AND,	
AFTER EXERCISING DUE DILIGENCE, DETERMINES THAT CJA CANNOT OBTAIN A MORE	
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE	
CIRCUMSTANCES;	
- REQUIRE A CONFLICTED OFFICER, DIRECTOR, OR EMPLOYEE TO BE RECUSED FROM	_
RECEIVING INFORMATION RELATING TO THE COI AND FROM PARTICIPATING IN ANY	
PORTION OF MEETINGS, DECISION-MAKING OR ACTIVITY, RELATING TO THE COI;  - DETERMINE THAT THE COI IS SUCH THAT THE INTERESTS OF CJA ARE BEST SERVED	
THROUGH THE RESIGNATION, REMOVAL, OR TERMINATION OF THE CONFLICTED OFFICER,	
DIRECTOR, OR EMPLOYEE; OR	
- TAKE ANY OTHER ACTION THAT THE BOARD DETERMINES IS NECESSARY OR ADVISABLE	

Name of the organization  CENTER FOR JUSTICE & ACCOUNTABILITY	Employer identification number 94-3299686
TO ADDRESS OR MITIGATE THE COI.	
TO ADDRESS ON MITIGATE THE COT.	-
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS AND IS BASED ON ANALYSIS OF	
COMPARABILITY DATA AND A PERFORMANCE REVIEW CONSISTING OF A SELF-ASSESSMENT	
BY THE EXECUTIVE DIRECTOR, INTERVIEWS WITH STAFF, AND A WRITTEN EVALUATION	
PREPARED BY THE EXECUTIVE COMMITTEE. DELIBERATION AND DECISIONS ABOUT OTHER	
OFFICERS' COMPENSATION ARE MADE BY THE EXECUTIVE DIRECTOR WHO CONSIDERS A	
NUMBER OF FACTORS, INCLUDING CHANGE(S) IN SCOPE OF RESPONSIBILITIES, NGO	
COMPENSATION REPORTS AND OTHER MARKET DATA. THE LAST COMPENSATION REVIEW	
OCCURRED JANUARY 1, 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL	
PLACE OF BUSINESS. THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
I TAMOTHO DITTOLINE IN THE INTERNAL OF ON AUGUST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
WRITE-OFF OF UNCOLLECTIBLE PLEDGES -33,038.	