Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

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

Ilan

Open to Public

		nue Service	► Go to www.irs.gov/Fo	m990EZ for instructio	ns and the la	test informat	ion. \sqrt{V}	. \			
A F	or the	2019 calend	ar year, or tax year beginning	December 1	, 2019,	and ending	Novem	iber 30	, 20 20		
B	Check if ap	pplicable	C Name of organization				D Employe	er identification	number		
	Address o	change Justice First						26-3749211			
\equiv	Name cha	•	Number and street (or P.O box if mail is	not delivered to street addre	ess)	Room/suite	E Telephor	ne number			
=	Initial retu		5614 Connecticut Avenue NW			149		301-447-079	0		
=	retur Amended	m/terminated	City or town, state or province, country, a	ind ZIP or foreign postal co	de	M	F Group E	Exemption			
=		on pending	Washington, DC 20015			119	Numbe	•			
_		ting Method:	☐ Cash ✓ Accrual Other (sp	ecify) ▶		н	Check ▶	f the organ	ization is not		
	Vebsite	•	justicefirst.org					attach Sched			
JT	ax-exen		ck only one) = 501(c)(3) 501(c	c) () ◀ (insert no.) [14947(a)(1) o	527	•	990-EZ, or 99			
			☑ Corporation ☐ Trust	Association	Other		·				
			7b to fine 9 to determine gross receip			nore, or if total	assets				
			500,000 or more, file Form 990 inste	-			▶	¢			
_	art i		e, Expenses, and Changes in				instructio	ons for Part	0		
	.		the organization used Schedule								
	1		ons, gifts, grants, and similar amo		y quodion i	THE COLUMN		<u>, , , , , , , , , , , , , , , , , , , </u>	145,391		
	2		ervice revenue including governm		· · · ·				140,001		
	3		ip dues and assessments				, , , , , , , , , , , , , , , , , , , 	3	······································		
	4	Investmen					· · · —	1			
	5a		ount from sale of assets other than	n inventory	. 5a		· ·	- -			
	Ь		or other basis and sales expense	•				"]			
	c		ss) from sale of assets other than			no 5 n\	5	_			
	6		d fundraising events:	inventory (Subtract in	HONI GC BI	ne saj	· · 3	-			
	a	_	ome from gaming (attach Sch	adula G if greater	than		} -	· 1			
Revenue	a	\$15,000)		· · · · · · ·	. 6a						
ě	b		me from fundraising events (not i			contribution	ıs	1			
8			aising events reported on line 1)				,	·			
! }	l	sum of suc	h gross income and contribution:	s exceeds \$15,000).	- 6ь			İ			
•	С		t expenses from gaming and fund		. 6с			l			
	d		e or (loss) from gaming and fund	draising events (add	lines 6a and	d 6b and sub	otract	_			
	1	line 6c) .					· · 6	d			
	7a	Gross sale	s of inventory, less returns and al	lowances	. 7a						
	b	Less: cost	of goods sold		. 7b						
	С	Gross prof	it or (loss) from sales of inventory	(subtract line 7b from	line 7a) .	<u> </u>	70	c	_		
	8		nue (describe in Schedule O)		REC	EIVED	\ \ E	3			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7			/ L V L L	9)	145,391		
	10	Grants and	similar amounts paid (list in Sch	edule O)	23 . OCT	1 o' obo:	. 8	0			
	11	Benefits pa	ald to or for members			1 2 2021	그었 그	1			
93	12	Salaries, o	ther compensation, and employed	e benefits	[_]	<u> </u>		2	8,845		
Expenses	13	Profession	al fees and other payments to ind	ependent contractor	· OGE	DEN, UT		3	19,878		
g.	14	Occupancy	, rent, utilities, and maintenance	<u>.</u>		JEIV, OI	1	4			
Ω	15	Printing, pi	ublications, postage, and shipping	3			1	5	2,016		
	16	Other expe	nses (describe in Schedule O) .				10	6	45,124		
	17	Total expe	enses. Add lines 10 through 16 .	<u> </u>			. > 1	7	75,863		
- o	18		deficit) for the year (subtract line				18		69,528		
36 t	19		or fund balances at beginning of				with				
Ass	1	end-of-yea	r figure reported on prior year's r	etum)			1	9	29,047		
Net Assets	20	Other char	iges in net assets or fund balance	s (explain in Schedule	∍O)		20				
Z	21		or fund balances at end of year.				. > 2		98,575		
For	Papen		ion Act Notice, see the separate in			No. 10642I			0-EZ (2019)		

Form QQALF7 (2010)

Form	990-EZ (2019)					Page 2
Pa	t II ,Balance Sheets (see the instructions f	for Part II)				***
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	<u></u> . 🗹
	•			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			29,047		95,55
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		📙		24	3,744
25	Total assets			29,047		99,29
26	, , , , , , , , , , , , , , , , , , , ,		L		26	720
27	Net assets or fund balances (line 27 of column Statement of Program Service Accom			29,047	27	98,57
Гаі	t III Statement of Program Service Accom Check if the organization used Schedule	•				Expenses
M/ha		Statement 1 - See Sc		Part III 🗸		uired for section
						c)(3) and 501(c)(4) nizations, optional for
	ribe the organization's program service accomplistes and concise massured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		e services provided	, the number of		•
28	Statement 2 - See Schedule O	<u></u>	······································		-	

	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	28a	26,698
29	Statement 3 - See Schedule O					
				- 4 - 2 - 0 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🟲 🔲	29a	17,061
30	Statement 4 - See Schedule O					
	••••••					
						ŀ
04		includes foreign gra	ints, check here .	▶ ⊔	30a	9,123
31	Other program services (describe in Schedule O)			· · · · · ·	04 -	
22	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra			31a 32	
	List of Officers, Directors, Trustees, and Key					60,541
	Check if the organization used Schedule		•		15ti uC	
	Ondok ii kilo organization adda odnoaale	(b) Áverage	(c) Reportable	(d) Health benefits,	Ť	· · · · ·
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of ther compensation
	• •	devoted to position	(if not paid, enter -0-)	deferred compensation		ther compensation
Sean	Blackmon, President				1	
		2	o		اه	C
Euge	ne Puryear, Secretary				\top	
V		2	0		o	d
Nico	e Roussell, Treasurer					
		4	0		0	0
					4	
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	·····				1	
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			<u> </u>		+-	
					1	

ABO

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . Yes	<u>. L</u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			***
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	No No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
c	Did the organization receive any payments for indoor tanning services during the year?	44c	4000	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	on The Party of the	1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 990-E	7 20	ı Ca								Page 4
(GIII) 030-E	2 (20								Ye	
		e organization engage, directly or in didates for public office? If "Yes," o			on behat	f of or i	n opposi		46	
Part VI	•	Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations		stions 47-49b ar	nd 52, ar	nd con	nplete th	e table	es for li	nes
		50 and 51.								_
×		Check if the organization used Sch	edule O to respond	to any question i	n this Pa	rt VI	<u> </u>	• • •	19-	<u>. L</u>
		e organization engage in lobbying : If "Yes," complete Schedule C, Part		section 501(h) elec	ction in e	ffect d	uring the	1	47 Ye:	s No
-		organization a school as described in		i)? If "Yes," comple	te Sched	ule E		-	48	1
49a D	id th	e organization make any transfers to	an exempt non-cha	ritable related orga	anization'	₹		. [3	19a	1
		s," was the related organization a se				٠			19Ь	1
		lete this table for the organization's yess) who each received more than								
	THIC	yeas, who each received indicate	····	T	<u> </u>	Health b		10, 01110	14016	<u> </u>
	(a) 1	lame and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI)	contrit benefit	outions to plans, a	employee nd deferred		mated am compens	
				,		compens	ation			
				<u> </u>	j)		
									 	
			•							
							 			
					1					
			 	1					•	
51 C	omp	number of other employees paid over lete this table for the organization's 000 of compensation from the organ	s five highest comp		ent contra	actors	who eac	h recei	ved mo	re than
<u></u>		lame and business address of each independ		(b) Type of	service		(c) Compe	nsation	
							······································	,		
					· · · · ·					
									· · · · · · · · · · · · · · · · · · ·	
				-						
d To	otal	number of other independent contra	ctors each receiving	over\$100,000 .	.▶					
		he organization complete Schedu leted Schedule A	le A? Note: All se	ection 501(c)(3) o	rganizatio	ons mu	ust attac	ha .▶⊄	Yes [No
		of perjury, I declare that I have examined this re I complete. Declaration of preparer (other than						nowledge	e and belie	el, it is
	T					10	0/5/2	21		
Sign		Signature of officer				Date	T = T			
Here		Nicole Roussell, Treasurer Type or print name and title	.,,							
	┸,	<u> </u>	Preparer's signature		Date			1 [P]	ΠN	
Paid		Print/Type preparer's name					Check _ self-empk	J if ``	•	
Prepar Use Or	•	Firm's name				Firm'	s EIN ▶			
Cat Ol	· • • •	Park Address S				Dhara				

Firm's address >

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

. P Yes No

Phone no.

SCHEDULE A (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.

OMB No 1545-0047

Open to Public tion. Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Justic	e I							26-37	
Par			Reason for Public Cha						ns.
The o	_		ation is not a private founda		•	-	-	•	\sim
1			hurch, convention of churc						$\langle Y \rangle \langle Y \rangle$
			chool described in section						U/I
			ospital or a cooperative ho						SIN Fatar tha
4	L	-	nedical research organization spital's name, city, and stat	•	onjunction with a nosp	oitai desc	nbea in s	section 170(b)(1)(A)	in, chier the
5	_		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
	_		ction 170(b)(1)(A)(iv). (Com		conege of university		, орогац	d by a government	ar arm accombac
6	Г		ederal, state, or local gover	-	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
			organization that normally						n the general public
			scribed in section 170(b)(1)			_'	•		
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9] An	agricultural research organ	ization described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-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	e than 331/3% of its si	ipport fro	m contri	butions, membership	o fees, and gross
		rec	eipts from activities related port from gross investmen	to its exempt זעו t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	æptions, ie (less si	and (2) no more that ection 511 tax) from	n 33'/3% of its businesses
		acc	uired by the organization a	fter June 30, 197	75. See section 509(a	1)(2). (Cor	nplete Pa	art III.)	
12									
	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		u	Type I. A supporting organization the supported organization						
			supporting organization. Y						000 01 010
b		П	Type II. A supporting orga	•	·			supported organizati	on(s), by having
_			control or management of						
			organization(s). You must				•		
C			Type III functionally integ	rated. A support	ting organization oper	rated in o	onnectio	n with, and function	ally integrated with,
			its supported organization	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d			Type III non-functionally						
			that is not functionally inte						d an attentiveness
			requirement (see instruction	•	•				
е		Ц	Check this box if the organ functionally integrated, or						ii, iype iii
f		-nto	the number of supported	• •	donally integrated sup	oporting (луалиа	ion.	{
			ide the following information		orted organization(s).				· · L
			e of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	•••		•	1	(described on lines 1–10		r governing ment?		other support (see
					above (see instructions))			instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)						 -			
(E)									
Total				THE RESERVE OF			300	1	

instructions .

Part							
	(Complete only if you checked to						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·				
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		,	,		,	
	membership fees received. (Do not include any "unusual grants.")				22.000	445 004	200 750
2	Tax revenues levied for the	2.047	74,682	39,774	38,862	145,391	300,756
2	organization's benefit and either paid	,				ł	
	to or expended on its behalf	1					
3	The value of services or facilities				4		,
	furnished by a governmental unit to the	1				1	
	organization without charge		ļ				
4	Total. Add lines 1 through 3	2,047	74,682	39,774	38,862	145,391	300,756
5	The portion of total contributions by					100	
	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)						17,775
6	Public support. Subtract line 5 from line 4				NAME OF SE		282,981
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,047	74,682	39,774	38,862	145,391	300,756
8	Gross income from interest, dividends,		ļ	,			
	payments received on securities loans,	}]	
	rents, royalties, and income from similar sources	•			!	1	
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.)			Charles in cards a second to vice of	57645-974-1-1 20070L-25570L-254	The production of a regarding and	
11	Total support. Add lines 7 through 10						300,756
12	Gross receipts from related activities, etc				or fifth toy w	12	50,107
13	First five years. If the Form 990 is for the organization, check this box and stop he				, or illulitax yo	ear as a secuo	. (c)(3) . □
Sacti	on C. Computation of Public Suppo			<u> </u>			<u> </u>
14	Public support percentage for 2019 (line			1. column (f))		14	94.08 %
15	Public support percentage from 2018 Sc					15	100.00 %
16a	331/2% support test-2019. If the organ	ization did not	check the box	c on line 13, ar	nd line 14 iš 33	31/3% or more,	check this
	box and stop here. The organization qua						
b	331/a% support test-2018. If the organ						_
	this box and stop here. The organization	•		_			. —
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization means the 'Part VI how the organization meets the 'Part VI how the 'Part						
	organization						
ь	10%-facts-and-circumstances test—2						
U	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances"	test, check	this box and s	stop here.
	Explain in Part VI how the organization is	meets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization				<i>.</i>		🕨 🗀
10	Private foundation of the organization of	id not check a	boy on line 13	169 16h 179	or 17b chec	k this hox and	922

	le A (Form 990 or 990-EZ) 2019				 		Page 3
Part						d ka avalifikk	nder Davil
	(Complete only if you checked the lifthe organization fails to qualify						nuer Part II.
Secti	on A. Public Support	didei die d	313 113100 001	ow, process of	ompicto i ait	11.7	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 /	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	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	·					
8	Add lines 7a and 7b		4				440000000000000000000000000000000000000
	on B. Total Support		,	T	(, , , , , , , , , , , , , , , , , , ,	1 () 2010	1 10 - 1
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		•				
·с 11	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 five years. If the Form 990 is for the organization, check this box and stop he		n's first, secor				
Secti	on C. Computation of Public Suppo					<u> </u>	· · · · <u>-</u>
15	Public support percentage for 2019 (line			13, column (fl)		15	%
16	Public support percentage from 2018 Sc					1	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2019	(line 10c, colu	mn (f), dıvided	-			%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box						
b	331/2% support tests-2018. If the organization 18 is not more than 331/3%, check this						

Part IV Supporting Organizations

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

			nizations

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 (b) and (c) 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.
- 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")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 dotermination 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 (b) and (c) 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?
- 6 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.
- 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).
- B 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 timo 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.
- © 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 III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

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Part	Supporting Organizations (continued)			
		1400 March	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
· a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			7
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	11101		
0000	on or type i dupper ung digunicadente		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1	owa work	Second Second
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1		
	The state of the s	$\neg \neg$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		
Secti	on D. All Type III Supporting Organizations	—	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		105	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	(Alexandre)	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	- P. S.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	101		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	s).
а	☐ 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 government entity			
2	Activities Test. Answer (a) and (b) below.	35, 1972.00	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			2000
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	emanus er	Show and the
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally integrated 509(a)(3) Supporting Org	<u> jan</u>	izations					
	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 complete Sections A through E.						
Section 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	1					
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section BMinimum 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):							
a Average monthly value of securities	1a	ı					
b Average monthly cash balances	1b	,					
c Fair market value of other non-exempt-use assets	10		-				
d Total (add lines 1a, 1b, and 1c)	1d						
e 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 1-1/2% 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 .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C—Distributable Amount		and the second s	Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 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-functional	y in	tegrated Type III supporting	organization (see				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Current Year				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4					
5	Qualified set-aside amounts (prior IRS approval required)				
6	· · · · · · · · · · · · · · · · · · ·				
7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9		1			
10					
10	Line 8 amount divided by line 9 amount		(ii)	(iii)	
Secti	on E—Distribution Allocations (see instructions)	(ī) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
C	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
į	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7:				
<u>a</u>	Applied to underdistributions of prior years		A CONTRACTOR OF THE PROPERTY O		
b	Applied to 2019 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2015				
<u>b</u>	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 0 (Form 990 or 990-EZ)

2.0

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.

OMB No. 1545-0047

Open to Public Inspection

26-3749211

Department of the Treasury Internal Revenue Service Name of the organization

Justice First

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Part I Line 16, Other Expenses: Supplies \$420, Communications \$111, Translation Services \$2109, Direct Program Expenses \$34141,
Web Hosting \$2541, Merchant Processing Fees \$4629, Insurance \$350, Travel \$272, Other Misc. Costs \$551 =\$45124
Part II Line 24, Other Assets: Accounts Receivable \$3376, Prepaid Expenses \$368 =\$3744
Part II Line 24, Liabilities: Accounts Payable \$720
Part III Statement 1 Exempt Purpose: Justice First is dedicated to educating the public about their rights and remedies for social, racial,
economics and political problems that affect the social welfare of individuals, whoe neighborhoods and communities. The
organization's activites are intended to heighten public awareness about a range of social welfare programs, and the remedies
in existence that have been secured by law.
Part III, Line 28 Statement 2: \$26,698
In 2020, Justice First expanded its education efforts to examine the root causes of poverty, inequality and war with the launch of a podcast
is available on multiple online streaming services. The podcast, The Socialist Program, airs three times each week and features guests and
experts on a wide range of topics that are central to social justice issues and movements. The podcast has an ever-widening listenership
with more that 200,000 downloads in its first months.
Part III, Line 29 Statement 3: \$17,061
The Stop Police Terror Project- DC's work at both the community and policy level intensified in 2020. It became deeply involved in mutual
aid efforts, directly supported community members who lost loved ones to police violence, and led protests and advocacy efforts opposing
police terror. Together with other local organizations SPTP-DC mobilized more than 16,000 DC residents who engaged as part of what would
become the Defund MPD coalition. The mutual aid efforts of SPTP-DC support, which include education, food and financial assistance, jail
support and outreach to incarcerated community members, have assisted thousands of DC residents.
Part III, Line 30 Statement 4: \$9,123
The LinkUp project focused on supporting community-led solutions to gentrification and mass incarceration, and providing avenues for
involvement in community organizing work. This took place through events, public advocacy, and development of digital economic justice
tools. The number of people affected by its work in 2020 is approximately 500.
Part III, Line 31 Other Direct Program Costs: Jail Support and Educational Rights Project \$7,659

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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