2017 Exempt Org. Return prepared for:

SOCIAL JUSTICE LEARNING INSTITUTE

600 Centinela Avenue Inglewood, CA 90302

Accuretta, Inc 5900 Sepulveda Blvd Ste 435 Sherman Oaks, CA 91411-2511

ACCURETTA, INC 5900 SEPULVEDA BLVD STE 435 SHERMAN OAKS, CA 91411-2511 (818) 782-1080

May 7, 2019

SOCIAL JUSTICE LEARNING INSTITUTE 600 Centinela Avenue Inglewood, CA 90302

Dear Client:

Your 2017 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2017 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by May 15, 2019. Mail your California payment voucher, Form 3586, on or before May 15, 2019 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by November 15, 2018. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2018 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

| Please be sure to call us if you have any questi |
|--------------------------------------------------|
|--------------------------------------------------|

Sincerely,

Brenda Kommareddy CPA

| 2017 Federal Exempt Organi | zation Tax Su | mmary | Page 1 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-------------------------------------------|
| SOCIAL JUSTICE LEA | RNING INSTITUTE | | 26-3413373 |
| REVENUE | 2017 | 2016 | Diff |
| Contributions and grants | 2,036,845 29,508 | 1,804,831 8,458 | 232,014 21,050 |
| Total revenue | 2,066,353 | 1,813,289 | 253,064 |
| EXPENSES Salaries, other compen., emp. benefits Other expenses | 892,679 957,723 | 584,958 691,867 | 307,721 265,856 |
| Total expenses | 1,850,402 | 1,276,825 | 573,577 |
| NET ASSETS OR FUND BALANCES Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets/fund balances at end of year. | 215,951 1,354,565 37,626 1,316,939 | 536,464 1,097,455 104,156 993,299 | -320,513 257,110 -66,530 323,640 |

| 2017 California 199 T | ax Summary | | Page 1 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| SOCIAL JUSTICE LEA | RNING INSTITUTE | | 26-3413373 |
| DEVENUE | 2017 | 2016 | Diff |
| REVENUE Other incomeGross contributions, gifts, & grants | 29,508 2,036,845 | 17,506 1,804,831 | 12,002 232,014 |
| Cost or other basis of assets sold | 0 | 9,048 | -9,048 |
| Total income | 2,066,353 | 1,813,289 | 253,064 |
| EXPENSES AND DISBURSEMENTS Compensation of officers, etc. Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion. Other deductions. | 107,665 663,953 1,992 67,561 47,969 15,974 945,288 | 100,717 424,474 10,157 46,389 44,460 15,646 634,982 | 6,948 239,479 -8,165 21,172 3,509 328 310,306 |
| Total deductions | 1,850,402 | 1,276,825 | 573,577 |
| Excess of receipts over disbursements | 215,951 | 536,464 | -320,513 |
| FILING FEE Filing fee | 10 10 | 10 10 | 0 × 0 |

| 6/30/18 | | 20 | 2017 Fec | leral | Воо | k Dep | Federal Book Depreciation Schedule | ion Sc | hedu | <u>e</u> | | | | Page |
|----------------------------------|------------------|--------------|-----------------|-------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|----------------|----------------|----------|------------|------------------|
| | | | Ñ | OCIAL | JUSTI | CE LEA | SOCIAL JUSTICE LEARNING INSTITUTE | NSTITUI | Ы | | | | | 26-3413373 |
| . No Description | Date Acquired | Date Sold | Cost/ Basis. | Bus. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | Life, Rate | Current Depr. |
| 990/990-PF | | | | | | | | | | | | | | |
| Auto / Transport Equipment | | | | | | | | | | | | | | |
| 3 VEHICLE | 12/15/14 | | 5,500 | | | | | | | 5,500 | 3,916 | 200DB HY | 5 .11520 | 20 634 |
| 4 VEHICLE | 1/29/15 | | 13,569 | | | | | | | 13,569 | 9,661 | 200DB HY | 5 .11520 | |
| 20 DODGE TRUCK | 6/15/18 | ' | 24,839 | I | | İ | | | | 24,839 | | 200DB MQ | 5 .05000 | 1,242 |
| Total Auto / Transport Equipment | | | 43,908 | | 0 | 0 | 0 | 0 | 0 | 43,908 | 13,577 | | | 3,439 |
| Improvements | | | | | | | | | | | | | | |
| 1 LEASEHOLD IMPROVEMENTS | 7/01/14 | | 112,804 | | | | | | | 112,804 | 26,001 | 150DB HY | 15 .07700 | 989'8 00 |
| | 8/10/14 | ' | 2,267 | 1 | | | | | | 2,267 | 522 | 150DB HY | | |
| Total Improvements | | | 115,071 | ı | 0 | 0 | 0 | 0 | 0 | 115,071 | 26,523 | | | 8,861 |
| Machinery and Equipment | | | | | | | | | | | | | | |
| 5 EQUIPMENT | 7/24/15 | | 131 | | | | | | | 131 | 51 | 200DB HY | 7 .17490 | 90 23 |
| 6 EQUIPMENT | 11/16/15 | | 365 | | | | | | | 365 | 141 | 200DB HY | 7 .17490 | 90 64 |
| 7 EQUIPMENT | 4/26/16 | | 334 | | | | | | | 334 | 130 | 200DB HY | 7 .17490 | 90 28 |
| 8 EQUIPMENT | 7/20/15 | | 2,835 | | | | | | | 2,835 | 1,099 | 200DB HY | 7 .17490 | |
| | 2/05/16 | | 1,190 | | | | | | | 1,190 | 461 | 200DB HY | 7 .17490 | 90 208 |
| 10 AFFLE | 7/20/15 | | 2 14 | | | | | | | 3 14 | 72 | 200DB HY | 7 17490 | |
| | 1/25/16 | | 519 | | | | | | | 519 | 201 | 200DB HY | 7 .17490 | |
| 13 APPLE | 5/20/16 | | 969 | | | | | | | 969 | 569 | 200DB HY | 7 .17490 | 90 122 |
| 14 EQUIPMENT | 7/15/15 | | 807 | | | | | | | 807 | 313 | 200DB HY | 7 .17490 | 90 141 |
| 15 EQUIPMENT | 7/20/15 | | 200 | | | | | | | 200 | 78 | 200DB HY | 7 .17490 | 90 35 |
| | | | | | | | | | | | | | , | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| 6/30/18 | | 2(| 2017 Fe | deral | Воо | k Der | Federal Book Depreciation Schedule | ion S | chedu | e | | | | <u> </u> ~ | Page 2 |
|-------------------------------|------------------|--------------|----------------|-------|---------------------|----------------------------|--------------------------------------|----------------------------|------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|------------|------------------|
| | | | S | OCIAL | JUST | CE LEA | SOCIAL JUSTICE LEARNING INSTITUTE | VSTITU | 旦 | | | | | 26-3 | 26-3413373 |
| No. Description | Date Acquired | Date Sold | Cost/ Basis | Bus. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | eji – R | Rate C | Current Depr. |
| 16 EQUIPMENT | 12/30/15 | | 87 | | | | | | | 87 | 33 | 200DB HY | | 0 | <u> </u> |
| 17 EQUIPMENT | 12/31/15 | | 837 | | | | | | | 837 | 325 | | | .17490 | 146 |
| 18 EQUIPMENT | 2/01/16 | | 65 | | | | | | | 92 | 25 | | | .17490 | 2 = |
| 19 EQUIPMENT | 10/21/15 | | 375 | | | | | | | 375 | 146 | | | .17490 | 99 |
| 21 APPLE | 10/20/17 | | 4,350 | | | | | | | 4,350 | | | ιĊ | .25000 | 1.088 |
| 22 APPLE | 1/16/18 | | 4,237 | | | | | | | 4,237 | | 200DB MQ | , rc | .15000 | 636 |
| 23 APPLE MACBOOK | 3/20/18 | | 1,392 | | | | | | | 1,392 | | 200DB MQ | | .15000 | 209 |
| 24 APPLE MACBOOK | 3/20/18 | , | 1,392 | 1 | | | | | | 1,392 | | 200DB MQ | | .15000 | 209 |
| Total Machinery and Equipment | | | 20,136 | | 0 | 0 | 0 | 0 | 0 | 20,136 | 3,398 | | | | 3,675 |
| | | · | | 1 | | | | | | | Harris and the same of the sam | | | | |
| Total Depreciation | | 0 | 179,115 | 11 | 0 | 0 | 0 | 0 | 0 | 179,115 | 43,498 | | | | 15,975 |
| Grand Total Depreciation | | 14 | 179,115 | 1 | | 0 | 0 | 0 | 0 | 179,115 | 43,498 | | | | 15,975 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| 6/30/19 | | 7 | 2018 Fe | dera | I Boc | k Deا | Federal Book Depreciation Schedule | tion S | chedu | <u>e</u> | | | | Ω. | Page 1 |
|----------------------------------|--------------------|--------------|----------------|-------------|---------------------|----------------------------|--------------------------------------|-----------------------------|-------------------------------|----------------|----------------|------------|-------|--------|-----------------|
| | | i | S | OCIAL | JUSTI | CE LEA | SOCIAL JUSTICE LEARNING INSTITUTE | NSTITUT | щ | | | | | -92 | 26-3413373 |
| . Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pet | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn. | Depr. Basis | Prior Depr. | Method | Life. | Rate | Current Depr |
| Form 990/990-PF | | | | | | | | | | | | | | | |
| Auto / Transport Equipment | | | | | | | | | | | | | | | |
| 3 VEHICLE | 12/15/14 | | 5,500 | | | | | | | 5,500 | 4,550 | 200DB HY | 2 | .11520 | 634 |
| 4 VEHICLE | 1/29/15 | | 13,569 | | | | | | | 13,569 | 11,224 | 200DB HY | ស ។ | .11520 | 1,563 |
| ZU DODGE IRDCK | 81/61/9 | ' | 24,839 | 1 | | | | | | 650,47 | 7,747 | ZUUDB INIQ | n | .38000 | 3,433 |
| Total Auto / Transport Equipment | | | 43,908 | | 0 | 0 | 0 | 0 | 0 | 43,908 | 17,016 | | | | 11,636 |
| Improvements | | | | | | | | | | | | | | | |
| 1 LEASEHOLD IMPROVEMENTS | 7/01/14 | | 112,804 | | | | | | | 112,804 | 34,687 | 150DB HY | 15 | .06930 | 7,817 |
| 2 ARCHITECTURE | 8/10/14 | ' | 2,267 | 1 | | j | | and the second second | | 2,267 | 697 | 150DB HY | 15 | .06930 | 157 |
| Total Improvements | | | 115,071 | | 0 | 0 | 0 | 0 | 0 | 115,071 | 35,384 | | | | 7,974 |
| Machinery and Equipment | | | | | | | | | | | | | | | |
| 5 EQUIPMENT | 7/24/15 | | 131 | | | | | | | 131 | 74 | 200DB HY | 7 | .12490 | 9 |
| 6 EQUIPMENT | 11/16/15 | | 365 | | | | | | | 365 | 205 | 200DB HY | | .12490 | 46 |
| 7 EQUIPMENT | 4/26/16 | | 334 | | | | | | | 334 | 188 | 200DB HY | | .12490 | 42 |
| | 7/20/15 | | 2,835 | | | | | | | 2,835 | 1,595 | 200DB HY | | .12490 | 354 |
| 9 EQUIPMENT | Z/05/16 7/03/15 | | J. 133 | | | | | | | 183 | 969 103 | 200DB HY | · · | .12490 | 23 |
| | 7/20/15 | | 141 | | | | | | | 141 | 80 | 200DB HY | 7 | .12490 | 18 |
| 12 APPLE | 1/25/16 | | 519 | | | | | | | 519 | 292 | 200DB HY | 7 | .12490 | 65 |
| 13 APPLE | 5/20/16 | | 969 | | | | | | | 969 | 391 | 200DB HY | _ | .12490 | 87 |
| 14 EQUIPMENT | 7/15/15 | | 807 | | | | | | | 807 | 454 | 200DB HY | | .12490 | 101 |
| 15 EQUIPMENT | 7/20/15 | | 200 | | | | | | | 200 | 113 | 200DB HY | 7 | .12490 | 25 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| 6/30/19 | | 7 | 2018 Fe | deral | Воо | k Der | Federal Book Depreciation Schedule | ion S | chedı | ıle | | | | _ | Page 2 |
|-----------------------------------------|---------------------|--------------|----------------|---------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|--------------|----------------------|
| | | | S | CIAL. | JUSTI | CE LEA | SOCIAL JUSTICE LEARNING INSTITUTE | ISTITU | 旦 | | | | | 26- 3 | 26-3413373 |
| No. Description | Date ———Acquired | Date Sold | Cost/ Basis | Bus. Br | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr | Method | <u>a</u> | Rate | Current Depr |
| 16 EQUIPMENT | 12/30/15 | | 87 | | | | | | | 87 | 48 | 200DB HY | 7 | | |
| 17 EQUIPMENT | 12/31/15 | | 837 | | | | | | | 837 | 471 | 200DB HY | 7 | .12490 | 105 |
| 18 EQUIPMENT | 2/01/16 | | 65 | | | | | | | 65 | 36 | 200DB HY | 7 | .12490 | ∞ |
| 19 EQUIPMENT | 10/21/15 | | 375 | | | | | | | 375 | 212 | 200DB HY | 7 | .12490 | 47 |
| 21 APPLE | 10/20/17 | | 4,350 | | | | | | | 4,350 | 1,088 | 200DB MQ | Ŋ | .30000 | 1,305 |
| 22 APPLE | 1/16/18 | | 4,237 | | | | | | | 4,237 | 636 | 200DB MQ | ß | .34000 | 1,441 |
| 23 APPLE MACBOOK | 3/20/18 | | 1,392 | | | | | | | 1,392 | 503 | 200DB MQ | 5 | .34000 | 473 |
| 24 APPLE MACBOOK | 3/20/18 | 1 | 1,392 | ļ | | | | | | 1,392 | 209 | 200DB MQ | വ | .34000 | 473 |
| Total Machinery and Equipment | | | 20,136 | | 0 | 0 | 0 | 0 | 0 | 20,136 | 7,073 | | | : | 4,789 |
| : : | | • | | | | | | | | | The state of the s | | | l | |
| l otal Depreciation | | и | 179,115 | | 0 | 0 | 0 | 0 | 0 | 179,115 | 59,473 | | | | 24,399 |
| Grand Total Depreciation | | u | 179,115 | | 0 | 0 | 0 | 0 | 0 | 179,115 | 59,473 | | | | 24,399 |
| | | | | | | | | | | | | | | | |
| *************************************** | | | | | | | | | | | | | | | OLD HER PARTY WELLOW |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1004COOM | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

6/30/18

2017 Federal Book Summary Depreciation Schedule

Page 1

SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

| No. | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. | Cur 179/ SDA | Prior 179/ SDA/ Depr. | Method | Life | Current Depr. |
|-----|----------------------------------|------------------|--------------|----------------|------|--------------------|--------------------------------|----------|---------|------------------|
| | 990/990-PF | | | | | | · | | | , |
| Au | to / Transport Equipment | | | | | | | | | |
| 3 | VEHICLE | 12/15/14 | | 5,500 | | | 3,916 | 200DB HY | 5 | 63 |
| 4 | VEHICLE | 1/29/15 | | 13,569 | | | 9,661 | 200DB HY | 5 | 1,56 |
| 20 | DODGE TRUCK | 6/15/18 | • | 24,839 | | | | 200DB MQ | 5 _ | 1,24 |
| | Total Auto / Transport Equipment | | | 43,908 | | 0 | 13,577 | | | 3,4 |
| lm | provements | | | | | | | | | |
| 1 | LEASEHOLD IMPROVEMENTS | 7/01/14 | | 112,804 | | | 26,001 | 150DB HY | 15 | 8,6 |
| 2 | ARCHITECTURE | 8/10/14 | | 2,267 | | | 522 | 150DB HY | 15 - | 1 |
| | Total Improvements | | | 115,071 | | 0 | 26,523 | | | 8,8 |
| Ma | chinery and Equipment | | | | | | | | | |
| 5 | EQUIPMENT | 7/24/15 | | 131 | | | 51 | 200DB HY | 7 | |
| 6 | EQUIPMENT | 11/16/15 | | 365 | | | 141 | 200DB HY | 7 | |
| 7 | EQUIPMENT | 4/26/16 | | 334 | | | 130 | 200DB HY | 7 | |
| 8 | EQUIPMENT | 7/20/15 | | 2,835 | | | 1,099 | 200DB HY | 7 | 4 |
| 9 | EQUIPMENT | 2/05/16 | | 1,190 | | | 461 | 200DB HY | 7 | 2 |
| 10 | APPLE | 7/03/15 | | 183 | | | 71 | 200DB HY | 7 | |
| 11 | APPLE | 7/20/15 | | 141 | | | 55 | 200DB HY | 7 | |
| 12 | APPLE | 1/25/16 | | 519 | | | 201 | 200DB HY | 7 | |
| 13 | APPLE | 5/20/16 | | 696 | | | 269 | 200DB HY | 7 | 1 |
| 14 | EQUIPMENT | 7/15/15 | | 807 | | | 313 | 200DB HY | 7 | 1 |
| 15 | EQUIPMENT | 7/20/15 | | 200 | | | 78 | 200DB HY | 7 | |
| 16 | EQUIPMENT | 12/30/15 | | 87 | | | 33 | 200DB HY | 7 | |
| 17 | EQUIPMENT | 12/31/15 | | 837 | | | 325 | 200DB HY | 7 | 1 |
| 18 | EQUIPMENT | 2/01/16 | | 65 | | | 25 | 200DB HY | 7 | |
| 19 | EQUIPMENT | 10/21/15 | | 375 | | | 146 | 200DB HY | 7 | |
| 21 | APPLE | 10/20/17 | | 4,350 | | | | 200DB MQ | 5 | 1,0 |
| 22 | APPLE | 1/16/18 | | 4,237 | | | | 200DB MQ | 5 | 6 |
| 23 | APPLE MACBOOK | 3/20/18 | | 1,392 | | | | 200DB MQ | 5 | 2 |
| 24 | APPLE MACBOOK | 3/20/18 | | 1,392 | | | | 200DB MQ | 5 _ | |
| | Total Machinery and Equipment | | | 20,136 | | 0 | 3,398 | | | 3,6 |
| | Total Depreciation | | | 179,115 | | 0 | 43,498 | | _ | 15,9 |

| 30/18 | 3 2017 | Federal B | | ummary | | | Sched | ule | 2 | Page 2 |
|-------|--------------------|------------------|--------------|----------------|--------------|--------------------|--------------------------------|--------|-------------|------------------|
| No | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179/ SDA | Prior 179/ SDA/ Depr. | Method | <u>Life</u> | Current Depr. |
| Grand | Total Depreciation | | | 179,115 | | 0 | 43,498 | | | 15,975 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

6/30/18

2017 California Book Summary Depreciation Schedule

Page 1

SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

| No. | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179/ SDA | Prior 179/ SDA/ Depr | Method | Life | Current Depr. |
|------|----------------------------------|------------------|--------------|----------------|--------------|--------------------|-------------------------------|----------|--------|------------------|
| Form | 199 | | | | | | | | | |
| Aut | o / Transport Equipment | | | | | | | | | |
| 3 | VEHICLE | 12/15/14 | | 5,500 | | | 3,916 | 200DB HY | 5 | 68 |
| 4 | VEHICLE | 1/29/15 | | 13,569 | | | 9,661 | 200DB HY | 5 | 1,5 |
| 20 | DODGE TRUCK | 6/15/18 | | 24,839 | | | | 200DB MQ | 5 _ | 1,2 |
| | Total Auto / Transport Equipment | | | 43,908 | | 0 | 13,577 | | | 3,4 |
| lm | provements | | | | | | | | | |
| 1 | LEASEHOLD IMPROVEMENTS | 7/01/14 | | 112,804 | | | 26,001 | 150DB HY | 15 | 8,6 |
| 2 | ARCHITECTURE | 8/10/14 | | 2,267 | | | 522 | 150DB HY | 15 _ | 1 |
| | Total Improvements | | | 115,071 | | 0 | 26,523 | | | 8,8 |
| Ma | chinery and Equipment | | | | | | | | | |
| 5 | EQUIPMENT | 7/24/15 | | 131 | | | 51 | 200DB HY | 7 | |
| 6 | EQUIPMENT | 11/16/15 | | 365 | | | 141 | 200DB HY | 7 | |
| 7 | EQUIPMENT | 4/26/16 | | 334 | | | 130 | 200DB HY | 7 | |
| 8 | EQUIPMENT | 7/20/15 | | 2,835 | | | 1,099 | 200DB HY | 7 | 4 |
| 9 | EQUIPMENT | 2/05/16 | | 1,190 | | | 461 | 200DB HY | 7 | 2 |
| 10 | APPLE | 7/03/15 | | 183 | | | 71 | 200DB HY | 7 | |
| 11 | APPLE | 7/20/15 | | 141 | | | 55 | 200DB HY | 7 | |
| 12 | APPLE | 1/25/16 | | 519 | | | 201 | 200DB HY | 7 | |
| 13 | APPLE | 5/20/16 | | 696 | | | 269 | 200DB HY | 7 | 1 |
| 14 | EQUIPMENT | 7/15/15 | | 807 | | | 313 | 200DB HY | 7 | 1 |
| 15 | EQUIPMENT | 7/20/15 | | 200 | | | 78 | 200DB HY | 7 | |
| 16 | EQUIPMENT | 12/30/15 | | 87 | | | 33 | 200DB HY | 7 | |
| 17 | EQUIPMENT | 12/31/15 | | 837 | | | 325 | 200DB HY | 7 | 1 |
| 18 | EQUIPMENT | 2/01/16 | | 65 | | | 25 | 200DB HY | 7 | |
| 19 | EQUIPMENT | 10/21/15 | | 375 | | | 146 | 200DB HY | 7 | |
| 21 | APPLE | 10/20/17 | | 4,350 | | | | 200DB MQ | 5 | 1,0 |
| 22 | APPLE | 1/16/18 | | 4,237 | | | | 200DB MQ | 5 | 6 |
| 23 | APPLE MACBOOK | 3/20/18 | | 1,392 | | | | 200DB MQ | 5 | 2 |
| 24 | APPLE MACBOOK | 3/20/18 | | 1,392 | | | | 200DB MQ | 5 - | 2 |
| | Total Machinery and Equipment | | | 20,136 | | 0 | 3,398 | | | 3,6 |
| | Total Depreciation | | | 179,115 | | 0 | 43,498 | | _ | 15,9 |

| 6/30/18 | 2017 C a | alifornia E socı | | Summary | | | Sche | dule | Page 2 |
|-------------|-----------------|---------------------|--------------|----------------|--------------|--------------------|--------------------------------|--------------|------------------|
| _No | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179/ SDA | Prior 179/ SDA/ Depr. | Method Life_ | Current Depr. |
| Grand Total | Depreciation | | | 179,115 | | 0 | 43,498 | | 15,975 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 6/30/18 | | 201 | 7 Calii | or in | a Bo | ok De | 2017 California Book Depreciation Schedule | tion 5 | ched | nle | | | | ₽ | Page 1 |
|----------------------------------|------------------|--------------|----------------|-------|---------------------|---------------------------|--------------------------------------------|-----------------------------|------------------------------|----------------|----------------|----------|----------|--------------|-----------------|
| | | | S | CIAL | JUSTI | CE LEA | SOCIAL JUSTICE LEARNING INSTITUTE | USTITU | щ | | | | | 76-37 | 26-3413373 |
| | Date Acquired | Date Sold | Cost/ Basis | Bus. | Cur 179 Bonus | Special Depr. Allow | Prior 179/ Bonus/ Sp. Depr | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | | Cu Rate D | Current Depr |
| Form 199 | | | | | | | | | | | | | | | |
| Auto / Transport Equipment | | | | | | | | | | | | | | | |
| 3 VEHICLE | 12/15/14 | | 5,500 | | | | | | | 5,500 | 3,916 | 200DB HY | S | .11520 | 634 |
| 4 VEHICLE | 1/29/15 | | 13,569 | | | | | | | 13,569 | 9,661 | 200DB HY | 22 | .11520 | 1,563 |
| 20 DODGE TRUCK | 6/15/18 | ' | 24,839 | ı | | | | | | 24,839 | | 200DB MQ | വ | .05000 | 1,242 |
| Total Auto / Transport Equipment | | | 43,908 | | 0 | 0 | 0 | 0 | 0 | 43,908 | 13,577 | | | | 3,439 |
| Improvements | | | | | | | | | | | | | | | |
| 1 LEASEHOLD IMPROVEMENTS | 7/01/14 | | 112,804 | | | | | | | 112,804 | 26,001 | 150DB HY | 15 | .07700 | 8,686 |
| 2 ARCHITECTURE | 8/10/14 | ' | 2,267 | 1 | | | | | | 2,267 | 522 | 150DB HY | 15 | .07700 | 175 |
| Total Improvements | | | 115,071 | | 0 | 0 | 0 | 0 | 0 | 115,071 | 26,523 | | | | 8,861 |
| Machinery and Equipment | | | | | | | | | | | | | | | |
| 5 EQUIPMENT | 7/24/15 | | 131 | | | | | | | 131 | 51 | 200DB HY | 7 | .17490 | 23 |
| 6 EQUIPMENT | 11/16/15 | | 365 | | | | | | | 365 | 141 | 200DB HY | 7 | .17490 | 64 |
| 7 EQUIPMENT | 4/26/16 | | 334 | | | | | | | 334 | 130 | | 7 | .17490 | 58 |
| 8 EQUIPMENT | 7/20/15 | | 2,835 | | | | | | | 2,835 | 1,099 | | 7 | .17490 | 496 |
| 9 EQUIPMENT | 2/05/16 | | 1,190 | | | | | | | 1,190 | 461 | 200DB HY | г | .17490 | 208 |
| | 7/20/15 | | 141 | | | | | | | 141 | 7 15 | | , _ | 17490 | 25 |
| | 1/25/16 | | 519 | | | | | | | 519 | 201 | | 7 | .17490 | 91 |
| 13 APPLE | 5/20/16 | | 969 | | | | | | | 969 | 569 | 200DB HY | 7 | .17490 | 122 |
| 14 EQUIPMENT | 7/15/15 | | 807 | | | | | | | 807 | 313 | 200DB HY | 7 | .17490 | 141 |
| 15 EQUIPMENT | 7/20/15 | | 200 | | | | | | | 200 | 78 | 200DB HY | 7 | .17490 | 35 |
| · | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| 15 Comparison 6/30/18 | | 201 | 7 Cali | forni | а Во | ok De | 2017 California Book Depreciation Schedule | tion (| Sched | lule | | | | ۵ | Page 2 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------|--------------|----------------|-------|---------------------|---------------------------|--------------------------------------------|-----------------------------|-------|----------------|----------------|----------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Date | | | | 5) | OCIAL | JUST | CE LEA | RNING | NSTITU | 坦 | | | | | 26-3 | 3413373 |
| EUNPHEINT 1272/1/3 87 53 2000 HV 7 7,1943 11 11 11 11 12 11 12 12 2000 HV 7 17,1943 17 17,1943 17 17,1943 17 17,1943 17 17,1943 17 17,1943 17 17,1943 17 17,1943 17 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 17,1943 <t< th=""><th></th><th>Date </th><th>Date Sold</th><th>Cost/ Basis</th><th></th><th>Cur 179 3onus</th><th>Special Depr. Allow</th><th>Prior 179/ Bonus/ Sp. Depr.</th><th>Prior Dec. Bal. Depr.</th><th></th><th>Depr. Basis</th><th>Prior Depr.</th><th>1</th><th></th><th></th><th>Current Depr.</th></t<> | | Date | Date Sold | Cost/ Basis | | Cur 179 3onus | Special Depr. Allow | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | | Depr. Basis | Prior Depr. | 1 | | | Current Depr. |
| 1781 1781 1781 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 1782 | | 12/30/15 | | 87 | _ | | | | | | 87 | 33 | | 7 | | |
| Comparison Com | | 12/31/15 | | 837 | | | | | | | 837 | 325 | | 7 | 7490 | 146 |
| 10,21/15 375 146 2000B HY 7 1745g 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 4,350 | | 2/01/16 | | 65 | | | | | | | 65 | 25 | | 7 | 7490 | * |
| APPLE 10/20/17 4,350 4,350 20009 MO 5,2500 APPLE 11/6/18 4,237 20008 MO 5,1500 APPLE MACBOOK 3/20/18 1,382 20008 MO 5,1500 APPLE MACBOOK 3/20/18 1,382 20008 MO 5,1500 APPLE MACBOOK 3/20/18 1,382 20008 MO 5,1500 Total Meditinery and Equipment 20,136 0 0 0 0 0 0 1,382 3,1500 Total Degressition 173,115 0 0 0 0 0 173,115 45,408 Grand Total Degressition 173,115 0 0 0 0 173,115 45,408 | | 10/21/15 | | 375 | | | | | | | 375 | 146 | | 7 | 7490 | 99 |
| APPLE 1/16/N8 4,237 2000B MQ 5 .15000 APPLE MADBOOK 3/20/18 1,382 2000B MQ 5 .15000 APPLE MADBOOK 3/20/18 1,382 2000B MQ 5 .15000 APPLE MADBOOK 3/20/18 1,382 2000B MQ 5 .15000 APPLE MADBOOK 3/20/18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 10/20/17 | | 4,350 | _ | | | | | | 4,350 | | 200DB MQ | 5 | 25000 | 1,088 |
| APPLE MACRONK 3720/18 1,382 2000B MQ 5, 15000 APPLE MACRONK 3720/18 1,382 2000B MQ 5, 15000 Total Degrecation 173115 0 0 0 0 0 20,138 3,538 Grand Total Degrecation 179,115 0 0 0 0 0 43,488 7 | | 1/16/18 | | 4,237 | | | | | | | 4,237 | | 200DB MQ | 5 | 5000 | 636 |
| APPLE MACKBOOK 3/20/18 1,392 2000B MQ 5,19000 Total Machinery and Equipment 20,136 0 0 0 0 0 0 3,398 Total Depreciation 179,115 0 0 0 0 0 179,115 45,498 Grand Total Depreciation 179,115 0 0 0 0 179,115 45,498 | | 3/20/18 | | 1,392 | | | | | | | 1,392 | | 200DB MQ | Ŋ | 2000 | 500 |
| prinerit 20,136 0 0 0 0 20,136 3,388 | | 3/20/18 | ı | 1,392 | | | | | | | 1,392 | | 200DB MQ | ъ | 2000 | 508 |
| | Total Machinery and Equipment | | | 20,136 | | 0 | 0 | 0 | | | 20,136 | 3,398 | | | | 3,675 |
| 179,115 0 0 0 0 179,115 45,488 179,115 0 0 0 0 179,115 43,488 | · · · · · · · · · · · · · · · · · · · | | i | | 1 | | | | | | | | | | | |
| 179,115 0 0 0 0 0 179,115 43,498 | Total Depreciation | | 11 | 179,115 | | 0 | 0 | 0 | | | 179,115 | 43,498 | | | in distribution of the state of | 15,975 |
| | Grand Total Depreciation | | ii | 179,115 | | 0 | 0 | 0 | | | 179,115 | 43,498 | | | | 15,975 |
| | F-00-00-04-04-04 | | | | | | | | | | | | | | | |
| | Normal Control | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | · |
| | ************************************** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Univide - 2 |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| 6/30/19 | | 20. | 18 Cal | iforn | ia Bc | ok De | 2018 California Book Depreciation Schedule | ation (| Scheo | nle | | | | <u> </u> | Page 1 |
|----------------------------------|------------------|--------------|----------------|-------|---------------------|----------------------------|--------------------------------------------|-----------------------------|------------------------------|----------------|----------------|----------|-----|----------|------------------|
| | | | S | OCIAL | JUST | ICE LEA | SOCIAL JUSTICE LEARNING INSTITUTE | NSTITU | Щ | | | | | 26-; | 26-3413373 |
| No. Description | Date Acquired | Date Sold | Cost/ Basis | Bus. | Cur 179 Boaus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | | Rate | Current Depr. |
| Form 199 | | | | | | | | | | | | | | | |
| Auto / Transport Equipment | | | | | | | | | | | | | | | |
| 3 VEHICLE | 12/15/14 | | 5,500 | | | | | | | 5,500 | 4,550 | 200DB HY | ហ | .11520 | 634 |
| 4 VEHICLE | 1/29/15 | | 13,569 | | | | | | | 13,569 | 11,224 | 200DB HY | 2 | .11520 | 1,563 |
| 20 DODGE TRUCK | 6/15/18 | ' | 24,839 | I | | | | | | 24,839 | 1,242 | 200DB MQ | ĸ | .38000 | 9,439 |
| Total Auto / Transport Equipment | | | 43,908 | | 0 | 0 | 0 | 0 | 0 | 43,908 | 17,016 | | | | 11,636 |
| Improvements | | | | | | | | | | | | | | | |
| 1 LEASEHOLD IMPROVEMENTS | 7/01/14 | | 112,804 | | | | | | | 112,804 | 34,687 | 150DB HY | 15 | .06930 | 7,817 |
| 2 ARCHITECTURE | 8/10/14 | · | 2,267 | | | | | | | 2,267 | 269 | 150DB HY | 15 | .06930 | 157 |
| Total Improvements | | | 115,071 | | 0 | 0 | 0 | 0 | 0 | 115,071 | 35,384 | | | | 7,974 |
| Machinery and Equipment | | | | | | | | | | | | | | | |
| 5 EQUIPMENT | 7/24/15 | | 131 | | | | | | | 131 | 74 | 200DB HY | 7 | .12490 | 9 |
| 6 EQUIPMENT | 11/16/15 | | 365 | | | | | | | 365 | 205 | 200DB HY | 7 | .12490 | 46 |
| 7 EQUIPMENT | 4/26/16 | | 334 | | | | | | | 334 | 188 | 200DB HY | 7 | .12490 | 42 |
| | 7/20/15 | | 2,835 | | | | | | | 2,835 | 1,595 | | | .12490 | 354 |
| 9 EQUIPMENT | 2/05/16 | | 1,190 | _ | | | | | | 1,190 | 669 | 200DB HY | | .12490 | 73 |
| | 7/20/15 | | 141 | | | | | | | 141 | 80 | | | .12490 | 18 |
| 12 APPLE | 1/25/16 | | 519 | | | | | | | 519 | 292 | 200DB HY | 7 | .12490 | 65 |
| 13 APPLE | 5/20/16 | | 969 | | | | | | | 969 | 391 | 200DB HY | , 7 | .12490 | 87 |
| 14 EQUIPMENT | 7/15/15 | | 807 | | | | | | | 807 | 454 | 200DB HY | 7 | .12490 | 101 |
| 15 EQUIPMENT | 7/20/15 | | 200 | | | | | | | 200 | 113 | 200DB HY | , 7 | .12490 | 25 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| Page 2 | 26-3413373 | Current Depr. | | 105 | | 47 | 1,305 | 1,441 | 473 | 473 | 4,789 | 24,399 | 24,399 | | Perce kanakanan kanakan katalah dalah kanakan dalah da | NELECTION CONTROL CONT | | |
|--------------------------------------------|-----------------------------------|-------------------------------------|--------------|--------------|--------------|--------------|----------|----------|------------------|------------------|-------------------------------|--------------------|--------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | 76 | Rate | .12490 | .12490 | .12490 | .12490 | 30000 | .34000 | .34000 | .34000 | I | 1 !! | 11 | | | | | |
| | | Life | 7 | 7 | 7 | 7 | 5 | 52 | | | | | | | | | | |
| | | Method | 200DB HY | 200DB HY | 200DB HY | 200DB HY | 200DB MQ | 200DB MQ | 200DB MQ | 200DB MQ | | | | | | | | |
| | | Prior Depr. | 48 | 471 | 36 | 212 | 1,088 | 989 | 209 | 209 | 7,073 | 59,473 | 59,473 | | | | | |
| ule | | Depr. Basis | 87 | 837 | 65 | 375 | 4,350 | 4,237 | 1,392 | 1,392 | 20,136 | 179,115 | 179,115 | | | | | |
| ched | 111 | Salvage /Basis Reductn | | | | | | | | | 0 | | 0 | | | | | |
| tion § | STITUTI | Prior Dec. Bal. Depr. | | | | | | | | | 0 | 0 | 0 | | | | | |
| 2018 California Book Depreciation Schedule | SOCIAL JUSTICE LEARNING INSTITUTE | Prior 179/ Bonus/ Sp. Depr | | | | | | | | | 0 | 0 | 0 | | | | | |
| ook De | ICE LEA | Special Depr. Allow. | | | | | | | | | 0 | 0 | 0 | | | | | |
| lia B | - SUS | Cur 179 Bonus | | | | | | | | | 0 | 0 | 0 | | | | | |
| iforr | OCIAI | Bus. | | | | | | | | l | | 1 11 | 11 | | | | | |
| 18 Cal | S | Cost/ Basis | 87 | 837 | 65 | 375 | 4,350 | 4,237 | 1,392 | 1,392 | 20,136 | 179,115 | 179,115 | | | | | |
| 20 | | Date Sold | | | • | | | | | · | | - | | | | | | |
| | | Date Acquired | 12/30/15 | 12/31/15 | 2/01/16 | 10/21/15 | 10/20/17 | 1/16/18 | 3/20/18 | 3/20/18 | | | | | | | | |
| 6/30/19 | | No. Description | 16 EQUIPMENT | 17 EQUIPMENT | 18 EQUIPMENT | 19 EQUIPMENT | 21 APPLE | 22 APPLE | 23 APPLE MACBOOK | 24 APPLE MACBOOK | Total Machinery and Equipment | Total Depreciation | Grand Total Depreciation | | | | | |

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

| | • | 5 | | |
|-------------------------------------------------|------|--------------------|------|----------|
| or calendar year 2017, or fiscal year beginning | 7/01 | , 2017, and ending | 6/30 | ,20 2018 |

OMB No. 1545-1878

| So to www.irs.gov/Form8879EO for the latest Information. Itemplayer Identification number 26-3413373 | | Tor calcidal year 2017, | or naces year beginning _ 1/0. | | 2-1-2030 | 004= |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOCTAL JISTICE LEARNING INSTITUTE Special State Security Director | Department of the Treasury Internal Revenue Service | | | | tion. | 2017 |
| Executive Director Part | Name of exempt organization | | | | Employer id | lentification number |
| Name and Bitter of Bitter | SOCIAL JUSTICE L | EARNING INSTI | TUTE | | 26-341 | L3373 |
| Part II Type of Return and Return Information (Whole Dollars Only) | | | | | | |
| Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here. | | | | | ector | |
| check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being flied with fusiform was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (6 on teller - 0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one fine in Part I. 1 a Form 990 cHz check here | Part I Type of Retu | rn and Return In | formation (Whole Do | llars Only) | | |
| 2 a Form 990-EZ check here | check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o | ?a, 3a, 4a, or 5a, belo r 5b, whichever is ap | ow, and the amount on that oplicable, blank (do not er | at line for the return being | filed with this form | i was blank, then |
| 2 a Form 990-EZ check here | 1 a Form 990 check here | ► X b Tota | I revenue, if any (Form 99 | 00, Part VIII, column (A), li | ine 12) | 1b 2,066,353. |
| 3 a Form 1120-POL check here. D | 2 a Form 990-EZ check h | nere▶ ☐ b T | otal revenue, if any (Form | n 990-EZ, line 9) | | |
| 4 prom 990-PF, Check here | 3 a Form 1120-POL chec | k here | b Total tax (Form 1120-F | OL, line 22) | | 3 b |
| Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 201 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow mitermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive for the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return return, and the pipicable, I authorize the U.S. Treasury and its designator's return to the IRS and to review for organization's federal taxes owed on this return, and the financial institution to debit the entry to the financial institution account indicated in the tax preparation software for payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment, and the resultance of the processing of the electronic payment of taxes to review confidential information necessary answer inquiries and resolve issues related to the payment, there selected a personal terminace with many answer inquiries and resolve issues related to the payment, there selected a personal terminace with many and the processary answer inquiries and resolve issues related to the payment, there selected a personal terminace with many and the processary answer inquiries and proc | | | | | | 4 b |
| Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 201 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return, consent to allow rintermediate service provider, transmitter, or electronic return on the copy of the organization's return to the IRS and to receive for the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. It applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the tax preparation software for payment, and the financial institution at the state of the payment of the payment of the payment of the payment of the corganization's federal and the payment of the electronic than 2 business days prior to the payment of the electronic the financial institution at 1-888-35-35 no later than 2 business days prior to the payment of the electronic devices the payment of the electronic days and the payment of the electronic days and the payment of the electronic days and the electronic funds withdrawal. Officer's PIN: check one box only I authorize Accurretta, Inc. ERO firm name Ten firm name the electronic days and the electronic days and the elect | | | | | | 5 b |
| Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 201 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete, if urther declare that the amount in Part I above is the amount shown on the copy of the organization's return. I consent to allow reintermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive fire the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institutions involved in the processing of the edictronic payment of taxes to receive confidential information necessary answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize Accuretta, Inc ERO firm name on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is desclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return is program, I will enter pay FIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication Date Providers for Business Returns. ERO's EFIN/PIN. Enter your six-digit electronic filing identifi | • | U | | | | |
| Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 201 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete, if urther declare that the amount in Part I above is the amount shown on the copy of the organization's return. I consent to allow reintermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive fire the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institutions involved in the processing of the edictronic payment of taxes to receive confidential information necessary answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize Accuretta, Inc ERO firm name on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is desclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return is program, I will enter pay FIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication Date Providers for Business Returns. ERO's EFIN/PIN. Enter your six-digit electronic filing identifi | Part II Declaration a | nd Signature Au | thorization of Office | ·r | | |
| Accuretta, Inc | electronic return and accomp I further declare that the al intermediate service provic the IRS (a) an acknowledg refund, and (c) the date of funds withdrawal (direct de organization's federal taxe contact the U.S. Treasury authorize the financial inst answer inquiries and resoli | panying schedules and mount in Part I above the transmitter, or element of receipt or reany refund. If applicabit) entry to the finates owed on this return Financial Agent at 1-titutions involved in the presence of the transcelete of the transcelete of the transcelete of the mount of the transcelete of transc | I statements and to the best e is the amount shown or ectronic return originator eason for rejection of the able, I authorize the U.S. ncial institution account in n, and the financial institu 888-353-4537 no later tha ne processing of the elect the payment. I have select | t of my knowledge and belief in the copy of the organizati (ERO) to send the organizati transmission, (b) the reasi Treasury and its designate indicated in the tax prepara tion to debit the entry to the an 2 business days prior to tronic payment of taxes to ted a personal identification. | f, they are true, corre- ion's electronic retu- zation's return to the con for any delay in ed Financial Agent ation software for pa is account. To rev- to receive confidentia on number (PIN) as | ect, and complete. urn. I consent to allow my lee IRS and to receive from lee processing the return or to initiate an electronic layment of the loke a payment, I must llement) date. I also linformation necessary to |
| ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN of the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's FFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Date 96798895125 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ERO Must Retain This Form — See Instructions | Officer's PIN: check one b | ox only | | | | |
| on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN of the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Date Part III Certification and Authentication 1 certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Brenda Kommareddy CPA Date ERO Must Retain This Form — See Instructions | X I authorize Accure | etta, Inc | | to enter my P | | |
| a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN of the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 96798895125 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ERO's signature ERO Must Retain This Form — See Instructions | barrower | ER | O firm name | | Enter five num do not enter al | ıbers, but Il zeros |
| indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date Date Date | a state agency(ies) reg | julating charities as j | illy filed return. If I have ind part of the IRS Fed/State | icated within this return that program, I also authorize f | a copy of the return the aforementioned | is being filed with I ERO to enter my PIN on |
| Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN | As an officer of the orgal indicated within this reprogram, I will enter me | nization, I will enter m turn that a copy of the y PIN on the return's | y PIN as my signature on the return is being filed wit disclosure consent scree | ne organization's tax year 20 h a state agency(ies) regu ยก. | 17 electronically file lating charities as | d return. If I have part of the IRS Fed/State |
| Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN | Officer's signature ► |) G. 1 | 1 4 | Date ► | 5/7/19 | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN | - | 9 | | | | |
| number (EFIN) followed by your five-digit self-selected PIN | | | | <u> </u> | | |
| I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Brenda Kommareddy CPA Date ERO Must Retain This Form — See Instructions | ERO's EFIN/PIN. Enter you | ır six-digit electronic | filing identification | | | 06700005125 |
| above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Brenda Kommareddy CPA Date ERO Must Retain This Form — See Instructions | number (Erily) lollowed by | your live-digit self-s | selected Filt | | | |
| ERO Must Retain This Form — See Instructions | above. I confirm that I am su | ıbmittina this return in | accordance with the require | n the 2017 electronically fi ements of Pub. 4163, Modern | iled return for the c nized e-File (MeF) Int | organization indicated formation for |
| ERO Must Retain This Form — See Instructions | ERO's signature ► <u>Bren</u> e | da Kommareddy | CPA | Date ► | | |
| | A CONTRACTOR OF THE CONTRACTOR | | ERO Must Retain This F | orm – See Instructions | D- C- | |

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

| Automatic | c 6-Month Extension of Time. Only sub | mit origin | al (no copies needed). | | |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------|--------------------------------------|-----------------------------------------|
| All corporati | ons required to file an income tax return other th | an Form 99 | 90-T (including 1120-C filers), partnershi | ps. REMICs. and tri | usts must |
| use Form 70 | 004 to request an extension of time to file income | e tax returns | S. | | |
| | Name of exempt organization or other filer, see instructions. | | Enter filer's identi | ifying number, see | |
| Type or | , and the same of | | | Employer identification | number (Env) or |
| print | COCTAT THOUTCE TEXADATED TROUT | mrrm | | 06 0410070 | |
| File by the | SOCIAL JUSTICE LEARNING INSTITEMENT. Number, street, and room or suite number. If a P.O. box, see in | nstructions. | | 26-3413373 Social security number | (SSN) |
| due date for | 600 Centinela Avenue | | | Toolar booting manager | (00.1) |
| filing your return, See | City, town or post office, state, and ZIP code. For a foreign add | lress, see instru | ections. | | *************************************** |
| instructions. | Inglewood, CA 90302 | | | | |
| | | | | | |
| Enter the Re | eturn Code for the return that this application is fo | or (file a se | parate application for each return) | | 01 |
| Application Is For | | Return | Application | | Return |
| | | Code | ls For | | Code |
| Form 990 or I | | 01 | Form 990-T (corporation) | | 07 |
| Form 990-BL | | 02 | Form 1041-A | | 08 |
| Form 4720 (ir | | 03 | Form 4720 (other than individual) | | 09 |
| Form 990-PF | | 04 | Form 5227 | | 10 |
| **** | (section 401(a) or 408(a) trust) (trust other than above) | 05 | Form 6069 | | 11 |
| 0111 990-1 | (trust other than above) | 06 | Form 8870 | | 12 |
| Telephone If the org If this is check thi | s are in the care of ► ACCURETTA INC e No. ► 818-782-1080 ganization does not have an office or place of bus for a Group Return, enter the organization's four is box ► | digit Group | e United States, check this box Exemption Number (GEN) | this is for the whol | e group, |
| For the C | st an automatic 6-month extension of time until organization named above. The extension is for the classical calendar year 20 or tax year beginning7/01, 2017_ ax year entered in line 1 is for less than 12 montiles. | , and endin | s return for: | zation return nal return | |
| | ange in accounting period | 1700 600 | 20 and an internal line of the land | | |
| nonrefu | application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions | <u></u> | | 3a \$ | 0. |
| tax pay | application is for Forms 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpaymen | it allowed a | s a credit | 3 b \$ | 0. |
| | e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See | | | 3 c \$ | 0. |
| Caution: If ye bayment inst | ou are going to make an electronic funds withdra tructions. | wal (direct | debit) with this Form 8868, see Form 84 | 53-EO and Form 88 | 379-EO for |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Form **990**

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| A | For the 2 | 017 calen | dar year, or tax year begin | ning 7/01 | . 2017. : | and endir | ng 6/ | 30 | | 2018 | |
|--------------------|----------------|------------------|---------------------------------------------------------------------------------|----------------------------------|--------------------|------------------|---------------|--------------------------------|------------------------|--------------------------|-----------------|
| | Check if app | | C | 1/01 | , 2017, | | -5 0/ | | | ication number | |
| _ | _ `` | s change | SOCIAL JUSTICE L | באסאדאום דאופידייו | ייידי | | | | 34133 | | |
| | | - | 600 Centinela Av | |) I E | | | | ne numb | | |
| | Name o | - | Inglewood, CA 90 | | | | | | | | |
| | Initial re | | lingicwood, chi jo | 502 | | | | (323 | 3) 95 | 52-7363 | |
| | Final retu | rn/terminated | | | | | | | | | 0.50 |
| | Amend | ed return | | | | | T | G Gross re | | | |
| | Applica | tion pending | | l officer: | | | 1 '' | a group retur | | L | X No |
| | | | Same As C Above | | | - r r | If 'No,' | subordinates attach a list. | ıncıuaea (see insti | ? Yes | ∐ No |
| <u> </u> | Tax-exem | | X 501(c)(3) 501(c) (|)◀ (insert no.) | 4947(a)(1) or | 527 | | | | | |
| J | Websit | e:► ht | tp://www.sjli.org | g/ | | | H(c) Group | exemption nu | mber ▶ | | |
| K | Form of o | rganization: | X Corporation Trust | Association Other ► | LY | ear of formal | tion: 201 | 3 M is | tate of le | gal domicile: CA | |
| Pa | irt I 🔝 | Summar | | | | | | | | | |
| | 1 Brie | | be the organization's missi | | | | | | | | |
| d) | is | advan | cing communities | to achieve hea | ilth and e | educat: | ional e | equity. | <u>It</u> | is <u>a 501(</u> | <u>c)3</u> _ |
| Governance | no | n-prof | it, and we rely | on the financia | l and in- | kind_s | support | of in | divi | duals | |
| Ē | | | | | | | | | | | |
| ove | | eck this bo | ox 🕨 📗 if the organizatio | n discontinued its opera | ations or dispo | sed of m | ore than 2 | 5% of its | net ass | sets. | |
| Ğ | | | oting members of the gover | | | | | | 3 | | 5 |
| တ္တ | | | dependent voting members | | | | | | 5 | | 4 |
| /itie | | | of individuals employed ir of volunteers (estimate if | | | | | | 6 | | 4 0 |
| Activities & | | | ed business revenue from l | | | | | | 7a | | 0. |
| ¥ | | | t business taxable income | | | | | | 7b | | 0. |
| | DIVE | . uniterated | Dusiness taxable meditic | 1101111 01111 330 1, 11110 3 | J-F | | | rior Year | 75 | Current Ye | |
| | 8 Cor | ntributions | and grants (Part VIII, line | 1h) | | | | ,804,8 | 31 | 2,036, | |
| пe | | | rice revenue (Part VIII, line | | | | | .,004,0 | 31. | 2,000, | 043. |
| len. | 1 | | ncome (Part VIII, column (A | = - | | | | 8,4 | 5.8 | 29 | 508. |
| Revenue | 1 | | e (Part VIII, column (A), lir | | | | | | 30. | 237 | 500. |
| | l . | | e – add lines 8 through 11 | | | | | ,813,2 | 89. | 2,066, | 353. |
| • | | | imilar amounts paid (Part I | | | | | .,, | | | |
| | | | I to or for members (Part I) | | | | | | | | |
| | 1 | | er compensation, employee | | | | | 584,9 | 58 | 892 | 679. |
| es | 16 - Dro | | fundraising fees (Part IX, o | | | | | 30473 | | 0327 | <u> </u> |
| Expenses | 16a P10 | | - | | | | | | | | |
| × | b Tot | | sing expenses (Part IX, col | | | 3,843. | | | | | |
| ш | 17 Ou | • | ses (Part IX, column (A), lii | | | | | 691,8 | | | 723. |
| | 1 | | es. Add lines 13-17 (must | • | | | | .,276,8 | 25. | 1,850, | 402. |
| | | venue less | s expenses. Subtract line 1 | 8 from line 12 | | | | 536,4 | 64. | 215, | 951. |
| C 01 | 20 Tot | | | | | | Beginnir | ng of Curren | t Year | End of Yea | |
| alan | 20 Tot | al assets | (Part X, line 16) | | | | 1 | .,097,4 | | 1,354, | |
| A B | 21 Tot | al liabilitie | es (Part X, line 26) | | | | | 104,1 | 56. | 37, | 626. |
| Net Ass Fund Ba | 22 Net | assets or | r fund balances. Subtract li | ne 21 from line 20 | | | | 993,2 | 99. | 1,316, | 939. |
| | | Signatur | e Block | | | | | | | | |
| Unde | er penalties o | of perjury, I de | eclare that I have examined this retu arer (other than officer) is passed on | ırn, including accompanying sc | hedules and statem | nents, and to | the best of m | y knowledge | and belie | ef, it is true, correct, | and |
| com | plete. Declara | ation of prepa | arer (other than officer) is based on | all information of which prepare | er has any knowled | ge. | | -1 | 1 | | |
| | | | (1/2 //8) | | | | | 3/7 | 117 | | |
| Sig | an | Signatu | ire officer | | | | Da | ite ' | | | |
| He | re | D'A | RTAGNAN SCORZA | | | | Exect | utive I |)irec | ctor | |
| | | Type or | r print name and title | | | | | | | | |
| | | Print/Type p | preparer's name | Preparer's signature | | Date | | Check | if F | PTIN | |
| Pa | id | Brenda | a Kommareddy CPA | Brenda Kommare | eddy CPA | - | | self-employe | ed] | P01356553 | |
| | eparer | Firm's name | | | | | | | (- | | |
| Us | e Only | Firm's addr | | da Blvd Ste 435 | j | | | Firm's EIN | 45 - | 2777041 | |
| | | addi | | , CA 91411-2511 | | | | Phone no. | (818 | | 0 |
| May | v the IRS | discuss th | nis return with the preparer | | | | | | | X Yes | No |

| | 990 (2017) SOCIAL JUST | | | | 26-34133 | 73 Pa | ge 2 |
|-------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------|
| Par | | | | | | | |
| | Check if Schedule O con | | e to any line in this Pa | art III | · · · · · · · · · · · · · · · · · · · | • • • • • • • • • • • • • • • • • • • • | |
| 1 | Briefly describe the organization | | | | | | |
| | The Social Justice 1 | | | | | | <u>d_</u> _ |
| | educational equity. | It is a 501(c) | 3 non-profit, | and we rely on | the financi | al and | |
| | in-kind support of i | | | | | | |
| | | | | | | | |
| | Did the organization undertake any | | | | | | |
| | Form 990 or 990-EZ? | | | | | Yes X 1 | oV |
| | If 'Yes,' describe these new serv | | | | LI | | |
| 3 | Did the organization cease cond | lucting, or make signific | ant changes in how it | conducts, any program | services? | Yes X 1 | oV |
| | If 'Yes,' describe these changes | on Schedule O. | | | | <u> </u> | |
| 4 | Describe the organization's prog Section 501(c)(3) and 501(c)(4) and revenue, if any, for each pro | ram service accomplisl organizations are requi ogram service reported | nments for each of its red to report the amo | three largest program se unt of grants and allocati | ervices, as measurions to others, the | ed by expense total expenses | :S. S, |
| | (Code:) (Expenses | \$ 1.522.220 | including grants of | \$ | (Revenue \$ | | |
| ти | EDUCATIONAL EQUITY | 1,322,230. | moldality grants of | ٧) | (Revenue p | | / |
| | EDOCATIONAL EQUILI | | | | | | |
| | 7+ +ba Casial Tasia | | | | | | |
| | At the Social Justic | e reariitid ins | citute, we spe | Clalize in Cult | uraity refe | vant | |
| | learning, teaching, | and carrierin | development, | wnich_supports_ | positive id | entity | . — – |
| | growth, increases ac | agening combere | icies, and exp | ands opportunit | ies for civ | rc | . — — |
| | participation. | | | | | | |
| | | | | | | | . — — |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | \$ | including grants of | \$) | (Revenue \$ | |) |
| | HEALTH EQUITY | | | | | | |
| | | | | | | | |
| | At the Social Justic | e Learning Inst | itute we beli | eve that all co | mmunities sl | nould have | <u> </u> |
| | access to fresh whol | e foods, clean | and safe open | spaces, and a | guality env | Lronment. | |
| | Our organization is | committed to a | dressing heal | th disparities | through com | nınity | |
| | development that is | not only cultur | cally relevant | , but also build | ds the capac | rity of | |
| | individuals to make | healthy decision | ons in their n | ersonal lives | ab_ene_eapa | PICT OF | |
| | | HEATENY GEOTHE | 2112 _ 111 _ C11C11 _ P. | CTROUGT TIVES. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (O - 1) | Α | | | | | |
| 4 C | (Code:) (Expenses | \$ | including grants of | ۶ <u> </u> | (Revenue \$ | |) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| - | | | | | | | |
| • | | | | | | | |
| • | | | | | | | |
| - | | | | | | | |
| • | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| 4 d (| Other program services (Describe | e in Schedule O) | | | | | |
| | Expenses \$ | including grant | s of \$ |) (Revenue \$ | ! | ` | |
| | otal program service expenses | | |) (Leveline & | | | |
| BAA | our program service expenses | ► 1,522, | | | | Form 000 (00 | 175 |
|)MM | | | TEEA0102L 12/05/17 | | | Form 990 (20 | 117) |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE
Part IV Checklist of Required Schedules

| the title organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete Schedule A. a. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or an opposition to candidates for rubble office? If Ves., complete Schedule C, Part I. Section 50(03) organizations. Did the organization engage in lobbying activities, or have a section 50(04) election in effect during the tax year? If Ves., complete Schedule C, Part II. Is the organization a section 50(04), 50(10(5), 50(10(5)), 50(10(5)), 50(10(5)) and the organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Ves., complete Schedule C, Part III. 5 Did the organization maintain any doner advised funds or any similar funds or accounts? If Ves., complete Schedule C, Part III. 5 Did the organization maintain any doner advised funds or any similar funds or accounts? If Ves., complete Schedule C, Part III. 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III. 8 Did the organization receive an amount in Part X, line 21, for excess or austodial or amounts and listed to Part III. 9 Did the organization are amount in Part X, line 21, for excess or austodial excess the part of debt inequalition or an amount in Part X, line 21, for excess or austodial excess the part of debt inequalition or services? If Yes, complete Schedule D, Part III. 10 Did the organization insectly or through a reliable consisting, had assets in temporarily restricted endowments. 11 Did the organization and service of any of the following questions is Pest, then complete Schedule D, Part X, VIII, VIII | 1 | | 1 | Х | |
| for public office? If 'Pes', complete Schedule C, Part II. Section 501(x) agraination. Did the organization engage in Jobbying activities, or have a section 501(x) election in effect during the tax year? If 'Pes', complete Schedule C, Part III. Is the organization a section 501(x) 501(x), 501(x), 601(x), 60 | 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| in effect during the tax year? If Yes, 'complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or control of year in the section of the section o | 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 | | X |
| assessments, or similar amounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule C, Part III. 5 | 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| be provide advice on the distribution or investment of amounts in such funds or accounts? If Yes,' complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve onen space, the environment, historic land areas, or historic structures? If Yes,' complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' as public by the organization report an amount in Part X, line 21, for escrow or austodial account liability, serve as a custodian for amounts and listed in Part X, or provide receit curnishing, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part X, line 21, for escrow or austodial account liability, serve as a custodian for morning and the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes,' complete Schedule D, Part X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part V. 11 If X as applicable. 12 Did the organization report an amount for investments — other securities in Part X, line 12 If Yes,' complete Schedule D, Part X, line 12 If Yes,' complete Schedule D, Part X, line 12 If Yes,' complete Schedule D, Part X, line 13 If Yes,' complete Schedule D, Part X, line 14 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Schedule D, Part X, line 15 If Yes,' complete Sch | 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | X |
| Bid the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts for lithe organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts for listed in Part X, or provide redific cushelling, debt management, credit repair, or debt negotiation for amounts for listed in Part X, or provide redificacins for amounts for listed in Part X, or provide redificacins for amounts for listed in Part X, or provide redificacins for expensive for the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 11 If the organization report an amount for liand, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII. 12 a Did the organization report an amount for investments – other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII. 13 b Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 14 c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 15 c Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's isability for uncertain tax positions under FIN 48 (ASC 470) If 'Yes,' complete Schedule D, Part X. 16 Did the organization bear assets of the liand of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines | 6 | to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, | 6 | | Х |
| Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization or an amount for investments — other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII. d Did the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part X VIII. d Did the organization report an amount for other liabilities in Part X, line 25% If "Yes," complete Schedule D, Part X VIII. 4 Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII. 12 Did the organization obtain separate, independent audited financial stat | 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If Yes, 'complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, 'complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI. b Did the organization report an amount or investments — other securities in Part X, line 12? If 'Yes, 'complete Schedule D, Part VII. c Did the organization report an amount or investments — other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount or investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X. 11 d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 11 X 12 a Did the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization an accordance in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule D, Part X. 12 a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the Unite | 8 | | 8 | | Х |
| permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII. b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. d Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X II. d Did the organization report an amount for other inabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X II. f Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X II. It is X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X II. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and pro | 9 | for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation | 9 | | X |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IVII. d Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part IX e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bits in separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X and XII. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000 or more? If 'Yes,' complete Schedule F, Parts II and IV. 15 Did the organization rep | 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes," complete Schedule D, Part X, line 16. If "Yes, l | 11 | | | | |
| assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | | | 11 a | Х | |
| assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 257 If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 116 | | b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X I and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for orany foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part II. 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part | | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a 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? 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part II (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 19 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | Х | |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11f X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. 12a X. 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X. 15b 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 or more? If 'Yes,' complete Schedule F, Parts I and IV. 14b X. 15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 15b Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17b X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18b X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19b X | | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 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 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 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. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 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 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 18 X | 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | | | 13 | | |
| business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 X | 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 X | | business, investment, and program service activities outside the United States, or aggregate foreign investments valued | 14b | | X |
| or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | X |
| lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| complete Schedule G, Part III | 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | | Х |
| F 000 (0017) | 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE Part IV Checklist of Required Schedules (continued)

| h | | | Yes | No |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------|
| 20: | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| I | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c 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 | | |
| 1 | d 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 |
| 1 | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ı | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | · | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 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 |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ŀ | o 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? <i>If 'Yes,' complete Schedule R, Part VI</i> | 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 |
| BAA | | Form | 990 (| 2017) |

Form **990** (2017)

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|------------|
| Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | Yes | No |
| 1 a 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 |) | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | 1 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | |
| 4 a 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)? | 4 a | | 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 Accounts (FBAR). | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | Х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7с | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | |
| as required? | 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | SEE | 5050-W-515 |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 0 | | |
| organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | - | | |
| | \exists | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | | |
| | \dashv | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - sugoverno | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE 26-3413373 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year...... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Δ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Did the organization become aware during the year of a significant diversion of the organization's assets?...... X 5 6 Did the organization have members or stockholders?.... 6 7 a 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?.... 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 h X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... Χ 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... Χ 15 a b Other officers or key employees of the organization.... X 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?.... χ 16 a 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?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0

State the name, address, and telephone number of the person who possesses the organization's books and records:

Form 990 (2017)

BAA

SOCIAL JUSTICE LEARNING INSTITUTE 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

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

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

| (A) Name and Title | (5) | 1 | | (C) | | | | | | |
|--------------------------------|----------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------|---------------------------------------|-------------------------------|--------|--------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|
| | (B) Average hours | i | s both | (do n box, | ot che unles officer /truste | eck moss pers and a ee) | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation |
| | per week (list any hours for related organiza- tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) D'ARTAGNAN SCORZA | 40 | | | | | | | | | |
| Secretary | 0 | X | | | | | | 107,665. | 0. | 0. |
| <u>(2) OMAI GARNER</u> | 0 | | | | | | | | 0 | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (3) LINDA BAUM | | 1 77 | | | | İ | | 0. | 0. | 0. |
| Treasurer (4) NANCY GREENSTEIN | 0 | X | - | <u> </u> | | - | | υ. | U . | υ. |
| Director | | X | | | | | | 0. | 0. | 0. |
| (5) KAREN BLACKWELL | 0 | 1 | | | | | | 0. | 0. | <u> </u> |
| Director | | X | | | | | | 0. | 0. | 0. |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | *************************************** | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | - California |
| (14) | | 1 | | | | | | | 1 | |

TEFA0107I 08/08/17

| Part VII Section A. Officers, Directors, Tru | ıstees, | Key | En | ıple | oye | es, | and | d Highest Con | npensated Em | ployees (continued) |
|-----------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|----------------------|-----------------|--------------|------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (B) | | | • | C) | | | | | |
| (A) Name and title | Average hours per week | box | t, unle | check ess po | erson | e than is boti or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | (list any hours | or di | Institu | Officer | Key | Highest co employee | Former | the organization (W-2/1099-MISC) | related organization (W-2/1099-MISC) | s compensation from the organization |
| | for related organiza | individual trustee or director | nstitutional trustee | Q. | Key employee | Highest compensated employee | द्ध | | | and related organizations |
| | - tions below dotted | truste | l trust | | yee | npens | | | | |
| | line) | (0 | 99 | | | ated | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | AT THE REAL PROPERTY AND ADDRESS OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total. | | <u></u> | | l | | | - | 107,665. | 0 | . 0. |
| c Total from continuation sheets to Part VII, Section | | | | | | | > | 0. | 0 | . 0. |
| d Total (add lines 1b and 1c) | | | | | | | /od i | 107,665. | 0 of reportable con | |
| from the organization 1 | 10 11030 11 | olcu i | αυσγ | (C) ¥ | ¥110 1 | CCCIV | reu i | more than \$100,00 | o di reportable coi | препзацоп |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | or, or trus | stee, | key | em | ploy | ee, c | or hi | ighest compensat | ed employee | Yes No |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate | reportabl | e cor | npe 00? | nsat If 'Y | tion | and | othe | er compensation f | | |
| such individual | e compens | satio | n fro | m a | iny i | unrel | ate | d organization or | individual | 4 X |
| for services rendered to the organization? If 'Yes, Section B. Independent Contractors | ,' complet | e Sc | hed | ule . | J foi | suci | h pe | erson | | 5 X |
| 1 Complete this table for your five highest compens compensation from the organization. Report compens | sated inde | pend he ca | lent | con | itrac ear | tors endir | that | t received more th | an \$100,000 of | ar. |
| (A) Name and business addr | | - | | | | | | (B) Description o | | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | \dashv | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | | Porte Community of the | | |
| 2. Total number of independent contractors (in the line) | d not live 1 | - d ± | 11 | - P | ake d | - بام | | | 11 | |
| 2 Total number of independent contractors (including by \$100,000 of compensation from the organization) | | .ea to | tno: | se II | sted | apov | e) v | viio received more | เกลท | |
| DAA | | | | | | | | | 2353 | |

| | | Check if Schedule O con | itains a respo | onse or note to an | y line in this Part V | IIL | | |
|--------------------------------------------------------|------------|--------------------------------------------------------------------------|----------------|--------------------|-----------------------------|----------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts | 1 a | Federated campaigns | 1a | | | | | |
| la la | b | Membership dues | 1b | | | | | |
| S, G | | Fundraising events | | | | | | |
| 힐 | | Related organizations | | | | | | |
| ST IS | е | Government grants (contributions) | 1e | 389,313. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | All other contributions, gifts, grant similar amounts not included above | | 1,647,532. | | | | |
| E P | | Noncash contributions included in I | | • | 0.006.045 | | | |
| | h | Total. Add lines 1a-1f | | Business Code | 2,036,845. | | | |
| Program Service Revenue | 2 a | | - | Dusiness code | | | | |
| , ek | b | | | | | | | |
| es | c | | | | | | | |
| eιγί | d | | | | | | | |
| E S | е | | | | | | | |
| gra | f | All other program service r | evenue | | | | | |
| P | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (includi | ing dividends | , interest and | 00 500 | 00 500 | | |
| | | other similar amounts) | | | 29,508. | 29,508. | | |
| | 4 | Income from investment of Royalties | | | | | | |
| | 5 | Royalues | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | (1) (100) | (1) 1 01001101 | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | <u> </u> | | | ESZEGOZOPIUSEMI PARION ŽANISMI MINORIO VIII VIII V | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | <i>7</i> a | assets other than inventory | | | | | | |
| | h | Less; cost or other basis | | | | | | |
| | | and sales expenses | | | Far Teacher | | | |
| | | Gain or (loss) | | | San Park Care | | | |
| | d | Net gain or (loss) | | | | | | |
| nue | 8 a | Gross income from fundrai | | | | | | 3 8 4 5 5 |
| ЕП | | (not including. \$ of contributions reported o | n line 1c) | | | | | 100 |
| ₹ĕ | | See Part IV, line 18 | | | | | | |
| 7 | h | Less: direct expenses | | | | and the second | | |
| Other Reve | | : Net income or (loss) from | | | | | | |
| Ų | | Gross income from gaming See Part IV, line 19 | _ | | | | | |
| | | Less: direct expenses | | | | | | |
| | | : Net income or (loss) from | | · L | | | | |
| | _ | Gross sales of inventory, le | 5 5 | | | | | |
| | IUa | and allowances | 8 | 1 | | 100 | | |
| | | Less: cost of goods sold | | <u> </u> | | | | |
| | C | : Net income or (loss) from | sales of inve | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | | | | | | | |
| | l b | | | | | | | |
| | C | | | | | | | |
| | - | I All other revenue | L_ | | | | | |
| | 12 | Total. Add lines 11a-11d. Total revenue. See instruc | | | 2,066,353. | 29,508. | 0. | 0 |
| | 14 | iotai ieveilue, see ilistiuo | | | | 49,000. | υ. | 1 |

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

| | Check if Schedule O contains a | response or note to an | y line in this Part IX | | X |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|--------------------------------|
| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | 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 | | | | |
| 4 | Benefits paid to or for members | | *************************************** | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 107,665. | 107,665. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 663,953. | 455,228. | 132,411. | 76,314. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 003,733. | 433,220. | 132,411. | 70,314. |
| 9 | Other employee benefits | 53,500. | 39,028. | 9,181. | 5,291. |
| 10 | Payroll taxes | 67,561. | 49,285. | 11,594. | 6,682. |
| 11 | Fees for services (non-employees): | - | | | - / 3 3 2 1 |
| ; | a Management | | | | |
| | b Legal | | | | |
| | c Accounting [| | | | |
| (| d Lobbying [| | | | - |
| | e Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| Ć | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.Sch. (C) | 336,303. | 307,151. | 4,309. | 24,843. |
| 12 | Advertising and promotion. | 20,350. | 14,845. | 3,492. | 2,013. |
| 13 | Office expenses | 31,141. | 22,717. | 5,344. | 3,080. |
| 14 | Information technology | <u> </u> | 22,111. | 3,344. | 3,000. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 47,969. | 34,993. | 8,232. | 4,744. |
| 17 | Travel | 165,487. | 164,594. | 893. | 4,744. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 200, 2011 | 101/031. | 033. | 3/444 |
| 19 | Conferences, conventions, and meetings | 62,752. | 62,752. | | , |
| 20 | Interest | 1,992. | 1,453. | 342. | 197. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 15,974. | 11,653. | 2,741. | 1,580. |
| 23 | Insurance | 24,917. | 18,177. | 4,276. | 2,464. |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | PROGRAM SUPPLIES | 93,097. | 93,097. | | |
| | EVENTS AND HONORARIA | 56,399. | 56,399. | | |
| | SOFTWARE AND LICENSING | 17,573. | 17,573. | | |
| | TELEPHONE | 13,320. | 9,717. | 2,286. | 1,317. |
| | All other expenses | 70,449. | 55,903. | 9,228. | 5,318. |
| _25 | Total functional expenses. Add lines 1 through 24e | 1,850,402. | 1,522,230. | 194,329. | 133,843. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720). | | | | |
| BAA | 001 30-2 (A00 300-720) | TO 10 10 10 10 10 10 10 10 10 10 10 10 10 | 0017 | | Form 000 (0017) |
| | | TEEA0110L 08/ | U0/1/ | | Form 990 (2017) |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE

Part X Balance Sheet

| 1 Cash - non-interest-bearing Savings and temporary cash investments Savings and other receivable, net Savings and other cocavables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Savings and other receivables from ourner and former officers, directors, trustees, key employees, and highest compensated employees. Complete Savings and other receivables from ourner and solid (Sight), and countributing beneficiary organizations (see instructions). Complete Part II of Schedule L. Favings and countributing beneficiary organizations (see instructions). Complete Part II of Schedule L. Favings and countributing beneficiary organizations (see instructions). Complete Part II of Schedule L. Favings and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and countributing and account and separate and account experiences Savings and account experiences Savings and account experiences Savings and account experiences Savings and account experiences Savings and account experiences Savings and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account and account | | | Check if Schedule O contains a response or note to | any lin | e in this Part X | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Second Personal Content Pe | | | | | | (A) Beginning of year | | (B) End of year |
| Pledges and grants receivable, net. | | 1 | Cash - non-interest-bearing | | | 362,331. | 1 | 211,547. |
| A Accounts receivable, net 561,984. 4 831,716. | | 2 | Savings and temporary cash investments | | | | 2 | |
| Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure Secure S | | 3 | Pledges and grants receivable, net | | | | 3 | |
| Part II of Schedule L. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)1), persons described in section 4958(n)2(3)(8), and contributing employees and sponsoring organizations of section 501 (n)29 voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 7 8 Receivable, net. 7 Receivable | | 4 | Accounts receivable, net | | | 561,984. | 4 | 831,716. |
| Part II of Schedule L. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)1), persons described in section 4958(n)2(3)(8), and contributing employees and sponsoring organizations of section 501 (n)29 voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 7 8 Receivable, net. 7 Receivable | | - | Leans and other receivables from current and former | officers | directors | | | |
| Section 4958(n(1)), persons described in section 4958(c)(3)(8), and contributing employeers and sponsoring organizations of section 510 (c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L | | Э | trustees, key employees, and highest compensated el Part II of Schedule L | | 5 | | | |
| 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 7 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 3,726. 9 3,856. 9 7 9 3,856. | | 6 | section 4958(f)(1)), persons described in section 4958(c)(| | 6 | | | |
| 8 Inventories for sale or use. 8 | S | 7 | | | | | 7 | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 59,480. 99,414. 10c 119,649. | set | | | | ⊢ | | 8 | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 59,480. 99,414. 10c 119,649. | 45 | _ | | | ⊢ | 3 726 | 9 | 3 856 |
| Complete Part VI of Schedule D. 10a 179,129, 10b 59,480. 99,414. 10c 119,649. 11 Investments – publicly traded securities. 11 12 Investments – publicly traded securities. 12 Investments – publicly traded securities. 13 Investments – publicly traded securities. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 14 Intangible assets. 14 Intangible assets. 14 Intangible assets. 14 Intangible assets. 16 Total assets. Add lines 1 through 15 (must equal line 34). 1,097,455. 16 1,354,565. 17 Accounts payable and accrued expenses 38,189 17 Intangible assets. 18 Intangible assets. 19 Intangible assets. 18 Intangible assets. 18 Intangible assets. 18 Intangible assets. 18 Intangible assets. 19 Intangible assets. 18 Intangible assets. 18 Intangible assets. 18 Intangible assets. 18 Intangible assets. 19 Intangible assets. 19 Intangible assets. 20 Intangible assets. 20 Intangible assets. 20 Intangible assets. 21 Intangible assets. 22 Intangible assets. 23 Intangible assets. 24 Intangible assets. 23 Intangible assets. 24 Intangible assets. 25 Intangible assets. 24 Intangible assets. 25 Intangible assets. 25 Intangible assets. 26 Intangible assets. 27 Intangible assets. 28 Intangible assets. 28 Intangible assets. 29 Intangible assets. 29 Intangible assets. 29 Intangible assets. | 7 | _ | | 1 | | 377201 | | 37 000. |
| 11 Investments - publicly traded securities. 11 12 Investments - other securities. See Part IV, line 11. 12 13 Investments - other securities. See Part IV, line 11. 13 13 14 Intangible assets. 14 15 16 17 16 17 17 17 17 17 | | | Complete Part VI of Schedule D | | | | | |
| 12 Investments — other securities. See Part IV, line 11. | | b | | | | 99,414. | | 119,649. |
| 13 Investments — program-related. See Part IV, line 11. | | 11 | | | | | | |
| 14 Intangible assets. 14 | | 12 | Investments – other securities. See Part IV, line 11 | | | | | |
| 15 Other assets. See Part IV, line 11. 70,000. 15 187,797. | | 13 | , - | | <u> </u> | | | |
| Total assets. Add lines 1 through 15 (must equal line 34). | | 14 | 9 | | | | | |
| 17 | | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| 18 Grants payable 18 19 Deferred revenue 19 20 20 20 20 20 20 20 2 | | 16 | | | | | | 1,354,565. |
| Deferred revenue | | 17 | · · | | }- | 38,189. | | |
| 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 24 24 24 24 25 25 26 26 27 27 27 27 28 29 29 29 29 29 29 29 | | | | | | | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 | | | | | į. | | | |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances. 35 Total retained earnings, endowment, accumulated income, or other funds. 30 Total liabilities and net assets/fund balances. 31 Total liabilities and net assets/fund balances. 32 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances. | | 20 | · · · · · · · · · · · · · · · · · · · | | - | | | |
| 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 32 Total liabilities and net assets/fund balances. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 35 Secured mortgages and notes payable to unrelated third parties. 24 Data description parties. 25 Other liabilities (including federal incomplete Part X of Schedule D. 65, 967. 25 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, | es | 21 | | | | | 21 | |
| 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 32 Total liabilities and net assets/fund balances. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 35 Secured mortgages and notes payable to unrelated third parties. 24 Data description parties. 25 Other liabilities (including federal incomplete Part X of Schedule D. 65, 967. 25 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, | abilit | 22 | key employees, highest compensated employees, and | l disqua | lified persons. | | 22 | |
| 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here And complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances. 35 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. 46 5, 967. 25 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 37, 626. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 28 1, 082, 113. 464, 667. 2 | 7 | 23 | · | | <u> </u> | | 23 | |
| Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here | | | | | <u> </u> | | 24 | |
| Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here | | | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | s to rela plete Pa | ated third parties, art X of Schedule D. | 65,967. | 25 | 37,626. |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 35 28, 632. 27 234,826. 464,667. 28 1,082,113. 29 Capital stock or trust principal, or current funds. 30 31 31 31 31 32 32 32 32 33 31,316,939. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 393,299. 37 Total liabilities and net assets/fund balances. 38 Total liabilities and net assets/fund balances. | | 26 | | | | | | 37,626. |
| Total liabilities and net assets/fund balances. Unrestricted net assets. 528, 632. 27 234, 826. 464, 667. 28 1,082,113. 464, 667. 28 1,082,113. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 32 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances. 528, 632. 27 234, 826. 464, 667. 28 1,082,113. 30 31 32 33 34 30 31 31 32 32 33 34 35 36 37 38 39 37 38 39 39 30 31 31 32 32 33 34 35 36 37 38 39 37 38 39 39 30 30 31 31 32 32 33 34 35 36 37 38 39 39 30 30 31 31 32 32 33 34 35 36 37 38 39 39 30 30 30 30 31 31 32 32 33 34 35 36 37 38 39 39 30 30 30 30 31 31 32 32 33 34 35 36 37 38 39 39 30 30 30 30 30 31 31 32 32 33 34 35 36 37 38 39 39 30 30 30 30 30 30 30 31 31 31 | Se | ***** | | re ► | X and complete | | | |
| 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 993,299. 33 Total liabilities and net assets/fund balances. 1,097,455. 34 Total liabilities and net assets/fund balances. 1,097,455. 34 | Ž | 27 | | | | 528,632. | 27 | 234,826. |
| 34 Total liabilities and net assets/fund balances | aga | | | | | | | |
| 34 Total liabilities and net assets/fund balances | B | | | | T | | 1 | |
| 34 Total liabilities and net assets/fund balances | Fund | | Organizations that do not follow SFAS 117 (ASC 958), ch | | p | | | |
| 34 Total liabilities and net assets/rund balances | ō | 30 | | | | | 30 | A Land Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the Colonia of the |
| 34 Total liabilities and net assets/rund balances | ets | | | | | ļ | | |
| 34 Total liabilities and net assets/rund balances | 88 | | · | | - F | | _ | |
| 34 Total liabilities and net assets/rund balances | ¥. / | | • | | F | 993 299 | | 1,316,939 |
| F 000 (0017) | ž | | | | } | | | |
| | RΔ | | Total habilities and not assessment balances | | | 1,001,400. | ٠. | |

| | | -3413373 | 3 | Р | age 12 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------|--------|
| Pa | rt XI Reconciliation of Net Assets | | | | ,,,,,, |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| 1 | The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th | . 1 | 2,0 | 066, | 353. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | | 402. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | 951. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | | | 299. |
| 5 | Net unrealized gains (losses) on investments | . 5 | | | |
| 6 | Donated services and use of facilities | | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). See Schedule O | . 9 | 1 | 07 | 689. |
| 10 | Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33. | | | .07, | 005. |
| Description of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the | column (B)) | . 10 | 1,3 | 16, | 939. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | 🗍 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis | | | | |
| Ł | Were the organization's financial statements audited by an independent accountant? | | 2 b | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | ate | | | |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant? | t, | 2 c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3 a | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | X |
| | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits | dit | 3 b | | |
| BAA | | **** | Form | 990 | (2017) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

OMB No. 1545-0047

2017

Open to Public

Inspection

SOCIAL JUSTICE LEARNING INSTITUTE 26-3413373 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ 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 federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 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 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. 12 a | 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. 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). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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 | tion A. Public Support | | | | | | | | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|---------------------------------------------|------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--|--|--|
| beg | endar year (or fiscal year inning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'). | | | 1,137,476. | 1,804,831. | 2,036,845. | 4,979,152. | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | |
| 4 | Total. Add lines 1 through 3 | 0. | 0. | 1,137,476. | 1.804.831. | 2,036,845. | 4,979,152. | | | |
| 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) | | | | | | 0. | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 4,979,152. | | | |
| Sec | tion B. Total Support | | | | | | ······································ | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 7 | Amounts from line 4 | 0. | 0. | 1,137,476. | 1,804,831. | 2,036,845. | 4,979,152. | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7.07.00 | | | 0. | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI. | | | 6,315. | 17,506. | 29,508. | 53,329. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5,032,481. | | | |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 0. | | | |
| | First five years. If the Form 990 is organization, check this box and | stop here | • • • • • • • • • • • • • • • • • • • • | | | n 501(c)(3) | ► X | | | |
| | tion C. Computation of Pul | | | | | | | | | |
| | Public support percentage for 20 Public support percentage from 2 | | • | . , , , , , | | 1 1 | % % | | | |
| 16a | 6a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | | | | | this box | | | |
| b | b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | heck this hov | | | |
| 1 7 a | a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | | | | VI how | | | | |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-a f-circumstances' t | ind-circumstances est. The organiza | s' test, check this ition qualifies as a | box and stop her a publicly supporte | e. Explain in Part ed organization | or 17a, and line 15 is 10% Explain in Part VI how the dorganization | | | |
| | Private foundation. If the organiz | ation did not che | ck a box on line 1 | 13, 16a, 16b, 17a, | or 17b, check thi | s box and see ins | tructions ► | | | |
| | | | | | | | | | | |

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.)

| Sec | tion A. Public Support | | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|----------------------|---------------------|--------------------|-----------------------------------------|--|
| | lar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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. | | | | | | | |
| | Tax revenues levied for the organization'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 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | 1 4 4 1000 | | | | |
| 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. | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | tion B. Total Support | | | , | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | • | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 100000000000000000000000000000000000000 | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | | | | | | |
| | tion C. Computation of Pu | | | | | | | |
| | Public support percentage for 20 | • | | | | | % | |
| | Public support percentage from | | | | | 16 | % | |
| | tion D. Computation of Inv | | | | | | <u> </u> | |
| | Investment income percentage f | · | | | | | % | |
| | Investment income percentage f | | | | | | % | |
| | 33-1/3% support tests-2017. If is not more than 33-1/3%, check | this box and sto | p here. The organ | ilzation qualifies a | as a publicly supp | orted organization | 1 | |
| | 33-1/3% support tests—2016. If the line 18 is not more than 33-1/3% | 6, check this box a | and stop here. Th | e organization qu | alifies as a public | ly supported orga | nization 🏲 📘 | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | |

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.)

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. | 1 | | |
| 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). | 2 | | |
| 38 | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | За | | |
| ŀ | 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. | 3b | | |
| (| 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. | 3с | | |
| 48 | a 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. | 4a | | |
| ŀ | 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. | 4b | | |
| C | 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. | 4c | | |
| 5a | a 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). | 5a | | |
| 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? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | Policy agreement | Secretaria de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición |
| 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 . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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). | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| 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. | 9b | | |
| С | : 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. | 9с | | |
| l0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine | 10a | | |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|----------|
| | | distribute | Yes | No |
| | 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) below, the | | | |
| | governing and a supply the angular supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply the supply th | 11a | | |
| | | 11b | | |
| | of the state of the person decombed in (a) of (b) above. If the court of previous action in the state of the person decombed in (a) of (b) above. | 1c | | <u> </u> |
| Sec | ction B. Type I Supporting Organizations | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | | Yes | No |
| • | or elect at least a majority of the 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 | | |
| 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 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | 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). | 1 | | |
| Sec | ction 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 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 | | |
| 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 | | |
| 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 | | |
| Sec | ction E. Type III Functionally Integrated Supporting Organizations | | | L |
| 1 | Check 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 government entity (see ins | truc | tions). | • |
| 2 | Activities Test. Answer (a) and (b) below. | | 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 | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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. <i>Answer (a) and (b) below.</i> | | | |
| | a 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? <i>Provide details in Part VI.</i> | За | | |
| | b 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 | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | aniza | ations | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|-----------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | t on I | Nov. 20, 1970 (explain in ust complete Sections A | Part VI). See through E. |
| Sec | tion 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 | | 7 |
| 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 | | *************************************** |
| Sec | tion 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): | | | |
| a | Average monthly value of securities | 1a | | |
| Ŀ | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| c | l 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 | | 340 |
| Sec | tion C — Distributable Amount | | | 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-functionally integrated (see instructions). | grate | d Type III supporting org | anization |
| BAA | | | Schedule A (Fo | rm 990 or 990-EZ) 2017 |

| Par | t V Type III Non-Functionally Integrated 509(a)(3) S | upporting Organizat | ti ons (continuea) | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sec | tion D — Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt p | urposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions. | tion is responsive (provide | details | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sec | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan |
| е | From 2016 | | | |
| 1 | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| C | Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016. **e** Excess from 2017.

Schedule A (Form 990 or 990-EZ) 2017

SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

Page 8

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.)

Part II, Line 10 - Other Income

| Nature and Source | | | 2017 | | 2016 | | 2015 | 2014 | 2013 |
|-------------------|-------|----------|--------------------|-----------------|--------------------|----------|------------------|----------|----------|
| OTHER | Total | \$ \$ | 29,508. 29,508. | <u>\$</u> \$ | 17,506. 17,506. | \$ \$ | 6,315. 6,315. | \$ 0. | \$ 0. |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| | xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o | tions), then rganizations: Complete Part III. | | | |
|-----|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | USTICE LEARNING INSTITUTE | | Employer identifica | ation number |
| | DOCIME | OBTICE HEARINING INDITION | | 26-341337 | 3 |
| Pai | t I-A Complete if the or | rganization is exempt under section | on 501(c) or is a s | section 527 organia | zation. |
| 1 | Provide a description of the (see instructions for definition | organization's direct and indirect political c n of 'political campaign activities') | ampaign activities in | Part IV. | |
| 2 | Political campaign activity ex | penditures (see instructions) | | ▶\$ | |
| 3 | Volunteer hours for political | campaign activities (see instructions) | | | |
| Pai | | rganization is exempt under section | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | | 0. |
| 2 | Enter the amount of any exc | ise tax incurred by organization managers | under section 4955. | ▶\$ | 0. |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| | If 'Yes,' describe in Part IV. | | | | |
| Pai | t I-C Complete if the or | rganization is exempt under section | on 501(c) , except | t section 501(c)(3). | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt functio | n activities 🟲 \$ | |
| 2 | Enter the amount of the filing of function activities | organization's funds contributed to other organ | izations for section 527 | ⁷ exempt | |
| 3 | Total exempt function expen | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | ▶\$ | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses | and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly delal action committee (PAC). If additional spa | of all section 527 poli | itical organizations to w | hich the filing |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | , | | | | |

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

Schedule C (Form 990 or 990-EZ) 2017

| section 501 | i the organization (h)). | i is exempt under se | ection 501(c)(3) and | l filed Form 5768 (ele | ection under | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------|--|--|--|--|--|
| | * * * * * * * * * * * * * * * * * * * * | s to an affiliated group (an | d list in Part IV each affili | ated group member's name | | | | | | |
| address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | | | | | |
| B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply. | | | | | | | | | | |
| (The terr | Limits on Lobbyi n 'expenditures' mea | ng Expenditures ns amounts paid or incu | rred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | |
| 1 a Total lobbying expendi | | | | 55,108. | | | | | | |
| b Total lobbying expendi | | | | | | | | | | |
| c Total lobbying expendi | | | | 55,108. | 0. | | | | | |
| d Other exempt purpose | | | | | | | | | | |
| e Total exempt purpose | | | | 55,108. | 0. | | | | | |
| f Lobbying nontaxable a | mount. Enter the amo | ount from the following ta | able in | 11 000 | | | | | | |
| If the amount on line 1e, co | | The lobbying nontaxable | *************************************** | 11,022. | | | | | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | - amount is: | | | | | | | |
| Over \$500,000 but not over \$ | | \$100,000 plus 15% of the exces | s over \$500,000. | | | | | | | |
| Over \$1,000,000 but not over | \$1,500,000 | 175,000 plus 10% of the exces | s over \$1,000,000. | | | | | | | |
| Over \$1,500,000 but not over | \$17,000,000 | 3225,000 plus 5% of the excess | over \$1,500,000. | | | | | | | |
| Over \$17,000,000 | | \$1,000,000. | | | | | | | | |
| g Grassroots nontaxable | ' | • | | 2,756. | 0. | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0 | | | | | | | | | | |
| | | | | 44,086. | 0. | | | | | |
| i If there is an amount oth | ar than zara an aithar I | ing 1h or ling 1; did the or | | | | | | | | |
| section 4911 tax for thi | s year? | | ganization file Form 4720 | reporting | Yes X No | | | | | |
| section 4911 tax for thi | s year? | -Year Averaging Period made a section 501(h) e | Under section 501(h) lection do not have to o | complete all of the five | Yes X No | | | | | |
| section 4911 tax for thi | s year?4 ne organizations that columns belo | -Year Averaging Period | Under section 501(h) lection do not have to c tructions for lines 2a th | complete all of the five rough 2f.) | Yes X No | | | | | |
| section 4911 tax for thi | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins | Under section 501(h) lection do not have to c tructions for lines 2a th | complete all of the five rough 2f.) | Yes X No | | | | | |
| section 4911 tax for thi (Son Calendar year (or fiscal | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | complete all of the five rough 2f.) od (d) 2017 | (e) Total | | | | | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | complete all of the five rough 2f.) | | | | | | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | complete all of the five rough 2f.) od (d) 2017 | (e) Total | | | | | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | complete all of the five rough 2f.) od (d) 2017 | (e) Total | | | | | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | complete all of the five rough 2f.) od (d) 2017 11,022. | (e) Total 11,022. 16,533. | | | | | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | complete all of the five rough 2f.) od (d) 2017 11,022. | (e) Total 11,022. 16,533. 55,108. | | | | | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount | s year?4 ne organizations that columns belo | -Year Averaging Period made a section 501(h) e ow. See the separate ins ing Expenditures During | Under section 501(h) lection do not have to d tructions for lines 2a th g 4-Year Averaging Peri | 55,108. | (e) Total 11,022. 16,533. 55,108. 2,756. | | | | | |

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?..... d Mailings to members, legislators, or the public?..... e Publications, or published or broadcast statements?.... f Grants to other organizations for lobbying purposes?..... q Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?..... i Other activities?..... j Total. Add lines 1c through 1i..... 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?..... b If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 Were substantially all (90% or more) dues received nondeductible by members?..... 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?..... Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes. Dues, assessments and similar amounts from members..... Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a a Current year..... 2 b b Carryover from last year. 2 c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?..... 4

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Taxable amount of lobbying and political expenditures (see instructions)

5

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 2017

Open to Public Inspection
Employer identification number

| | SOCIAL JUSTICE LEARNING INSTITUTE | | 26-3413373 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | rt Organizations Maintaining Donor Advised Funds or Other S | imilar Funds or Acc | |
| | Complete if the organization answered 'Yes' on Form 990, Pa | rt IV, line 6. | |
| | (a) Donor advised funds | (b) F | Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | 33 - 100 - 111 |
| 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 writing that the asse are the organization's property, subject to the organization's exclusive legal control. | ts held in donor advised | funds No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing the for charitable purposes and not for the benefit of the donor or donor advisor, or fimpermissible private benefit? | at grant funds can be us or any other purpose cor | ed only offerring Yes No |
| Pai | Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Pa | rt IV line 7 | Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns Towns |
| 1 | Purpose(s) of conservation easements held by the organization (check all that ap | ntiv, mie 7. | |
| | | | Un inspectant touch and |
| | | eservation of a historica eservation of a certified | <i>y</i> , |
| | Preservation of open space | osorvation of a certified | THISTOTIC STRUCTURE |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contributi | on in the form of a conser | vation easement on the |
| | last day of the tax year. | THE CONTRACTOR IN | |
| | a Total number of conservation easements | | Held at the End of the Tax Year |
| | o Total acreage restricted by conservation easements. | | |
| | S Number of conservation easements on a certified historic structure included in (a) | | |
| | | <u> </u> | |
| C | Number of conservation easements included in (c) acquired after 7/25/06, and no structure listed in the National Register. | 2d | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or tertax year ► | minated by the organization | on during the |
| 4 | Number of states where property subject to conservation easement is located ► | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, ins | pection, handling of viol | ations, |
| _ | and enforcement of the conservation easements it holds? | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfor ▶\$ | cing conservation easeme | ents during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirer and section 170(h)(4)(B)(ii)? | nents of section 170(h)(| 4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenu include, if applicable, the text of the footnote to the organization's financial stater conservation easements. | e and expense statement, nents that describes the | and balance sheet, and organization's accounting for |
| Par | t III Organizations Maintaining Collections of Art, Historical Trea | sures, or Other Sim | nilar Assets |
| | Complete if the organization answered 'Yes' on Form 990, Pa | | |
| | If the organization elected, as permitted under SFAS 116 (ASC 958), not to repor art, historical treasures, or other similar assets held for public exhibition, education, or r in Part XIII, the text of the footnote to its financial statements that describes these | e items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, or reseatfollowing amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | |
| | If the organization received or held works of art, historical treasures, or other similar assamounts required to be reported under SFAS 116 (ASC 958) relating to these item | ns: | Ţ. |
| а | Revenue included on Form 990, Part VIII, line 1. | | ▶\$ |
| h | Assets included in Form 990, Part X | | - A |

| Part III Organizations Maintaining Coll | ections of Art, Histo | orical Treasures, or | Other Similar Ass | ets (co | ontinu | ed) |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|------------------------------|------------------|-------------|---------------|
| 3 Using the organization's acquisition, accession, items (check all that apply): | and other records, check a | ny of the following that are | e a significant use of its o | collectio | n | |
| a Public exhibition | d Loan | or exchange programs | | | | |
| b Scholarly research | e 🗌 Other | | | | | |
| c Preservation for future generations | | | | | | |
| 4 Provide a description of the organization's collect Part XIII. | | | | | | |
| 5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma | aintained as part of the c | organization's collection? | ' | Yes | |]No |
| Part IV Escrow and Custodial Arranger line 9, or reported an amount or | nents. Complete if to Form 990, Part X, | the organization ans line 21. | swered 'Yes' on Fo | rm 990 | J, Par | t IV, |
| 1 a Is the organization an agent, trustee, custodi on Form 990, Part X? | an or other intermediary | for contributions or othe | er assets not included | Yes | Γ | No |
| b If 'Yes,' explain the arrangement in Part XIII | and complete the followi | ng table: | | | | |
| | | | | Amount | t | |
| c Beginning balance | | | | | | |
| d Additions during the year | | | | | | |
| e Distributions during the year | | | | | | |
| f Ending balance | | | | | | ٦., |
| 2 a Did the organization include an amount on Fo | | | | Yes | ļ | No |
| b If 'Yes,' explain the arrangement in Part XIII. | Check here if the explai | nation has been provided | d on Part XIII | | · · · · · L | ╛ |
| Part V Endowment Funds. Complete if | the organization or | sewared 'Vac' on Fa | rm 000 Part IV lir | 20 10 | | |
| Part V Endowment Funds. Complete if | | | | | our years | s hack |
| 1 a Beginning of year balance | tt year (D) i nor yea | (C) TWO YEATS DACK | (u) Three years back | 1 (6) | our your | , buon |
| b Contributions | | | | | | |
| | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentage of the curr | ent year end balance (lir | ne 1g, column (a)) held a | as: | | | |
| a Board designated or quasi-endowment ► | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |
| b Permanent endowment ► |) ó | | | | | |
| c Temporarily restricted endowment > | % | | | | | |
| The percentages on lines 2a, 2b, and 2c should | equal 100%. | | | | | |
| 3 a Are there endowment funds not in the possessio organization by: | n of the organization that | are held and administered | for the | | Yes | No |
| (i) unrelated organizations | | | | . 3a(i) | | |
| (ii) related organizations | | | | | | |
| b If 'Yes' on line 3a(ii), are the related organization | | | | . 3b | | l |
| 4 Describe in Part XIII the intended uses of the | | ent funds. | | | | |
| Part VI Land, Buildings, and Equipmer Complete if the organization and | | m 990, Part IV, line | 11a. See Form 99 | 0, Par | t X, liı | ne 10. |
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) i | 3ook va | ilue |
| 1 a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | 118,885. | 35,384. | | | ,501. |
| d Equipment | | 60,244. | 24,096. | | 36, | ,148. |
| e Other | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part X, | column (B), line 10c.) | | 1 B # | | <u>, 649.</u> |
| BAA | | | Schedi | ule D (Fo | orm 990 |) 2017 |

| Part VII Investments — Other Securities. | | N/A | 3 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete if the organization answered | Yes' on Form 990 |), Part IV, line 11b. See Form 9 | 90, Part X, line 12 |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation; Cost or end-of | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | *************************************** | 327 | |
| (3) Other | | | |
| (A) | | | ************************************** |
| (B) | | | |
| (C) | | | *************************************** |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | - Value | |
| (H) | | | |
| (l) | | | , |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) > | | | |
| Part VIII Investments — Program Related | | N/A | |
| Complete if the organization answered | 'Yes' on Form 990 |), Part IV, line 11c. See Form 99 | 90, Part X, line 13 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | 70000000 |
| (6) | | | |
| (7) | | | |
| (8) | | | ~ |
| (9) | | 320.000 | Total Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► | | | |
| Other Assets. Complete if the organization answered | 'Yes' on Form 990 | Part IV line 11d See Form 99 | n Part X line 15 |
| (a) Des | cription | , r are rv, into rra. occ r orin 35 | (b) Book value |
| (1) UNDEPOSITED FUND | | | 187,797. |
| (2) | | | |
| (3) | | | ., |
| (4) | | | |
| (5) | | | |
| (6) | | AND AND ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF TH | |
| (7) (8) | | | |
| (9) | | | |
| (10) | *************************************** | 7,5,0 | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| Total. (Column (b) must equal Form 990, Part X, column (E | 2) line 15.) | | 107 707 |
| Part X Other Liabilities. | y mie 15.) | | 187,797. |
| Complete if the organization answered 'Yes' on Fo | orm 990. Part IV. line 11 | e or 11f. See Form 990. Part X. line 25 | |
| (a) Description of liability | (b) Book value | 0 0 1 1 1 1 000 1 0 1 1 1 000 1 1 1 1 1 | |
| (1) Federal income taxes | | | |
| (2) ACCRUED PAYROLL | 13,649 | 9. | |
| (3) ACCRUED VACATION | 19,603 | 3. | |
| (4) CREDIT CARDS PAYABLE | 4,37 | 4. | |
| (5) | | | 100 |
| (6) | | | |
| (7) (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | <u> </u> | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | ► 37,626 | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo | | ancial statements that reports the organization's li- | ability for upgortain |
| tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has | as been provided in Part XIII | anoral statements that reports the organizations in | ability for uncertain |
| | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | · · · · · · · · · · · · · · · · · · · | |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|--|--|--|--|
| Complete if the organization answered 'Yes' on Form 990, P | | | | | | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| a Net unrealized gains (losses) on investments | 2a | | | | | |
| b Donated services and use of facilities | 2 b | | | | | |
| c Recoveries of prior year grants | 2 c | | | | | |
| d Other (Describe in Part XIII.) | 2 d | | | | | |
| e Add lines 2a through 2d | | 2 e | | | | |
| 3 Subtract line 2e from line 1 | | 3 | | | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | |
| b Other (Describe in Part XIII.) | 4 b | | | | | |
| c Add lines 4a and 4b | | 4 c | | | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | | 5 | | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statement | | Return. N/A | | | | |
| Complete if the organization answered 'Yes' on Form 990, P | Part IV, line 12a. | | | | | |
| 1 Total expenses and losses per audited financial statements | | 1 | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| a Donated services and use of facilities | 2 a | | | | | |
| b Prior year adjustments | 2 b | | | | | |
| c Other losses | | | | | | |
| d Other (Describe in Part XIII.) | 2 d | | | | | |
| e Add lines 2a through 2d | | 2 e | | | | |
| 3 Subtract line 2e from line 1 | | 3 | | | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | : | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | |
| b Other (Describe in Part XIII.) | | | | | | |
| c Add lines 4a and 4b. | | 4 c 5 | | | | |
| 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>). Part XIII Supplemental Information. | | | | | | |
| Part XIII Supplemental information. | D . I IV I'm | | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule **D** (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIAL JUSTICE LEARNING INSTITUTE

Employer identification number

26-3413373

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

| | (A) Total | (B) Program Services | (C) Management & General | (D) Fund- raising |
|-------------------------------------------------------------|-------------------|----------------------------|--------------------------------|-------------------------|
| PROFESSIONAL FEES | 336,303. 336,303. | 307,151. \$ 307,151. | \$ 4,309. \$ 4,309. | 24,843. 24,843. |
| Form 990, Part XI, Line 9 Other Changes In Net Assets Or | Fund Balances | | | |
| RELEASE FROM UNRESTRICTED | FUND | | <u>\$</u> Total <u>\$</u> | 107,689. 107,689. |

TAXABLE YEAR 2017

California Exempt Organization Annual Information Return

FORM

199

| Calendar Y | ear 2017 or fiscal year beginning (mm/dd/yyyy) 7/01/2017, and ending (| mm/dd/vvvv) 6/30/ | 2018 · |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | rganization name | 6/30/ | California corporation number |
| | JUSTICE LEARNING INSTITUTE rmation. See instructions. | | 3129830 FEIN |
| | | | 26-3413373 |
| | (suite or room) NTINELA AVENUE | 1 1004 | PMB no. |
| City | 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | State | Zip code |
| INGLEW Foreign countr | | CA Foreign province/state/county | 90302 Foreign postal code |
| | | | |
| B Amended C IRC Secti D Final Info | Return. Yes X No organization engined to the first of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization of the first organization organization of the first organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organ | R&TC Section 23701d, has the aged in political activities? | Yes X No |
| Enter date E Check ac 1 () F Federal re 4 () Oth | e (mm/dd/yyyy) counting method: Cash 2 X Accrual 3 Other eturn filed? 1 990T 2 990-PF 3 Sch H (990) M Is the organization is and meets the file No filing fee is regroup filing? See instructions. Yes X No N Did the organization. | e gross receipts from rees e exempt under R&TC Section 2 ing fee exception, check box. equired. on a Limited Liability Company: tion file Form 100 or Form 109 | 23701d |
| | ganization in a group exemption? Yes X No O Is the organization what is the parent's name? | on under audit by the IRS or ha r year? | as the IRS Yes X No |
| | rganization have any changes to its guidelines ted to the FTB? See instructions Yes X No | | CACA1112L 01/02/18 |
| Part I | Complete Part I unless not required to file this form. See General Information | B and C. | |
| | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | | 1 29,508. |
| Receipts and | 2 Gross dues and assessments from members and affiliates3 Gross contributions, gifts, grants, and similar amounts received | } | 2 2,036,845. |
| Revenues | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see Gene | eral Information B • | 4 2,066,353. |
| | 5 Cost of goods sold • 5 | | |
| | 6 Cost or other basis, and sales expenses of assets sold • 6 | | Allin and a service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service o |
| | 7 Total costs. Add line 5 and line 6 | | 7 |
| | 8 Total gross income. Subtract line 7 from line 4. | ~~~~ | 8 2,066,353. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | | 9 1,850,402. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from | m line 8 • | 10 215,951. |
| | 11 Total payments | ~ ⊢ | 11 |
| | 12 Use tax. See General Information K. | · · · · · · · · · · · · · · · · · · · | 12 |
| | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from li | ≟ | 13 |
| Filing | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line | | 14 |
| Fee | 15 Filing fee \$10 or \$25. See General Information F | ļ | 15 10. |
| | 16 Penalties and Interest. See General Information J | | 16 |
| | 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | | 17 10. |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all information of which program is based on all informati | Date | Telephone |
| | of officer EXECUTIVE DIRECTO | OR)///) Check if | (323) 952-7363 |
| Paid Proparer's | Preparer's BRENDA KOMMAREDDY CPA | self- employed | P01356553 |
| Preparer's Use Only | Firm's name ACCURETTA, INC | *************************************** | |
| • | (or yours, if self-employed) 5900 SEPULVEDA BLVD STE 435 and address CHEDMAN OAKS CA 01411 3E11 | | 45-2777041 • Telephone |
| | SHERMAN OAKS, CA 91411-2511 | | (818) 782-1080 |
| | May the FTB discuss this return with the preparer shown above? See instructi | one | |
| | may and the discussions retain with the preparet shown above; see illstructi | VII3 | . • [X] 163 [140 |

Side 2 Form 199 2017

SOCIAL JUSTICE LEARNING INSTITUTE

Part | Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part | or furnish substitute information.

| Rece | | | | | | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|------------------------|
| Rece | | 1 | Gross sales or receipts from all | business activities. See i | nstructions | | 1 | ******* |
| Rece | | 2 | Interest | | | | 2 | |
| ₹ес∈ | | 3 | Dividends | | | | 3 | |
| rom | | 4 | Gross rents | | | | 4 | |
| Othe | r | 5 | Gross royalties | | | | 5 | |
| Soul | ces | 6 | Gross amount received from sale | | | | 6 | |
| | | 7 | Other income. Attach schedule. | | | | 7 | 29,508. |
| | | 8 | Total gross sales or receipts from other s | | | | 8 | 29,508. |
| | | 9 | Contributions, gifts, grants, and similar a | - | | | 9 | |
| | | 10 | Disbursements to or for member | | | | 10 | |
| | | 11 | Compensation of officers, direct | | | | 11 | 107,665. |
| | | 12 | Other salaries and wages | | | | 12 | 663,953. |
| Ξхрε | enses | | Interest | | | | 13 | 1,992. |
| nd | | 13 | | | | | 14 | |
| nen | urse- ts | 14 | Taxes | | | | | 67,561. |
| | | 15 | Rents | | | | 15 | 47,969. |
| | | 16 | Depreciation and depletion (See | instructions) | | Diramana | 16 | 15,974. |
| | | 17 | Other Expenses and Disburseme | | | | 17 | 945,288. |
| | | 18 | Total expenses and disbursements. Add l | ······································ | | | 18 | 1,850,402. |
| Sch | edule | e L | Balance Sheet | Beginning of | taxable year | End | of taxa | ble year |
| \sse | ets | | | (a) | (b) | (c) | | (d) |
| 1 | Cash | | | | 362,331. | | | 211,547. |
| 2 | Net acc | ounts | receivable | | 561,984. | | • | 831,716. |
| 3 | Net not | es rece | eivable | | | | | |
| 4 | | | | | | | 0 | |
| 5 | Federal | and s | tate government obligations | | | | 0 | |
| 6 | Investm | nents i | n other bonds | | | | | |
| 7 | Investr | nents i | n stock | | A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH | | | |
| 8 | Mortga | ge loar | 98 | | | | • | |
| 9 | Other in | nvestm | ents. Attach schedule | | | | • | |
| 10 a | Depreci | iable a | ssets | 142,919. | | 179,1 | 29. | |
| | | | ated depreciation | 43,505. | 99,414. | 59,4 | 80. | 119,649. |
| ŀ | Less ac | cumul | | | | | | |
| | | | | | | | 0 | |
| 11 | Land | | Attach schedule. STM 4 | | 73,726. | | 0 | 191,653. |
| 11 12 | Land Other a | issets. | Attach schedule | | 73,726. 1,097,455. | | | |
| 11 12 13 | Land Other a Total a | issets. issets. | Attach schedule | | 73,726. 1,097,455. | | | 191,653. 1,354,565. |
| 11 12 13 .iab | Land Other a Total a ilities a | issets. issets. and n | Attach schedule | | 1,097,455. | | | |
| 11 12 13 .iab 14 | Land Other a Total a ilities a Accoun | ssets. ssets. and n | Attach schedule | | | | 6 | |
| 11 12 13 .iab 14 15 | Land Other a Total a ilities a Accoun Contrib | ssets. ssets. and n ts paya | Attach schedule | | 1,097,455. | | | |
| 11 12 13 .iab 14 15 16 | Land Other a Total a ilities a Account Contrib Bonds | issets. issets. and n ts paya utions, and no | Attach schedule | | 1,097,455. | | | |
| 11 12 13 .iab 14 15 16 | Land Other a Total a ilities a Account Contrib Bonds a | assets. and n ts paya utions, and no ges pa | Attach schedule | | 1,097,455. 38,189. | | | 1,354,565. |
| 11 12 13 .iab 14 15 16 17 | Land Other a Total a ilities a Accoun Contrib Bonds a Mortgag | assets. assets. and n ts paya utions, and no ges pay iabilitie | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. gs. Attach schedule. STM 5 | | 1,097,455. 38,189. 65,967. | | | 1,354,565. 37,626. |
| 11 12 13 .iab 14 15 16 17 18 | Land Other a Total a ilities a Account Contrib Bonds a Mortgay Other li Capital | assets. and n ts paya utions, and no ges pa iabilitie stock | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. STM 5 or principal fund | | 1,097,455. 38,189. | | | 1,354,565. |
| 11 12 13 .iab 14 15 16 17 18 19 20 | Land Other a Total a ilities a Account Contrib Bonds a Mortgay Other li Capital Paid-in | assets. and n ts paya utions, and no ges pa iabilitie stock or cap | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. ss. Attach schedule. STM 5 or principal fund oital surplus. Attach reconciliation. | | 1,097,455. 38,189. 65,967. | | • | 1,354,565. 37,626. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 | Land Other a Total a ilities a Account Contrib Bonds : Mortgay Other li Capital Paid-in Retaine | assets. and n ts paya utions, and no ges pa iabilitie stock or cap d earn | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. ss. Attach schedule. STM 5 or principal fund ings or income fund. | | 1,097,455. 38,189. 65,967. 993,299. | | | 37,626. 1,316,939. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 | Land Other a Total a ilities a Account Contrib Bonds : Mortgay Other li Capital Paid-in Retaine | assets. and n ts paya utions, and no ges pa iabilitie stock or cap d earn iabilititie | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. ss. Attach schedule. STM 5 or principal fund. pital surplus. Attach reconciliation. ings or income fund. es and net worth. Reconciliation of income per | books with income per | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return | s less than \$50,000 | | 1,354,565. 37,626. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 Sch | Cand Other a Total a ilities a Account Contrib Bonds a Mortgar Other li Capital Paid-in Retaine Total li | issets. issets. issets and n its paya utions, and no ges pa iabilitie dearn iabilitie image ibilitie ibilitie ibilitie ibilitie | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. ss. Attach schedule. STM 5 or principal fund. pital surplus. Attach reconciliation. ings or income fund. es and net worth. Reconciliation of income per Do not complete this schedule i | books with income per f the amount on Schedule | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is | | | 37,626. 1,316,939. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 Sch | Contrib Bonds a Mortga Other li Capital Paid-in Retaine Total li | issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. iss | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. ss. Attach schedule. STM 5 or principal fund. bital surplus. Attach reconciliation. ings or income fund. es and net worth Reconciliation of income per Do not complete this schedule i | books with income per | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is | books this year not incl | o o o o o o o o o o o o o o o o o o o | 37,626. 1,316,939. |
| 11 12 13 iab 14 15 16 17 18 19 20 21 22 Sch | Cand Other a Total a ilities a Account Contrib Bonds a Mortgae Other li Capital Paid-in Retaine Total li ecule | issets. issets. issets. and n issets. and n issets. Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. gis. Attach schedule. STM 5 or principal fund. gital surplus. Attach reconciliation. gings or income fund. es and net worth. Reconciliation of income per Do not complete this schedule in ger books. | books with income per f the amount on Schedule | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is in this return. Attac | books this year not incl h schedule | o o o o o o o o o o o o o o o o o o o | 37,626. 1,316,939. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 Sch | Contrib Bonds a Mortgae Other li Capital Paid-in Retaine Total li Edule Net ince Federal Excess | issets. issets. issets. and n ts paya utions, and no ges pa iabilitie stock or cap d earn iabilitie Incom ome po incom of cap | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. yable. ss. Attach schedule. STM 5 or principal fund. pital surplus. Attach reconciliation. ings or income fund. es and net worth Reconciliation of income per Do not complete this schedule i er books le tax. ital losses over capital gains. | books with income per f the amount on Schedule | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is in this return. Attac | books this year not incl h schedule return not charged | o o o o o o o o o o o o o o o o o o o | 37,626. 1,316,939. |
| 11 12 13 iab 14 15 16 17 18 19 20 21 22 Sch | Capital Paid-in Retaine Total Ii | issets. issets and n ts paya and no ges pa abilitie stock or cag dearn iabilitie mome per ome por or or or or or or or or or | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. states payable. | books with income per f the amount on Schedule | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is 7 Income recorded on in this return. Attac 8 Deductions in this ragainst book incom | books this year not incl h schedule return not charged | o o o o o o o o o o o o o o o o o o o | 37,626. 1,316,939. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 Sch | Capital Paid-in Retaine Total Ii | issets. issets and n ts paya and no ges pa iabilitie stock or car dearniabilitie mome po incom of cap not res schedules | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. states payable. | books with income per f the amount on Schedule | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is return. Attac Poductions in this ragainst book incom Attach schedule | books this year not incl h schedule return not charged e this year. | o o o o o o o o o o o o o o o o o o o | 37,626. 1,316,939. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 Sch | Contrib Bonds a Mortgae Other li Capital Paid-in Retaine Total li Excess Income Attach Expense | issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. issets. iss | Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. states payable. | books with income per f the amount on Schedule 215, 951. | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is return. Attac Poductions in this ragainst book incom Attach schedule | books this year not incl th schedule return not charged e this year. ad line 8 | o o o o o o o o o o o o o o o o o o o | 37,626. 1,316,939. |
| 11 12 13 .iab 14 15 16 17 18 19 20 21 22 Sch | Capital Paid-in Retaine Total II Excess Income Attach Expense in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling in this silling | issets. issets and n ts paya and no ges pa iabilitie or cap ome proof one proof or cap Attach schedule. STM 4 et worth able. gifts, or grants payable. tes payable. states payable. | books with income per f the amount on Schedule 215, 951. | 1,097,455. 38,189. 65,967. 993,299. 1,097,455. return L, line 13, column (d), is 7 Income recorded on in this return. Attac 8 Deductions in this ragainst book incom Attach schedule 9 Total. Add line 7 ar 10 Net income per | books this year not incl th schedule return not charged e this year. ad line 8 | uded | 37,626. 1,316,939. |

3652174 059 CACA1112L 01/02/18

3885

| | ch to Form 100 or For | m 100W. FOR | 1 199 | *************************************** | | | | | | |
|----------|------------------------------------------------------------|---------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------|-----------------------------|------------------|---------------------|-----------------|----------------------------|
| Corpor | ation name | | | | | | Califo | rnia cor | poratio | on number |
| SOC | CIAL JUSTICE I | LEARNING INS | TITUTE | | | | 312 | 9830 | <u> </u> | |
| Parl | Election To Ex | kpense Certain Pro | perty Under IRC S | ection 179 | | | | | | |
| 1 | Maximum deduction | under IRC Section | 179 for California. | | | | | 1 | | \$25 , 000 |
| 2 | 2 Total cost of IRC Section 179 property placed in service | | | | | | | 2 | | |
| 3 | Threshold cost of IR | C Section 179 prop | erty before reducti | on in limitation | | | | 3 | <u> </u> | \$200,000 |
| 4 | Reduction in limitation | | | | | | | 4 | ļ | |
| 5_ | Dollar limitation for | | act line 4 from line | | | | | 5 | estatement agen | |
| 6 | (a) | Description of property | | (b) Cost (business | use only) | (c) Electe | d cost | | | |
| | | | | ~ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | A | | | | | | | | |
| 7 | Listed property (elec | | | | | | | | | |
| 8 | Total elected cost of | • | | , , , , | | | | 8 | | |
| 9 | Tentative deduction. | | | | | | | 9 | | |
| 10 | Carryover of disallov | | • | | | | | 10 | | |
| 11 | Business income lim | | | • | , | | | 11 | | |
| 12 13 | IRC Section 179 exp Carryover of disallow | | | • | | 13 | | 12 | | |
| Part | | nd Election of Addit | | | | | 156 | | | |
| 14 | • | (b) | | (d) | 1 | 1 | i | 'a) | \neg | (h) |
| 14 | (a) Description | Date acquired | (c) Cost or | Depreciation | (e) Depreciation | (f) Life or | Deprec | g) iation | for | Additional first |
| | of property | (mm/dd/yyyy) | other basis | allowed or | method | rate | this | year | | year |
| | | | | allowable in earlier years | | | | | | depreciation |
| LEA | SEHOLD IMPRO | 7/01/2014 | 112,804. | 26,001. | 150DB | 15 | | 8,68 | 36. | |
| ARC | HITECTURE | 8/10/2014 | 2,267. | 522. | | 15 | | | 75. | |
| VEE | IICLE | 12/15/2014 | 5,500. | 3,916. | | 5 | | 63 | 34. | |
| | ICLE | 1/29/2015 | 13,569. | 9,661. | 200DB | 5 | | 1,56 | 53. | |
| | IPMENT | 7/24/2015 | 131. | 51. | 200DB | 7 | | | 23. | * |
| 15 | Add the amounts in | column (a) and col | umn (h). The total | of column (h) may | not exceed | 1 | | | | |
| , . | \$2,000. See instruct | | | | | | 1 | 5,97 | 14. | |
| Parl | III Summary | | | | | | | | | |
| 16 | Total: If the corporal | tion is electing: | | | | | | | | |
| | IRC Section 179 exp Additional first year | ense, add the amo | unt on line 12 and | line 15, column (g |) or its on line 1 | 5 columns | n) and (h | 1) Or | | |
| | Depreciation (if no e | | | | | | | | 16 | |
| 17 | Total depreciation cl | | | | | | | [| 17 | |
| 18 | Depreciation adjustn | nent. If line 17 is g | eater than line 16, | enter the difference | ce here and | on Form 10 | 0 or | | | |
| | Form 100W, Side 1, Form 100W, Side 2, | line 6, If line 17 is line 12. (If Californ | iess than line 16, lia depreciation am | enter the difference lounts are used to | e nere and d determine r | on Form 100 net income b | or efore | | | |
| | state adjustments or | n Form 100 or Form | i 100W, no adjustn | nent is necessary.). | | | <u> </u> | | 18 | |
| Part | IV Amortization | | | | | | | | | |
| 19 | (a) | (b) | (c) | (| d) | (e) R&TC | (f) | | | (g) |
| | Description of property | Date acquire (mm/dd/yyyy | | r Amort | ization allowable | section | Period percen | | | Amortization for this year |
| | 0. property | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , , , , , , , , , , , , , , , , | | er years | (see instr) | F | | | |
| | | | | | | | | | | |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | l | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 20 | Total. Add the amou | ints in column (g). | | | | | | 20 | | |
| 21 | Total amortization cl | laimed for federal p | urposes from fede | ral Form 4562, line | 44 | | | 21 | | |
| 22 | Amortization adjusts | nent. If line 21 is d | reater than line 20. | enter the difference | ce here and | l on Form 10 | 0 or | | | |
| | Form 100W, Side 1, | line 6. If line 21 is | less than line 20, | enter the difference | e here and o | on Form 100 | or | 00 | | |
| | Form 100W, Side 2, | iinė 12 | | | | | | 22 | <u></u> | · |

CACA3501L 08/24/17 059 7621174 FTB 3885 2017

3885

| | ch to Form 100 or Fo | rm 100W. FORI | M 199 | | | | | | | | | |
|--------------------------------------------|----------------------------------------------|-----------------------------------------|----------------------------------------|----------------------|-----------------------------------------|-----------------------------|---------------|---------|-------------------|--------------------|---------------|-----------------------------------------|
| Corpo | ration name | | | | | | | | Califo | rnia co | rporatio | on number |
| SO | CIAL JUSTICE : | LEARNING INS | TITUTE | | | | | | 312 | 983 | 0 | |
| Par | | xpense Certain Pro | | | | | | | | | | |
| 1 | Maximum deduction | | | | | | | | | 1 | | \$25 , 000 |
| 2 | | | | e | | | | | | | | |
| 3 | Threshold cost of IR | | - | | | | | | | 3 | | \$200,000 |
| 4 | Reduction in limitati | | | | | | | | | 4 | ļ | |
| | Dollar limitation for | | act line 4 from line | 1 | | | | | | 5 | AND RESIDENCE | |
| 6 | (a) | Description of property | | (b) C | ost (business | use only) | (c) | Elected | cost | _ | | |
| | | | | | *************************************** | | | | | _ | | |
| | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | |
| | *************************************** | | 711 | | | | | | | _ | | |
| 7 | Listed property (elec | | | | | | | | | | | |
| 8 | Total elected cost of | | | | | | | | | 8 | _ | |
| 9 | Tentative deduction. | | | | | | | | | 9 | ļ | |
| 10 | Carryover of disallov | | | | | | | | | 10 | | |
| 11 12 | Business income lin IRC Section 179 exp | | | | | | | | | 11 12 | | |
| 13 | Carryover of disallow | | | | | | | | | 12 | | |
| Par | | nd Election of Additi | | | | | | n 2/13 | 56 | | | |
| 14 | (a) | (b) | · · · · · · · · · · · · · · · · · · · | l | (d) | 1 | 1 | - 1 | | | I | /b\ |
| 14 | Description | Date acquired | (c) Cost or | Depr | eciation | (e) Depreciation | n (1 Life | or | Depreci | g) ation | for | (h) Additional first |
| | of property | (mm/dd/yyyy) | other basis | alio | wed or | method | ra | | this ye | | | year |
| | | | | | vable in er vears | | | | | | | depreciation |
| EQUIPMENT 11/16/2015 365. 141. 200DB 7 64. | | | | | | | | | | | | |
| EQU | JIPMENT | 4/26/2016 | 334. | | 130. | 200DB | | 7 | | Ę | 58. | |
| EQU | JIPMENT | 7/20/2015 | 2,835. | | 1,099. | 200DB | | 7 | | 49 | 96. | |
| EQU | JIPMENT | 2/05/2016 | 1,190. | | 461. | 200DB | | 7 | | 20 | 08. | |
| APE | LE | 7/03/2015 | 183. | | 71. | 200DB | | 7 | | 3 | 32. | |
| 15 | Add the amounts in | column (g) and col | umn (h). The total | of colur | nn (h) may | not exceed | d | | | | | |
| | \$2,000. See instruct | ions for line 14, col | umn (h) | | | | | 15 | | | | |
| Parl | | | | | | | | | | | | |
| 16 | Total: If the corporat | tion is electing: | # 10 | l: 15 | | | | | | | | |
| | IRC Section 179 exp Additional first year | ense, add the amo depreciation under | unt on line 12 and R&TC Section 243 | iine 15, 856. add | the amoun |) or ts on line 1 | 15. colu | mns (d | n) and (h |) or | | |
| | Depreciation (if no e | election is made), e | nter the amount fro | om line | 15, column | (g) | | | | | 16 | |
| 17 | Total depreciation cl | | | | | | | | | | 17 | |
| 18 | Depreciation adjustn Form 100W, Side 1, | nent. If line 17 is g | eater than line 16, | , enter th | he difference | e here and | on For | m 100 | or | | | |
| | Form 100W, Side 2, | line 12. (If Californ | ia depreciation am | nounts a | re used to (| determine r | net inco | me be | fore | | | |
| | state adjustments or | n Form 100 or Form | ı 100W, no adjustn | nent is r | necessary.). | | | | | | 18 | |
| Part | IV Amortization | | | | | | | | | | | |
| 19 | (a) | (b) | (c) | | | d) | (e R&1 |) | (f) | | | (g) |
| | Description of property | Date acquire (mm/dd/yyyy | d Cost o other bas | | Amorti allowed or | | R& sect | C | Period percent | | | Amortization for this year |
| | o. p. op o. ty | (////// 44/7/7/ | , ourer bac | ,,, | in earlie | | (see i | | pordoni | ago | | ioi uns year |
| | | | | | | | | ĺ | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 20 | Total. Add the amou | nts in column (g) | | | | | | | | 20 | | |
| 21 | Total amortization cl | | | | | | | | | 21 | | *************************************** |
| 22 | Amortization adjustn | nent. If line 21 is gr | eater than line 20, | enter ti | ne differenc | e here and | l on For | m 100 | or | | | |
| | Form 100W, Side 1, | line 6. If line 21 is | less than line 20, | enter the | e difference | here and | on Forn | า 100 (| or | 00 | | |
| | Form 100W, Side 2, line 12 | | | | | | | | | | | |

ACA3501L 08/24/17 059 7621174 FTB 3885 2017

3885

| | 2017 | Corpo | oration De | preciation ar | nd An | nortizati | ion | | | | | | 3885 |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------|---------------------|---------------------------|---------------|---------------|--------------------------------------|------------------------------------------|
| Atta | ch to Form 100 | or Form 1 | 00W. FORM | 1 199 | | | | | | | | | |
| Corpo | ration name | | | | | | | | | Califor | nia corp | oratio | n number |
| SOC | CIAL JUSTI | CE LEA | ARNING INS | TITUTE | | | | | | 312 | 9830 |) | |
| Par | t I Election | To Exper | nse Certain Pro | perty Under IRC S | ection 1 | 79 | | | | | | | |
| 1 | | | | 179 for California. | | | | | | | 1 | | \$25,000 |
| 2 | | | | olaced in service | | | | | | | 2 | | 4000 000 |
| 3 | Threshold cost | of IRC S | ection 179 prop | erty before reducti | on in lin | nitation | | | | | 3 4 | | \$200,000 |
| 4 | | | | from line 2. If zero act line 4 from line | | | | | | | 5 | | |
| <u>5</u> 6 | Dollar limitatio | | cription of property | act file 4 from file | | ost (business u | | | Elected | | | | |
| | | (a) Desi | or property | | (6) 0 | out (buomooo t | 300 011137 | (0) | Lioutot | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 | Listed property | / (elected | IRC Section 17 | 9 cost) | | | 7 | | | | | | |
| 8 | Total elected of | ost of IRO | C Section 179 p | roperty. Add amοι | ınts in c | olumn (c), l | ine 6 and I | ine 7 | | | 8 | | |
| 9 | | | | of line 5 or line 8. | | | | | | | 9 | | |
| 10 | | | | prior taxable year | | | | | | | 10 | | |
| 11 | Business inco | ne limitat | tion. Enter the s | maller of business | income | : (not less ti | han zero) c | r line 5 | | | 11 12 | | |
| 12 | | | | dd line 9 and line 1 | | | | | | | 12 | | |
| <u>13</u> Par | | | | 18. Add line 9 and onal First Year Dep | | | | | n 243 | 156 | | | |
| 14 | | don and L | | (c) | | (d) | (e) | (f | | | g) | T | (h) |
| 14 | 14 (a) (b) (c) Description Date acquired Cost or other basis | | | | | reciation wed or wable in er years | Depreciation method | | or | Depreci | ation year | for | Additional first year depreciation |
| AP | | | | | | | | | | 2 | 25. | | |
| AP | PLE | | ./25/2016 | 519. | | 201. | 200DB | | 7 | | ç | 1. | |
| AP | PLE | 5 | 5/20/2016 | 696. | | 269. | 200DB | | 7 | | 12 | 22. | |
| EQ | UIPMENT | 7 | //15/2015 | 807. | | 313. | 200DB | | 7 | | | 11. | |
| EQ | UIPMENT | 7 | //20/2015 | 200. | | 78. | 200DB | <u> </u> | 7 | | 3 | 35. | |
| | \$2,000. See ir | structions | umn (g) and co s for line 14, co | umn (h). The total lumn (h) | of colur | mn (h) may | not exceed | t t | 15 | | | | |
| | t III Summai | | | | | | | | | | | - 1 | |
| 18 | Additional first Depreciation (Total deprecia Depreciation a Form 100W, S Form 100W, S state adjustme | 79 expens year dep if no elect tion claim djustmen ide 1, line ide 2, line ents on Fo | se, add the amo preciation under tion is made), e ned for federal p tt. If line 17 is e 6. If line 17 is e 12. (If Califorr | unt on line 12 and R&TC Section 243 nter the amount from the section 243 nter than line 16 less than line 16, ia depreciation and 100W, no adjustr | 356, add om line ral Forn , enter t enter th nounts a | the amoun 15, column n 4562, line he difference e difference are used to | its on line 1 (g) 22 be here and determine i | I on Forn | m 10 n 100 me b | O or or efore | | 16 17 18 | |
| Par | t IV Amortiz | ation | | | | | | | | | | | |
| 19 | 9 (a) (b) (c) (d) (e) (f) Description of property (mm/dd/yyyy) Other basis of property (mm/dd/yyyy) Other basis of property of property (see instr) | | | | | | | | | | | (g) Amortization for this year | |
| | | | | | | | | | | | | ļ | |
| | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | <u> </u> | |
| | <u></u> | | | | | | | | | | | - | |
| | | | 1 | | | | | .l | | L | 20 | - | |
| 20 | | | | | | | | | | | 20 | - | |
| 21 22 | Amortization a Form 100W, S | adjustmen ide 1, line | nt. If line 21 is g e 6. If line 21 is | ourposes from fede reater than line 20 less than line 20, | , enter t enter th | the difference le difference | ce here and e here and | d on For on Forr | m 10 n 100 | 0 or or | 22 | | |
| | | | | | | | | | | | | | |

7621174 FTB 3885 2017 059 CACA3501L 08/24/17

3885

| | ch to Form 100 or Fo | rm 100W. FOR | М 199 | | | | - T- T- F- T- | | | | | |
|------|------------------------------------------------|-------------------------------------------|-----------------------|---------------------------|-----------------|-----------------------------------------|---------------------------------------------------|-----------------------------------------|-----------|------------|-----------------------------------------|--|
| • | oration name | | | | | | | Cali | fornia co | rporati | on number | |
| | CIAL JUSTICE | | | | | **** | | 31 | 2983 | 0 | | |
| Par | | xpense Certain Pro | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 1 | Maximum deduction | under IRC Section | 179 for California | | | | | • • • • • • • • • • | . 1 | | \$25,000 | |
| 2 | Total cost of IRC Se | ection 179 property | placed in service. | | | | | <i></i> | 2 | | | |
| 4 | Threshold cost of IR Reduction in limitati | on Subtract line 3 | from line 2. If zero | ion in limita | ition | | | | 3 | - | \$200,000 | |
| 5 | Dollar limitation for | | | | | | | | | - | | |
| 6 | | Description of property | act fine + north fine | (b) Cost (| | | | cted cost | J | | | |
| | | resemblian or brobotch | | (3) 0001 (| Daginous | use only) | (6) ER | otoq tost | - | | | |
| | | · · · · · · · · · · · · · · · · · · · | | - | | | | | | | | |
| | | V-10000000 | | | | | | | \dashv | | | |
| - | | | | | *** | | ~~~ | | \dashv | | | |
| 7 | Listed property (elec | cted IRC Section 17 | 79 cost) | 1 | | 7 | | | 1 | | | |
| 8 | Total elected cost of | f IRC Section 179 p | roperty. Add amou | ınts in colur | nn (c). | line 6 and I | ine 7 | | 8 | T | | |
| 9 | Tentative deduction. | . Enter the smaller | of line 5 or line 8. | | | | | | 9 | | | |
| 10 | Carryover of disallov | wed deduction from | prior taxable year | S | | | | | 10 | | | |
| 11 | Business income lin | nitation. Enter the s | smaller of business | income (no | ot less t | than zero) d | r line 5 | | 11 | | WWW. | |
| 12 | IRC Section 179 exp | ense deduction. A | dd line 9 and line 1 | 10, but do n | ot enter | more than | line 11 | | 12 | | | |
| 13 | Carryover of disallov | | | | | | | | | | | |
| Par | | nd Election of Addit | | 1 | duction | Under R&T | C Section 2 | 24356 | | | *************************************** | |
| 14 | (a) Description | (b) Date acquired | (c) Cost or | (d) Deprecia | ation | (e) | (f) Life or | Depred | (g) | for | (h) | |
| | of property | (mm/dd/yyyy) | other basis | allowed | | Depreciation method | rate | | year | 101 | Additional first year | |
| | allowable in | | | | | | | | | | depreciation | |
| EOI | JIPMENT | 12/30/2015 | earlier years 7 15. | | | | | | | | | |
| | JIPMENT | 12/31/2015 | 837. | | 33. 325. | 200DB 200DB | - | 7 | _ | 15. 16. | | |
| | JIPMENT | 2/01/2016 | 65. | | | 200DB | - | 7 | | | | |
| | JIPMENT | 10/21/2015 | 375. | | | 200DB 200DB | | 7 | | 66. | **** | |
| | GE TRUCK | 6/15/2018 | 24,839. | , | 140. | 200DB | | 5 | 1,24 | - | | |
| | | | | | | | . | 3 | 1,24 | 12. | | |
| 15 | Add the amounts in \$2,000. See instruct | column (g) and col | umn (n). The total | of column (| (h) may | not exceed | i 15 | | | | | |
| Par | t III Summary | 10110 101 1110 111, 00 | and (i) | | | | | | | | | |
| 16 | Total: If the corporat | ion is electing: | | | | *************************************** | · | | T | | | |
| | IRC Section 179 exp | ense, add the amo | unt on line 12 and | line 15, col | umn (g) |) or | | | . | | | |
| | Additional first year Depreciation (if no e | depreciation under lection is made), e | nter the amount fro | ob, add the om line 15 | amoun column | its on line 1 (a) | 5, column | s (g) and (l | n) or | 16 | | |
| 17 | Total depreciation cl | aimed for federal p | urposes from fede | ral Form 45 | 62. line | 22 | | | ····- | 17 | | |
| 18 | Depreciation adjustn Form 100W, Side 1, | nent. If line 17 is gi | eater than line 16, | enter the d | lifferenc | e here and | on Form | 100 or | ···· | | | |
| | Form 100W, Side 1, Form 100W, Side 2, | line 6. If line 17 is | less than line 16, | enter the dif | fference | here and o | on Form 1 | 00 or | | | | |
| | state adjustments or | Form 100 or Form | i 100W, no adjustn | nent is nece | sed to t | ueterriirie ii | iet income | belore | | 18 | | |
| Parl | IV Amortization | | | | | | | | | | | |
| 19 | (a) | (b) | (c) | | ((| d) | (e) R&TC | (f) | ******* | | (g) | |
| | Description of property | Date acquire (mm/dd/yyyy | | | Amorti | ization allowable | R&TC section | Perio | d or | | Amortization | |
| | or property | (ITIITI/dd/yyyy | outer bas | ois aiic | in earlie | er years | (see instr | percen | lage | | for this year | |
| | | | | | | ~~ | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | - Carlotte | |
| | | | | | | | | | | <u> </u> | | |
| 20 | Total. Add the amou | nts in column (g) | | | | | | | 20 | | | |
| 21 | Total amortization cl | | | | | | | | 21 | | | |
| 22 | | | | | | | | | | | | |
| | Amortization adjustm Form 100W, Side 1, | line 6. If line 21 is | less than line 20, e | enter the dif | ference | here and o | n Form 10 | 00 or | | | | |
| | Form 100W, Side 2, | ııııe 1∠ | | | | | | | 22 | l | | |
| | | | | | | | | | | | | |

CACA3501L 08/24/17 059 7621174 FTB 3885 2017

3885

| | ch to Form 100 or For | m 100W. FORM | 1 199 | | | | | | Lorr | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------------|----------------------|--------------------|------------------------------|-------------|--------|---------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Corpoi | ration name | | | | | | | | Californi | ia cor | poratio | n number |
| | CIAL JUSTICE I | LEARNING INS | TITUTE | | | | | | 3129 | 830 |) | |
| Part | | pense Certain Pro | | | | | | | | | r | |
| 1 | Maximum deduction | | | | | | | | | 1 | ļ | \$25,000 |
| 2 | Total cost of IRC Se | | | | | | | | | 2 | ļ | ÷000 000 |
| 3 | Threshold cost of IR | | | | | | | | | 3 | <u> </u> | \$200,000 |
| 4 | Reduction in limitation | | | | | | | | | <u>4</u> | - | |
| 5_ | Dollar limitation for t | | act line 4 from line | | | | | | 48 |) | | |
| 6 | (a) | Description of property | | (b) C | ost (business | use only) | (c) Ele | cted c | ost | | | general second |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | *************************************** | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 7 Listed property (elected IRC Section 179 cost) | | | | | | | | | | | | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | | | | | | | | | | | | |
| 9 | | | | | | | | | | 10 | | |
| 10 | Carryover of disallov Business income lim | | | | | | | | | 11 | | |
| 11 12 | IRC Section 179 exp | | | | | | | | | 12 | <u> </u> | |
| 13 | Carryover of disallov | | | | | _ | | | | | | |
| Parl | | nd Election of Additi | | | | | | 24356 | 3 | | The State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S | |
| 14 | (a) | (b) | (c) | | (d) | (e) | (f) | | (g) | | | (h) |
| 14 | Description | Date acquired | Cost or | Depr | eciation | Depreciation | | r [| Depreciat | tion | for | Additional first |
| | of property | (mm/dd/yyyy) | other basis | | wed or vable in | method | rate | | this y | ear | | year depreciation |
| | | | | | er years | | | | | | 1 | depreciation |
| APE | PLE | 10/20/2017 | 4,350. | | | 200DB | | 5 | 1 | , 08 | 38. | |
| API | | 1/16/2018 | 4,237. | | | 200DB | | 5 | | 63 | 36. | |
| | LE MACBOOK | 3/20/2018 | 1,392. | | | 200DB | | 5 | | 20 | 9. | |
| | LE MACBOOK | 3/20/2018 | 1,392. | | | 200DB | | 5 | | 20 | 9. | |
| | *************************************** | | | | | | | | | | | |
| 15 | Add the amounts in | column (g) and col | lumn (h). The total | of colur | nn (h) may | not exceed | | | | | | |
| | \$2,000. See instruct | | | | | | | 5 | | | | |
| Par | t III Summary | | | | | | | | | | | |
| 16 | Total: If the corporal | tion is electing: | 10 1 | Day 15 | 1 | \ | | | | | | |
| | IRC Section 179 exp Additional first year | ense, add the amo depreciation under | ount on line 12 and R&TC Section 243 | iine is, 856. add | the amour |) or its on line 1 | 5. columi | ns (a) | and (h) | or | | |
| | Depreciation (if no e | election is made), e | nter the amount fro | om line | 15, column | (g) | | | | ٠. لـ | 16 | |
| 17 | Total depreciation cl | laimed for federal p | ourposes from fede | ral Form | n 4562, line | . 22 | | | | · · L | 17 | |
| 18 | Depreciation adjustn Form 100W, Side 1, | nent. If line 17 is g | reater than line 16 | , enter th | he difference | ce here and | on Form | 100 | or | | | |
| | Form 100W, Side 1, Form 100W, Side 2, | line 12. (If Californ | nia depreciation am | nounts a | re used to | determine n | et incom | e bef | ore | | | |
| | state adjustments or | n Form 100 or Forn | n 100W, no adjustn | nent is r | necessary.) | | | | | L | 18 | |
| Par | t IV Amortization | | | | | | | | | | | (3.00mm) |
| 19 | (a) | (b) | (c) | _ | () o vi | d) | (e) R&TC | | (f) Period | or | | (g) |
| | Description of property | Date acquire (mm/dd/yyyy | | | allowed or | ization allowable | section | . | percenta | | | Amortization for this year |
| | o. proporty | (************************************** | , | | | er years | (see ins | | | | | 10. tillo y 54. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 20 | Total. Add the amou | ınts in column (g). | | | | | | | | 20 | | |
| 21 | Total amortization c | laimed for federal p | ourposes from fede | ral Forn | n 4562, line | 44 | | | | 21 | | |
| 22 | Amortization adjustr | nent. If line 21 is a | reater than line 20 | . enter t | he differen | ce here and | on Form | 100 | or [| | | |
| | Form 100W, Side 1, | line 6. If line 21 is | less than line 20, | enter th | e difference | e here and d | on Form | 00 o | r | 22 | | |
| | Form 100W, Side 2, | iine 12 | | | | | | | | 44 | 1 | |

CACA3501L 08/24/17 059 7621174 FTB 3885 2017

| 2017 | California Stateme | ents | Page 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------|---------------------------------------------------------------------------------------|
| | SOCIAL JUSTICE LEARNING I | NSTITUTE | 26-3413373 |
| Statement 1 Form 199, Part II, Line 7 Other Income Other Investment Income | | | \$ 29,508. Fotal \$ 29,508. |
| Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Dire | ctors, Trustees and Key Employees | 3 | |
| Current Officers: Name and Address | Title and Average Hours <u>Per Week Devoted</u> | Compen- bu | Contri- Expense ntion to Account/ BP & DC Other |
| D'ARTAGNAN SCORZA 600 CENTINELA AVE INGLEWOOD, CA 90302 | Secretary 40.00 | \$ 107,665. \$ | 0. \$ 0. |
| OMAI GARNER 600 CENTINELA AVE INGLEWOOD, CA 90302 | Director 0 | 0. | 0. 0. |
| LINDA BAUM 600 CENTINELA AVE INGLEWOOD, CA 90302 | Treasurer 0 | 0. | 0. 0. |
| NANCY GREENSTEIN 600 CENTINELA AVE INGLEWOOD, CA 90302 | Director 0 | 0. | 0. 0. |
| KAREN BLACKWELL 600 CENTINELA AVE INGLEWOOD, CA 90302 | Director 0 | 0. | 0. 0. |
| | Total | \$ 107,665. | 0. \$ 0. |
| AWARDS BANK SERVICE CHARGES Conferences, Conventions DUES & SUBSCRIPTIONS EVENTS AND HONORARIA FACILITIES/EQUIPMENT REN Insurance INTERNET AND WEB HOSTING Office Expenses Other Employee Benefit Other fees | on. , and Meetings | | 11,335. 7,632. 62,752. 2,607. 56,399. 13,028. 24,917. 2,398. 31,141. 53,500. 336,303. |

| 2017 | California Statements | Page 2 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------|
| | SOCIAL JUSTICE LEARNING INSTITUTE | 26-341337 |
| Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses | | |
| PROGRAM SUPPLIES. PUBLIC RELATIONS. REPAIRS & MAINTENANCE. SOFTWARE AND LICENSING. TAXES AND LICENSES. TELEPHONE. Travel. | \$ \$ Total \$ | 8,882. 93,097. 5,335. 9,760. 17,573. 463. 13,320. 165,487. 7,237. 945,288. |
| Statement 4 Form 199, Schedule L, Line 12 Other Assets | | |
| Prepaid Expenses and DefeunderOSITED FUND | erred Charges | 3,856. 187,797. 191,653. |
| Statement 5 Form 199, Schedule L, Line 18 Other Liabilities | | gantige (1) (1) (1) in meneral and a second consequence (1000) |
| ACCRUED VACATION | Total <u>\$</u> | 13,649. 19,603. 4,374. 37,626. |
| | | |
| | | |
| | | |
| | | |

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



| State Charity Registration Number 01 | 9331 | 6 | Check if: | f address | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|-----------|----------------|
| SOCIAL JUSTICE LEARNING I | NSTI | TUTE | Amended | | | |
| Name of Organization | | , , , , , , , , , , , , , , , , , , , , | | | | |
| 600 CENTINELA AVENUE Address (Number and Street) | | V-24-24-1 | Corporate or | Organization No. 3129830 | | - |
| INGLEWOOD, CA 90302 | | State ZIP Code | Federal Emplo | oyer I.D. No. <u>26-3413373</u> | * | |
| ANNUAL REGISTRA | TION R | ENEWAL FEE SCHEDULE (11 Ca | I II. Code Regs. | sections 301-307, 311 and 312) | | |
| Mak | e Chec | k Payable to Attorney General's I | Registry of Ch | aritable Trusts | | |
| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | J | Fee |
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | • | Between \$1,000,001 and \$10 milli | | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | on \$75 | Between \$10,000,001 and \$50 mil Greater than \$50 million | | \$225 \$300 |
| PART A - ACTIVITIES | | 1 | | | | ,,,,,, |
| For your most recent full accounti | ng per | iod (beginning 7/01/17 | ending | 6/30/18) list: | | |
| Gross annual revenue \$ | | | \$ | 1,354,565. | | |
| PART B – STATEMENTS REGA | RDIN | G ORGANIZATION DURING | THE PERI | OD OF THIS REPORT | | |
| | | | | providing an explanation and deta | ile for e | aach |
| 'yes' response. Please review | RRF-1 | instructions for information requ | ired. | providing an explanation and deta | 113 101 6 | acii |
| 1 During this reporting period, were t | here ar | ny contracts, loans, leases or othe | er financial tra | nsactions between the | Yes | No |
| organization and any officer, director director or trustee had any financia | or truste | ee thereof either directly or with an e | entity in which a | ny such officer, | | X |
| 2 During this reporting period, was there property or funds? | e any th | eft, embezzlement, diversion or mis | suse of the orga | nization's charitable | | X |
| 3 During this reporting period, did no | n-prog | ram expenditures exceed 50% of | gross revenue | s? | | X |
| 4 During this reporting period, were any Form 4720 with the Internal Reven | organizue Serv | zation funds used to pay any penalty | y, fine or judgm | ent? If you filed a | | X |
| 5 During this reporting period, were t purposes used? If 'yes,' provide an at | he serv | vices of a commercial fundraiser of | or fundraising of lephone number | counsel for charitable of the service | П | X |
| provider. | | | | * | — | 14 |
| 6 During this reporting period, did the or the name of the agency, mailing ac | | | | le an attachment listing | X | |
| 7 During this reporting period, did the or indicating the number of raffles and | rganizat d the da | tion hold a raffle for charitable purpo ate(s) they occurred. | oses? If 'yes,' pr | ovide an attachment | | X |
| 8 Does the organization conduct a vehic the program is operated by the cha charitable purposes. | cle dona rity or | tion program? If 'yes,' provide an at whether the organization contract | ttachment indica s with a comm | ating whether ercial fundraiser for | | X |
| 9 Did your organization have prepare principles for this reporting period? | d an a | udited financial statement in acco | rdance with ge | nerally accepted accounting | X | П |
| Organization's area code and telephone | numbe | er (323) 952-7363 | | | | • |
| Organization's e-mail address | Nofo | @ Sili.org | | | | |
| I declare under penalty of perjury that I | have e | xamined this report, including ac | companying | locuments, and to the best of my ki | nowlad | ne . |
| and belief, it is true, correct and comple | ete. | and roporty morading at | oompanying t | is commented, and to the best of my ki | 19 MICU | g¢. |
| De than | ו אני! רד | מיש מאות או מימי מישר | מיז במוז מעני | DIDECTION 5/7/10 | | |
| Share your warmen of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state | D Al | | EXECUTIVE | DIRECTOR 3/7//5 | | |

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

| Automati | c 6-Month Extension of Time. Only subr | nit origina | al (no copies needed). | | | | | | |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------|--------------------------------------------|-----------------|---------------------|--|--|--|
| All corporati | ions required to file an income tax return other th | an Form 99 | 0-T (including 1120-C filers), partnership | s, REN | AlCs, and | trusts must | | | |
| use Form 70 | 004 to request an extension of time to file income | tax returns | s. Enter filer's identi | | | | | | |
| | Name of exempt organization or other filer, see instructions. | | Enter mer s identi | | | ion number (EIN) or | | | |
| Tuna ar | Name of exempt organization of other mer, see instructions. | | | | or raomina. | ion names (En y er | | | |
| Type or orint | | | | 0.5 | | | | | |
| | SOCIAL JUSTICE LEARNING INSTITEMENT Number, street, and room or suite number. If a P.O. box, see in | | | 26-3413373 Social security number (SSN) | | | | | |
| file by the due date for | | istructions. | | Oocidi | security ridira | 301 (0011) | | | |
| iling your | 600 Centinela Avenue City, town or post office, state, and ZIP code. For a foreign add | ress see instru | ctions | 1 | | | | | |
| instructions. | | | | | | | | | |
| | Inglewood, CA 90302 | | | | | | | | |
| Enter the Re | eturn Code for the return that this application is fo | or (file a se | parate application for each return) | | | 01 | | | |
| | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| Application | | Return | Application | | | Return | | | |
| s For | | Code | ls For | | | Code | | | |
| | Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | | |
| orm 990-B | | 02 | Form 1041-A | | | 08 | | | |
| orm 4720 (i | | 03 | Form 4720 (other than individual) | | | 09 | | | |
| Form 990-P | | 04 | Form 5227 | | | 10 | | | |
| | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | | |
| -orm 990-1 | (trust other than above) | 06 | Form 8870 | | | 12 | | | |
| Telephor If the or If this is check th | as are in the care of ► ACCURETTA INC ne No. ► 818-782-1080 ganization does not have an office or place of but for a Group Return, enter the organization's four his box ► . If it is for part of the group, on the story. | digit Group | e United States, check this box Exemption Number (GEN) If | this is | for the w | hole group, | | | |
| for the ► | est an automatic 6-month extension of time until organization named above. The extension is for the calendar year 20 or tax year beginning7/01, 2017 | organization' _, and endir | 's return for: | zation ı | return | | | | |
| | tax year entered in line 1 is for less than 12 mont nange in accounting period | hs, check r | eason: Initial return Fir | nal retu | rn | | | | |
| nonref | application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions | · · · · · · · · · · · · · · · · · · · | | 3 a | \$ | 0. | | | |
| b If this tax pa | application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpaymer | 6069, enter nt allowed a | any refundable credits and estimated s a credit | 3 b | \$ | 0. | | | |
| EFTP: | ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See | instructions | 5, , , , , , , , , , , , , , , , , , , | 3 с | <u>'</u> | 0. | | | |
| Caution: If | you are going to make an electronic funds withdra | awal (direct | debit) with this Form 8868, see Form 84 | 153-EO | and Forn | 1 8879-EO for | | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Form 990

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.

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning , 2017, and ending , 2018 Check if applicable: D Employer identification number Address change SOCIAL JUSTICE LEARNING INSTITUTE 26-3413373 600 Centinela Avenue Name change Telephone number Inglewood, CA 90302 Initial return (323) 952-7363 Final return/terminated Amended return G Gross receipts \$ 2,066,35 F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Same As C Above Yes Tax-exempt status X 501(c)(3)) (insert no.) 4947(a)(1) or 527 501(c) (Website: ► http://www.sjli.org/ H(c) Group exemption number > Form of organization: X Corporation Trust Association Other ► L Year of formation: 2013 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: The Social Justice Learning Institute is advancing communities to achieve health and educational equity. It is a 501(c)3 Governance non-profit, and we rely on the financial and in-kind support of individuals. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 4 4 5 4 Total number of volunteers (estimate if necessary). 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... b Net unrelated business taxable income from Form 990-T, line 34. 0. **Current Year** 8 Contributions and grants (Part VIII, line 1h)..... 1,804,831 2,036,845. Revenue 9 Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 8,458 29,508. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,813,289 2,066,353. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 584,958 892,679. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 957,723. 691,867 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 1,276,825. 850,402. Revenue less expenses. Subtract line 18 from line 12..... 536,464. 215,951. Beginning of Current Year End of Year Total assets (Part X, line 16)..... 1,097,455. 1,354,565. 21 Total liabilities (Part X, line 26)..... 104,156. 37,626. Net assets or fund balances. Subtract line 21 from line 20..... 993.299 1,316,939. Part II Signature Block Under penalties of perjury, I declare that I have examiled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here D'ARTAGNAN SCORZA Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check Brenda Kommareddy CPA Brenda Kommareddy CPA Paid self-employed P01356553 Preparer Firm's name ► Accuretta, Inc Use Only Firm's address 5900 Sepulveda Blvd Ste 435 Firm's EIN ► 45-2777041 Sherman Oaks, CA 91411-2511 Phone no. (818) 782-1080

| | | | 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 | | 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 during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part Il</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| i | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| ı | o Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| (| c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> | 11 c | | Х |
| (| I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | Х | |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| Ł | 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 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | | Х |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |
| ΔΔ | TEE A 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | Form | 000 (| 2017) |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE

Part IV Checklist of Required Schedules (continued)

| ~104011111 | | | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 20 | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> 'Yes,' <i>complete Schedule J.</i> | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | ta 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes.' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | and Part V, line 1 | 34 | | Х |
| | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | organization? Îf 'Yes,' complete Schedule Ř, 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 | 000 | X |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

| | The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon | | | | حلن |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|----------------|--------------|
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | o la | | Yes | No |
| • | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportab (gambling) winnings to prize winners? | | 1 c | | |
| 2 | a 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 2 a | 4 | , 0 | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax re | | 2 b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | | | | |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3 a | | Х |
| | b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i> | | 3 b | | |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature or other autho financial account in a foreign country (such as a bank account, securities account, or other financia | rity over, a | 4 a | | 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 Account | | | | l |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5 a | | Х |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | | 5 b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible as charitable contributions? | the organization | 6 a | | Х |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible? | gifts were | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo services provided to the payor? | r goods and | 7 a | | Х |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7 b | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ Form 8282? | ired to file | 7 c | | Х |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | 7 e | | Χ |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor | | 7 f | | X |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 88 as required? | 99 | 7 g | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi. Form 1098-C? | | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sorganization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| | a 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? | | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | |
| | a Gross income from members or shareholders | | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? 1 | 2a | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| á | a Is the organization licensed to issue qualified health plans in more than one state? | | 3a | 10/600/04/4/01 | MILLIAN TO P |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | |
| | Enter the amount of reserves on hand | | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | | 4a | . | X |
| Ι ΑΑ | o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedul | | 4b | gan (| 2017 |
| | | | | | |

Form 990 (2017) SOCIAL JUSTICE LEARNING INSTITUTE Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee?.... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents Χ 4 since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 6 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a members of the governing body?.... b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a a The governing body?..... X 8 b b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10 a 10a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ 120 Schedule O how this was done..... X 13 Did the organization have a written whistleblower policy?..... 13 14 X 14 Did the organization have a written document retention and destruction policy?..... 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a 15b X b Other officers or key employees of the organization..... 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 X taxable entity during the year?..... 16 a 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 16 b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

SHERMAN OAKS CA 91411 818-782-1080

ACCURETTA INC 5900 SEPULVEDA BLVD SUITE 435

| Form 990 (2017) SOCIAL JUSTICE LEARNIN | | | | | | | | | 26-34133 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|----------------------|---------------|-----------------|------------------------------|--------------|-------------------------------------------|--------------------------------------------|--------------------------------------------------|
| Part VII Compensation of Officers, Direct Independent Contractors | ors, Tru | ste | es, | Ke | y E | mple | оує | ees, Highest C | ompensated Er | nployees, and |
| Check if Schedule O contains a response | or note to | any | line | e in | this | Part | VII | | | |
| Section A. Officers, Directors, Trustees, K | ey Emp | loye | es, | , an | ıd F | ligh | est | t Compensate | d Employees | |
| 1 a Complete this table for all persons required to be listed organization's tax year. | l. Report c | omp | ensa | tion | for | the ca | len | dar year ending wit | th or within the | W 4/4 |
| • List all of the organization's current officers, directly compensation. Enter -0- in columns (D), (E), and (F) is | ectors, tru f no comp | stee ens | s (w atior | hetl wa | her i | indivional | dua | als or organization | s), regardless of ar | nount of |
| List all of the organization's current key employ | ees, if any | y. Se | e in | stru | ictio | ns fo | r de | efinition of 'key en | nployee.' | |
| List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations. | ensated e W-2 and | empl /or E | oyee | es (d 7 of | othe For | r thar m 109 | n ar 99-1 | n officer, director, MISC) of more tha | trustee, or key em an \$100,000 from th | ployee) ne |
| List all of the organization's former officers, key of reportable compensation from the organization and any | related or | ganiz | atio | ns. | | | | | | than \$100,000 |
| List all of the organization's former directors or trustee organization, more than \$10,000 of reportable comper | es that red | ceive | d, in | the | capa | acity a | is a | former director or t | rustee of the | |
| List persons in the following order: individual trustees | | | | - | | | | | | mnensated |
| employees; and former such persons. | | | | | | | | | | riperisateu |
| Check this box if neither the organization nor any relat | ed organiz | ation | con | | | ed any | y cu | ırrent officer, direct | or, or trustee. | porman |
| | | Dos | itian | (C) | | | | | | |
| (A) Name and Title | (B) Average | thai | n one s both | box, | unle: office | eck mo ss pers r and a | on | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per | | dir | ector | /trust | iee) | | compensation from the organization | compensation from related organizations | amount of other compensation |
| | week (list any hours for related | individual trustee or director | nstitutional trustee | Officer | Key employee | Highest co | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related |
| | organiza- | dual 1 | tion: | 74 | nplo | st cor | ዊ | | | organizations |
| | tions below dotted | ruste | <u>a</u> | | yee | mper | | | | |
| | line) | ő | ée | | | compensated ee | | | | |
| (1) D'ARTAGNAN SCORZA | 40 | | | | | | | | | *************************************** |
| Secretary | 0 | Х | | | | | | 107,665. | 0. | 0. |
| _(2) OMAI GARNER | 0 | | | | | | | _ | | |
| Director (3) LINDA BAUM | 0 | X | | | | | | 0. | 0. | 0. |
| Treasurer | 0 | Х | | | | | | _ | 0 | 0 |
| (4) NANCY GREENSTEIN | 0 | Λ | | | | 1 | | 0. | 0. | 0. |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (5) KAREN BLACKWELL | 0 | | | | | | | 0. | | <u> </u> |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| _(6) | | | | | | | | | | 3-111-0 3-7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0- |
| | | | | | | | | | | |
| | | | | | | | | | | VALUE |
| | | | | | | | | | | |
| (10) | | | _ | | | | - | | | |

(11)

(12)

(13)

(14)

| Part VII Section A. Officers, Directors, Tru | ıstees, l | Key | En | ıplo | oye | es, | and | d Highest Con | npensated Em | ployees | 3 (contin | iued) |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------|------------------|-----------------------------------|---------------------------------|--------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|----------|---------------------------------------------------|-------|
| (A) Name and title | Average hours per week | offi | , unle cer a | ess pe nd a c | sition more erson direct | e than is bot or/trus | h an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organization (W-2/1099-MISC) | ı I amın | (F) stimated unt of other pensation | |
| | (list any hours for related organiza - tions below dotted line) | individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | org | rom the ganization id related anizations | |
| (15) | | - | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | : | | | |
| (18) | | - | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | - 1441/0440-0470-03-03-03 | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | • | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | | | L | | | | > | 107,665. | |). | | 0. |
| c Total from continuation sheets to Part VII, Sectid Total (add lines 1b and 1c) | | | | | | | ▶ | 0. 107,665. | |).). | | 0. |
| 2 Total number of individuals (including but not limited | to those I | isted | abo | ve) \ | who | recei | ved | | | | n | |
| from the organization • 1 | | | | | | | | *** | | | Yes | No |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc | tor, or tru | stee, | key | y en | nplo | yee, | or h | nighest compensa | ted employee | 3 | | Х |
| For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual. | f reportab er than \$1 | le co 50,0 | mpe 00? | ensa If '\ | ation Yes, | and | oth | er compensation | | 4 | | Х |
| 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes | e comper | satio | n fr | om | anv | unre r suc | late | ed organization or person | individual | | | X |
| 1 Complete this table for your five highest compen compensation from the organization. Report compensation | sated ind | epen | den | t co | ntra | ctors | tha | at received more to | han \$100,000 of | ear. | | |
| (A) Name and business add | | 410 0 | 41011 | iddi , | y ou n | Ondi | | (B) Description |) | | C) ensation | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including t | out not lim | ited t | o the | ose I | liste | d abo | ve) | who received more | than | | | |
| \$100,000 of compensation from the organization | ▶ 0 | | | | | | | | | | | |

| 5.0552 | | Check if Schedule O contains a response | onse or note to ar | ny line in this Part \ | /IIL | | |
|--------------------------------------------------------|-----|--------------------------------------------------------------------------------------|--------------------|------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts | 1 | a Federated campaigns 1a | | | | 15 T | |
| irai our | | b Membership dues | | | | | |
| s, C | | c Fundraising events | | | | | |
| Gift | | d Related organizations 1 d | | | | | |
| imi | | e Government grants (contributions) 1 e | 389,313. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | f All other contributions, gifts, grants, and similar amounts not included above 1 f | 1,647,532. | | | | |
| E O | | g Noncash contributions included in lines 1a-1f: \$ | | | | Control of the Control | |
| <u>S</u> € | | h Total. Add lines 1a-1f | | 2,036,845. | | SAME TO SERVICE STREET | |
| Program Service Revenue | | | Business Code | | | | |
| ¥e⊓ | 2 | a | | | | | |
| aŭ o | | b | 24004 | | | | |
| ξ | | c | Waster | | | | |
| Sel | | d | | | | | |
| ä | | e | | | | | 772 |
| b) | | f All other program service revenue | | | | | |
| <u> </u> | | g Total. Add lines 2a-2f | | | | and the second second | History (1985) The History (1985) Common States |
| | 3 | Investment income (including dividends other similar amounts) | , interest and | 00 500 | 00.500 | | |
| | 4 | Income from investment of tax-exempt | | 29,508. | 29,508. | | |
| | 5 | Royalties | • | | | | |
| | 5 | (i) Real | (ii) Personal | | | | |
| | 6 | a Gross rents | (ii) i cisonat | | | and the state of the state of | |
| | 1 | b Less: rental expenses | | | | | |
| | ı | c Rental income or (loss) | - | | | | |
| | 1 | d Net rental income or (loss) | | | | | - F 6 2 3 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| | l | (3.0 | (ii) Other | | | | |
| | 7 a | a Gross amount from sales of assets other than inventory | (ii) Guidi | A CONTRACTOR | any of the control | | |
| | | - | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | <u> </u> | | | | |
| | | | | | | | |
| enne | ٥ | a Gross income from fundraising events (not including. \$ | | | | | |
| | | of contributions reported on line 1c). | | | | | |
| Re | | See Part IV, line 18 a | | | | | |
| er | | b Less: direct expenses b | | | | | |
| Other Rev | | c Net income or (loss) from fundraising ev | rents► | | | | |
| | 9 | a Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | | b Less: direct expenses b | | | | | |
| | | c Net income or (loss) from gaming activity | ties► | | | | |
| | | a Gross sales of inventory, less returns | | | | | E- 1 CHURCH STREET |
| | 10 | and allowances a | | | radio radion | | |
| | | b Less: cost of goods sold b | | | | | |
| | | Net income or (loss) from sales of inven | tory ► | | | | |
| [| | Miscellaneous Revenue | Business Code | | | | |
| | 11: | a | | | | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s |
| | |) | | | | - | |
| | | : | | | | | |
| | | d All other revenue | | | | | |
| | (| Total. Add lines 11a-11d | t e | | | | |
| | 12 | Total revenue. See instructions | | 2,066,353. | 29,508. | 0. | 0. |

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 re | | | | X |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|----------------------------------------|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | · | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | 107,665. | 107,665. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 663,953. | 455,228. | 132,411. | 76,314. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 003, 333. | 433,220. | 132,411. | 10,014. |
| 9 | Other employee benefits | 53,500. | 39,028. | 9,181. | 5,291. |
| 10 | Payroll taxes | 67,561. | 49,285. | 11,594. | 6,682. |
| 11 | Fees for services (non-employees): | | | | |
| ä | a Management | | | | |
| ŀ | b Legal | | | | |
| (| Accounting | | | | |
| (| d Lobbying | | | | |
| • | e Professional fundraising services. See Part IV, line 17 | | | | |
| 1 | Investment management fees | | | | |
| ç | g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5Ch. | 336,303. | 307,151. | 4,309. | 24,843. |
| 12 | Advertising and promotion | 20,350. | 14,845. | 3,492. | 2,013. |
| 13 | Office expenses | 31,141. | 22,717. | 5,344. | 3,080. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 47,969. | 34,993. | 8,232. | 4,744. |
| 17 | Travel | 165,487. | 164,594. | 893. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 62,752. | 62,752. | | |
| 20 | Interest | 1,992. | 1,453. | 342. | 197. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 15,974. | 11,653. | 2,741. | 1,580. |
| 23 | Insurance | 24,917. | 18,177. | 4,276. | 2,464. |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| ä | PROGRAM SUPPLIES | 93,097. | 93,097. | | |
| | EVENTS AND HONORARIA | 56,399. | 56,399. | | |
| | SOFTWARE AND LICENSING | 17,573. | 17,573. | | |
| | d TELEPHONE | 13,320. | 9,717. | 2,286. | 1,317. |
| | All other expenses | 70,449. | 55,903. | 9,228. | 5,318. |
| _25 | Total functional expenses. Add lines 1 through 24e | 1,850,402. | 1,522,230. | 194,329. | 133,843. |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2017) |
| BAA | 1 | TEEA0110L 08 | R/08/17 | | FULLE 330 (2017) |

| Promption: | 0.0000000000000000000000000000000000000 | Check if Schedule O contains a response or note to | o any | line in this Part X | | | |
|--------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------|--------------------------|------|-----------------------------------------|
| | | · | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash — non-interest-bearing | | | | 1 | 211,547. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 561,984. | 4 | 831,716. |
| | 5 | Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete | 3)(B),)(9) vol e Part | and contributing luntary employees' II of Schedule L | | 6 | |
| sts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | : | | 3,726. | 9 | 3,856. |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10 a | 179,129. | | | |
| | | Less: accumulated depreciation | | | 99,414. | 10 c | 119,649. |
| | 11 | Investments – publicly traded securities | | | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11. | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | 187,797. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | | | | 16 | 1,354,565. |
| | 17 | Accounts payable and accrued expenses | | | 38,189. | 17 | |
| | 18 | Grants payable | | | | 18 | *************************************** |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part I | | | | 21 | 100 |
| Liabilities | 22 | Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L | ers, dir I disqu | rectors, trustees, ualified persons. | , | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated th | ird pa | rties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | • | | | 24 | , |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | 65,967. | 25 | 37,626. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 104,156. | 26 | 37,626. |
| ces | | Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34. | re ► | X and complete | | | |
| ŭ | 27 | Unrestricted net assets | | | 528,632. | 27 | 234,826. |
| 3ag | 28 | Temporarily restricted net assets | | | 464,667. | 28 | 1,082,113. |
| 9 | 29 | Permanently restricted net assets | | | | 29 | |
| Net Assets or Fund Balan | | Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34. | eck he | ere ► | | | |
| 0 | 30 | Capital stock or trust principal, or current funds | | ************************************** | | 30 | |
| g. | 31 | Paid-in or capital surplus, or land, building, or equipm | | | | 31 | |
| Asi | 32 | Retained earnings, endowment, accumulated income, | | | | 32 | |
| et | 33 | Total net assets or fund balances | | | 993,299. | 33 | 1,316,939. |
| Z | 34 | Total liabilities and net assets/fund balances | | | 1,097,455. | 34 | 1,354,565. |
| | | | | | 1,001,400. | | ±,00±,000. |

BAA

Form 990 (2017)

| | () DOULLE OUDILOR EDITIONED STORES | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------|------|------------------|
| Part | | | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XI | · · · · · · · · · · · · · · · · · · · | | | . X |
| | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,0 | 66,3 | 353. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,8 | 50,4 | 102. |
| | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | 15,9 | 3 51. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 9 | 93,2 | 299. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | • | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). See Schedule O | 9 | 1 | 07,6 | 589. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 4.0 | | | |
| | column (B)) | 10 | 1,3 | 16,9 | 1 39. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | lf the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | X |] |
| : | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis | ed on a | | | |
| h' | Were the organization's financial statements audited by an independent accountant? | | 2 b | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa | | | | |
| | basis, consolidated basis, or both: | | | | |
| | 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? | | 2 c | | Х |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | , | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | X |
| | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| BAA | | | Form | 990 | (2017 |

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

2017

OMB No. 1545-0047

Open to Public Inspection Employer identification number

| SOCIA | AL JUSTICE LEARNING | INSTITUTE | | | | 26-341337 | '3 | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|--|
| Part I | Reason for Public Ch | | | | | | tions. | |
| The orga | anization is not a private foun | | | | - | , | *************************************** | |
| 1 | A church, convention of church | hes, or association of c | churches described in sec | tion 170 | (b)(1)(A) | (i). | | |
| 2 | A school described in section | | , | | | | | |
| 3 | A hospital or a cooperative | | | | | | | |
| 4 | A medical research organiza | ation operated in conj | unction with a hospital | describe | ed in se | ction 170(b)(1)(A)(iii). E | Enter the hospital's | |
| | name, city, and state: | | | | | | | |
| 5 | An organization operated fo section 170(b)(1)(A)(iv). (Co | r the benefit of a colle | | | | | escribed in | |
| 6 | A federal, state, or local gov | vernment or governme | ental unit described in s | section ' | 1 70(b) (1 |)(A)(v). | | |
| / <u>X</u> | 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 _ | A community trust described | l in section 170(b)(1) | (A)(vi). (Complete Part | II.) | | | | |
| 9 | An agricultural research organ or university or a non-land-gra university: | nt college of agriculture | ction 170(b)(1)(A)(ix) oper e (see instructions). Ente | r the nar | conjuncti ne, city, | on with a land-grant college and state of the college | ege or | |
| 10 | An organization that normally from activities related to its investment income and unre June 30, 1975. See section | receives: (1) more thar exempt functions—su elated business taxabl | n 33-1/3% of its support fi bject to certain exception le income (less section | rom cont | (2) no | more than 33-1/3% of i | ts support from aross | |
| 11 | An organization organized a | nd operated exclusive | ely to test for public saf | ety. See | section | n 509(a)(4). | | |
| 12 | An organization organized a or more publicly supported o lines 12a through 12d that d | organizations describe | ed in section 509(a)(1) o | or sectio | n 509(a |)(2). See section 509(a | ut the purposes of one)(3). Check the box in | |
| a [| Type I. A supporting organization organization organization (s) the power to re | on operated, supervise | ed, or controlled by its sup t a majority of the directo | oported or ors or true | organizat stees of | ries 12e, 121, and 12g. iion(s), typically by giving the supporting organizati | the supported on. You must | |
| ь | complete Part IV, Sections A | | | | | | | |
| n [_ | Type II. A supporting organize management of the supporting must complete Part IV, Sect | i organization vested in | the same persons that c | with its ontrol or | suppor manage | ted organization(s), by the supported organizat | having control or ion(s). You | |
| С | Type III functionally integrated organization(s) (see instruction | . A supporting organizations). You must com | tion operated in connectio | n with, a A. D. an | nd functi d E . | onally integrated with, its | supported | |
| d | Type III non-functionally integ | rated. A supporting org | , janization operated in cor v must satisfy a distribu | nnection | with its | supported organization(s tand an attentiveness |) that is not requirement (see | |
| e | instructions). You must com Check this box if the organiz | ation received a writt | en determination from | the IRS | that it is | s a Type I, Type II, Typ | e III functionally | |
| f Fr | integrated, or Type III non-funter the number of supported | | | | | | | |
| | ovide the following information | | | | | | | |
| | ame of supported organization | (ii) EIN | | (iv) | s the | (v) Amount of monetary | (vi) Amount of other | |
| | | , | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organizat in your g | tion listed overning nent? | support (see instructions) | support (see instructions) | |
| | V ALMOS, LL I | | | Yes | No | | | |
| (A) | | | | | | | | |
| ` | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| i' | | | | | | | V4974.1034.11 | |
| (E) | | | NOTES SERVICE SUPERIOR SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE | 20000000000000000000000000000000000000 | DAGGERS OF THE STREET | | | |
| - | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017 SOCIAL JUSTICE LEARNING INSTITUTE

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 | tion A. Public Support | | | | | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------------|----------------|
| begi | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | 1,137,476. | 1,804,831. | 2,036,845. | 4,979,152. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 0. | 0. | 1,137,476. | 1,804,831. | 2,036,845. | 4,979,152. |
| 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) | | | | | | 0. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 4,979,152. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 0. | 0. | 1,137,476. | 1,804,831. | 2,036,845. | 4,979,152. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI. | | | 6,315. | 17,506. | 29,508. | 53,329. |
| | Total support. Add lines 7 through 10 | | | | | | 5,032,481. |
| 12 | Gross receipts from related activ | rities, etc. (see in | structions) | | | 12 | 0. |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | n's first, second, th | ird, fourth, or fifth | tax year as a secti | on 501(c)(3) | ▶ [X] |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | |
| 14 | Public support percentage for 20 |)17 (line 6, colum | n (f) divided by lii | ne 11, column (f)) | | 14 | % |
| 15 | Public support percentage from | 2016 Schedule A, | Part II, line 14 | | | | % |
| 16a | 33-1/3% support test—2017. If t and stop here. The organization | he organization d qualifies as a pu | id not check the t blicly supported o | oox on line 13, an organization | d line 14 is 33-1/3 | 3% or more, checl | k this box |
| b | 33-1/3% support test—2016. If the and stop here. The organization | ne organization di n qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or more, o | check this box |
| 1 7 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts' | meets the 'facts. | and-circumstance | s' test, check this | : hox and stop he | re. Explain in Pari | t VI now |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and | meets the 'facts- d-circumstances' | and-circumstance test. The organiz | s' test, check this ation qualifies as | box and stop he a publicly suppor | re, Explain in Pari ted organization | t VI now the |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see in | structions |

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.)

| Sec | tion A. Public Support | | | , r art ii.) | | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | 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. | | | | | | |
| С | Add lines 7a and 7b | | | | | | *************************************** |
| 8 | Public support. (Subtract line 7c from line 6.) | | There is a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon | | | | |
| | tion B. Total Support | | Г | | | | |
| Calen | dar year (or fiscal year beginning in) 🟲 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | | <u> </u> | | + · · · · · · · · · · · · · · · · · · · | | | |
| 9 | Amounts from line 6 | | | | | | |
| 9 10a b | Amounts from line 6 | | | | | | ,, |
| 9 10a b | Amounts from line 6 | | | | | | |
| 9 10a b c 11 | Amounts from line 6 | | | | | | |
| 9 10a b c 11 | Amounts from line 6 | | | | | | |
| 9 10a b c 11 12 | Amounts from line 6 | stop here | ation's first, seco | nd, third, fourth, or | fifth tax year as | a section 501(c)(3) | |
| 9 10a b c 11 12 13 14 Sec: | Amounts from line 6 | stop here olic Support P | ation's first, seco | nd, third, fourth, or | | | · |
| 9 10a b c 11 12 13 14 Sec: | Amounts from line 6 | stop here olic Support P 17 (line 8, columi | ation's first, seco | nd, third, fourth, or | | | · · · · · · · · · · · · · · · · · · · |
| 9 10a b c 11 12 13 14 Sec 15 16 | Amounts from line 6 | blic Support P 17 (line 8, columi 2016 Schedule A, | ation's first, seco ercentage n (f) divided by li Part III, line 15. | nd, third, fourth, or | | | · |
| 9 10a b c 11 12 13 14 Sec: 15 16 Sec: | Amounts from line 6 | olic Support P 17 (line 8, columi 2016 Schedule A, estment Incor | etion's first, seco Percentage n (f) divided by li Part III, line 15. ne Percentag | nd, third, fourth, or | | | |
| 9 10a b c 11 12 13 14 Sec: 15 16 Sec: 17 | Amounts from line 6 | blic Support P 17 (line 8, column 2016 Schedule A, estment Incor or 2017 (line 10c, | ercentage (f) divided by li Part III, line 15. ne Percentag column (f) divided | nd, third, fourth, or ne 13, column (f)). | nn (f)) | | |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 | Amounts from line 6 | blic Support P 17 (line 8, column 2016 Schedule A, estment Incor or 2017 (line 10c, rom 2016 Schedu | ation's first, seconomics firs | nd, third, fourth, or ne 13, column (f)). e ed by line 13, colum | nn (f)) | | |
| 9 10a b c 11 12 13 14 Sec: 15 16 Sec: 17 18 19a | Amounts from line 6 | blic Support P 17 (line 8, column 2016 Schedule A, estment Incor or 2017 (line 10c, rom 2016 Schedu he organization d this box and sto | ation's first, seconomics firs | nd, third, fourth, or ne 13, column (f)). eed by line 13, colum 17box on line 14, and | nn (f)) | | % % % |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b | Amounts from line 6 | blic Support P 17 (line 8, column 2016 Schedule A, estment Incor or 2017 (line 10c, rom 2016 Schedul he organization d this box and stop he organization d , check this box a | eation's first, secondercentage In (f) divided by lipert III, line 15. Ine Percentage Column (f) divided le A, Part III, line id not check the phere. The organid not check a boand stop here. The | nd, third, fourth, or ne 13, column (f)). ed by line 13, column 17 box on line 14, and nization qualifies as ox on line 14 or line are organization qualifies organization qualifies as the organization qualifies as the organization qualifies as the organization qualifies are organizat | nn (f))d line 15 is more s a publicly suppe 19a, and line 16 lifies as a public | 15 16 17 18 than 33-1/3%, and orted organization 5 is more than 33-1 y supported organi | % % % % % % % % % % % % % % % % % % % |

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.)

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 (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.
- 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')? 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 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 (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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 | | nader pallasare |
| | | | |
| | | | |
| | 2 | | |
| | | | |
| | За | | enavaranski (i |
| | -Ju | | |
| 7 | | | |
| • | 3b | | |
| | | | |
| | 3c | ************************************** | i iligaro (merimo v |
| | | | |
| | 4a | | NESCENTIFICATION |
| | 714 | | |
| | | | |
| | 4b | | |
| | | | |
| t | | | |
| • | 4c | | |
| | | | |
| | | | |
| | | | |
| | 5а | | opening (Spilling |
| | | | |
| 9 | 5b | | |
| | <u> </u> | | |
| | 5c | | |
| | | | |
| е | | | |
| | 6 | | |
| | | | |
| | | | |
| | 7 | Approximation (CE) | LANCE CONTROLS |
| a 1 | | | |
| s, ' | 8 | -megacit-sakey | |
| | | | |
| ? | | | |
| • | 9a | | |
| | | | |
| | 9b | | |
| | | | |
| | 9с | | |
| | | | |
| es, ' | | | |
| | 10a | may 11-20-1-11 | |
| | | | |
| | 10b | 1 | |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|----------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| | b A family member of a person described in (a) above? | 11b | | |
| | c 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 | | |
| | ction B. Type I Supporting Organizations | | 1 | <u> </u> |
| | | | 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 | | |
| 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 | | |
| Sec | ction C. Type II Supporting Organizations | | • | |
| | | Consequences | 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). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | Lippi Carolina | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 | | |
| 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 | | |
| 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| ŀ | | | | |
| | | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | Instruc | tions) | |
| 2 | Activities Test. Answer (a) and (b) below. | | 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 | | |
| t | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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? <i>Provide details in Part VI.</i> | За | | |
| b | 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 | | |

| Sche | dule A (Form 990 or 990-EZ) 2017 SOCIAL JUSTICE LEARNING INSTITU | | 26-34 | 13373 Page |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------|------------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | aniza | itions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | t on N ns mu | lov. 20, 1970 (explain in ust complete Sections A | Part VI). See through E. |
| Sec | tion 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 | | 100 |
| 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 | | |
| Sec | tion 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 | | |
| | : Fair market value of other non-exempt-use assets | 1c | | |
| C | 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 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 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | This was a second state of the second | |
| 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 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2017

7

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Su | upporting Organiza | ations (continued) | 10070 | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|--|--|
| Sec | tion D — Distributions | | | Current Year | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | ırposes | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, nexcess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | upported organizations | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | 2000000 | | _ | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7815-7 | | | | | |
| 8 | Distributions to attentive supported organizations to which the organizati in Part VI). See instructions. | on is responsive (provide | e details | | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | | |
| Sec | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 | | | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | Security Conference (4) | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | | | |
| а | | | | | | | | |
| | From 2013 | | | | | | | |
| | From 2014 | | | | | | | |
| | From 2015 | | | | | | | |
| е | From 2016 | | | | | | | |
| 1 | Total of lines 3a through e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| h | Applied to 2017 distributable amount | | | | | | | |
| i | Carryover from 2012 not applied (see instructions) | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | |
| | Applied to 2017 distributable amount | | and the resonance of | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| a | Excess from 2013 | | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | | | | | |
| | Excess from 2014 | | | | | | | |
| С | Excess from 2015 | TOTAL PROPERTY OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON O | | | | | | |
| d | Excess from 2016 | | | | | | | |

BAA

e Excess from 2017.....

Schedule A (Form 990 or 990-EZ) 2017

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.)

Part II, Line 10 - Other Income

| Nature and Source | | | 2017 | | 2016 | | 2015 | 201 | 4 | 2013 |
|-------------------|-------|----------|--------------------|----------|--------------------|----------|------------------|-----|----|----------|
| OTHER | Total | \$ \$ | 29,508. 29,508. | \$ \$ | 17,506. 17,506. | \$ \$ | 6,315. 6,315. | \$ | 0. | \$ 0. |

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

OMB No. 1545-0047

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 F Go to at www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| | xy Tax) (see separate instruc Section 501(c)(4), (5), or (6) (| ctions), then organizations: Complete Part III. | | , | , , | | |
|-----|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | JUSTICE LEARNING INSTITUTE | | Employer identific | ation number | | |
| | | OCCUPANTA PRINTERS TRAILED IN | | 26-341337 | ' 3 | | |
| Pa | t I-A Complete if the o | rganization is exempt under secti | on 501(c) or is a | section 527 organi | zation. | | |
| 1 | Provide a description of the (see instructions for definition | organization's direct and indirect political on of 'political campaign activities') | campaign activities in | Part IV. | 20 2/90/4/4 | | |
| 2 | Political campaign activity e | xpenditures (see instructions) | | ▶ ġ | 1 | | |
| 3 | | campaign activities (see instructions) | | | | | |
| Pai | | rganization is exempt under secti | | | | | |
| 1 | | cise tax incurred by the organization under | | Þ Ś | 0 | | |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955. | | | | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No | | |
| 4 a | | | | | | | |
| | If 'Yes,' describe in Part IV. | | | | [165 [] We | | |
| Par | t I-C Complete if the o | rganization is exempt under secti | on 501(c), excep | t section 501(c)(3). | | | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | on 527 exempt function | on activities ▶ \$ | | | |
| 2 | Enter the amount of the filing of function activities | organization's funds contributed to other organ | nizations for section 52 | 7 exempt ▶ \$ | | | |
| 3 | Total exempt function expen line 17b | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | > \$ | | | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No | | |
| 5 | | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | 700 00 M 20 M | | |
| (4) | | | | | : | | |
| (5) | | | 11940 | | MANAGE - | | |
| (6) | | | | , | | | |

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

| Part II-A Complete if section 501 | the organization | on is exempt under se | ection 501(c)(3) an | d filed Form 5768 (ele | ction under |
|-----------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------------------|
| | | ngs to an affiliated group (an | d list in Part IV each affi | iliated group member's name, | |
| address, | , EIN, expenses, ar | nd share of excess lobbying | g expenditures). | | |
| B Check ► ☐ if the fili | ng organization che | ecked box A and 'limited co | ontrol' provisions apply | /. | |
| (The term | | ying Expenditures ans amounts paid or incu | rred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit | | | | | |
| | | legislative body (direct lob | | | |
| · - · | | and 1b) | | | 0. |
| , , , | • | ines 1c and 1d) | | | 0. |
| | , | ŕ | | . 33,100. | 0. |
| | | mount from the following to | | 11,022. | |
| If the amount on line 1e, col | lumn (a) or (b) is: | The lobbying nontaxable | e amount is: | | |
| Not over \$500,000 | AL - VAR- | 20% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1 | | \$100,000 plus 15% of the exces | | (04) | |
| Over \$1,000,000 but not over \$ | | \$175,000 plus 10% of the exces | | | |
| Over \$1,500,000 but not over \$ | \$17,000,000 | \$225,000 plus 5% of the excess \$1,000,000. | over \$1,500,000. | | |
| Over \$17,000,000 | amount (enter 25% | ο of line 1f) | | . 2,756. | 0. |
| • | | ss, enter -0 | | | 0. |
| _ | | s, enter -0 | | | 0. |
| | | er line 1h or line 1i, did the o | | | |
| section 4911 tax for this | s year? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Yes X No |
| (Son | ne organizations th | 4-Year Averaging Period at made a section 501(h) e elow. See the separate ins | election do not have to | complete all of the five | |
| | | bying Expenditures Durin | | | |
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2 a Lobbying nontaxable amount | | | | 11,022. | 11,022. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 16,533. |
| c Total lobbying expenditures | | | | 55,108. | 55,108. |
| d Grassroots nontaxable amount | | | | 2,756. | 2,756. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 4,134. |
| f Grassroots lobbying expenditures | | | | 55,108. | 55, 108. 990 or 990-EZ) 2017 |
| | | | | SCHEUUIE G IFOIM | JJJ UI JJU"11414UI/ |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each 'Vas' response on lines to through to below provide in Part IV a detailed description | (a) | | (b) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----------------------------------------|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | A | mount | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a Volunteers? | | ELECTRICAL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE O | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | 100000000000000000000000000000000000000 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | | | 200000000000000000000000000000000000000 |
| | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p | orior ve | ear? | 3 | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

| 1 | Dues, assessments and similar amounts from members. | 1 | |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| | Carryover from last year | 2b | |
| C | Total | 2 c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |
| 1000000 | | | L |

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Employer identification number

| Part | ☐ No ☐ No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 Total number at end of year | ☐ No ☐ No |
| 2 Aggregate value of contributions to (during year) | □ No □ area |
| Aggregate value of grants from (during year) | □ No □ area |
| 4 Aggregate value at end of year | □ No □ area |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | □ No □ area |
| are the organization's property, subject to the organization's exclusive legal control?. Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Part II Conservation Easements. | □ No □ area |
| Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of last day of the tax year. Held at the End of a Total number of conservation easements. a Total acreage restricted by conservation easements. b Total acreage restricted by conservation easements on a certified historic structure included in (a). c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. | d area |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of last day of the tax year. ### Held at the End of a Total number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements on a certified historic structure included in (a). 2 d 1 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. | |
| Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of last day of the tax year. Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a). d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 2 d | |
| Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of last day of the tax year. Held at the End of a Total number of conservation easements. | |
| Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of last day of the tax year. 4 Total number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements on a certified historic structure included in (a). 7 Total acreage restricted by conservation easements. 8 Description of the tax year. 8 Description of a conservation easements. 9 Description of the form of a conservation easement of the last · |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of last day of the tax year. Held at the End of a Total number of conservation easements. | |
| last day of the tax year. ### Held at the End of a Total number of conservation easements. ### District Total acreage restricted by conservation easements. ### Conservation easements on a certified historic structure included in (a). ### Conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. #### All At the End of Conservation easements. #### District Total acreage restricted by conservation easements. #### Conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. ##### District Total acreage restricted by conservation easements. ################################### | |
| a Total number of conservation easements. 2a b Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 2d | |
| b Total acreage restricted by conservation easements | f the Tax Year |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | |
| structure listed in the National Register | |
| | |
| tax year ► | |
| 4 Number of states where property subject to conservation easement is located ► | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the ye ▶\$ | ar |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | ☐ No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance she include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's appropriate appropriate appropriate appropriate appropriate and the property of the footnote to the organization's financial statements. | et, and ccounting for |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. | |
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance s art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, pro in Part XIII, the text of the footnote to its financial statements that describes these items. | heet works of ovide, |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance shee historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide following amounts relating to these items: | works of art, the |
| (i) Revenue included on Form 990, Part VIII, line 1 | |
| (ii) Assets included in Form 990, Part X | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a Revenue included on Form 990, Part VIII, line 1 | |

| Part III Organizations Maintaining Col | ections of Art, His | torical Treasures, o | r Other Similar As | sets (continued) | | | | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|--|
| 3 Using the organization's acquisition, accession, items (check all that apply): | and other records, check | any of the following that a | are a significant use of its | collection | | | | |
| a Public exhibition | d Loar | n or exchange programs | | | | | | |
| b Scholarly research | e Othe | er | | | | | | |
| c Preservation for future generations | _ | | | | | | | |
| 4 Provide a description of the organization's collect Part XIII. | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | |
| 5 During the year, did the organization solicit of to be sold to raise funds rather than to be m | aintained as part of the | organization's collection | 1? | Yes No | | | | |
| Part IV Escrow and Custodial Arrange line 9, or reported an amount or | ments. Complete if n Form 990, Part X | the organization ar , line 21. | nswered 'Yes' on Fo | orm 990, Part IV, | | | | |
| 1 a Is the organization an agent, trustee, custod on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII | | | ner assets not included | Yes No | | | | |
| bit res, explain the attaingement in Fait Alli | and complete the follow | virig table: | | Amount | | | | |
| c Beginning balance | | | 1c | Amount | | | | |
| d Additions during the year | | | | | | | | |
| e Distributions during the year | | | ļ | | | | | |
| f Ending balance | | | L | | | | | |
| 2a Did the organization include an amount on F | | | | Yes No | | | | |
| b If 'Yes,' explain the arrangement in Part XIII. | | | - | | | | | |
| | · | • | | <u> </u> | | | | |
| Part V Endowment Funds. Complete it | the organization a | nswered 'Yes' on Fo | orm 990, Part IV, li | ne 10. | | | | |
| (a) Currer | | | | (e) Four years back | | | | |
| 1 a Beginning of year balance | | | | | | | | |
| b Contributions | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | |
| d Grants or scholarships | 7.7 | | ,,,,,, | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | |
| f Administrative expenses | | | | | | | | |
| g End of year balance | | | | | | | | |
| 2 Provide the estimated percentage of the curr | ent year end balance (li | ne 1g, column (a)) held | as: | • | | | | |
| a Board designated or quasi-endowment ► | % | | | | | | | |
| b Permanent endowment ► | ó | | | | | | | |
| c Temporarily restricted endowment ► | % | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should | equal 100%. | | | | | | | |
| 3 a Are there endowment funds not in the possessio organization by: | n of the organization that | are held and administered | d for the | Yes No | | | | |
| (i) unrelated organizations | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • | | . 3a(i) | | | | |
| (ii) related organizations | | | | . 3a(ii) | | | | |
| b If 'Yes' on line 3a(ii), are the related organiza | itions listed as required | on Schedule R? | | . 3b | | | | |
| 4 Describe in Part XIII the intended uses of the | organization's endowm | ent funds. | | | | | | |
| Part VI Land, Buildings, and Equipmen | t. | | | | | | | |
| Complete if the organization ans | swered 'Yes' on For | m 990, Part IV, line | e 11a. See Form 99 | 0, Part X, line 10. | | | | |
| Description of property | (a) Cost or other basis (investment) | *************************************** | (c) Accumulated depreciation | (d) Book value | | | | |
| 1 a Land | , | , | | | | | | |
| b Buildings | | | transmitter of Marie State Control of the Control o | powicina and a second | | | | |
| c Leasehold improvements | | 118,885. | 35,384. | 83,501. | | | | |
| d Equipment | | 60,244. | 24,096. | 36,148. | | | | |
| e Other | | 00,221 | | 30,2101 | | | | |
| Total. Add lines 1a through 1e. (Column (d) must ϵ | qual Form 990, Part X, | column (B), line 10c.) | | 119,649. | | | | |
| BAA | ······································ | | | Ile D (Form 990) 2017 | | | | |

| Part VII Investments — Other Securities. Complete if the organization answered | | N/A | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-ye | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | Walter . |
| (A) | | | |
| (B) (C) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | AND THE RESERVE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON |
| (G) (H) | | | |
| (l) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | , vaneromeror | | |
| Part VIII Investments - Program Related. | | N/A | |
| Complete if the organization answered | |), Part IV, line 11c. See Form 990 |), Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of | -year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | 4.000000 | | |
| <u>(7)</u> (8) | | | |
| (9) | | | - Linear Control |
| (10) | | - Paper Parents | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > | | | |
| Part IX Other Assets. | LDV 1 | D 11 d C Forms 000 | Dort V line 15 |
| Complete if the organization answered | scription | J, Part IV, line 11d. See Form 990 | (b) Book value |
| (1) UNDEPOSITED FUND | Scription | | 187,797. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | 4-400 |
| <u>(7)</u> (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (column | B) line 15.) | ▶ | 187,797. |
| Part X Other Liabilities. | | | |
| Complete if the organization answered 'Yes' on F | | 1e or 11t. See Form 990, Part X, line 25 | |
| (a) Description of liability (1) Federal income taxes | (b) Book value | | |
| (2) ACCRUED PAYROLL | 13,64 | 9 | |
| (3) ACCRUED VACATION | 19,60 | | |
| (4) CREDIT CARDS PAYABLE | 4,37 | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | . > 37,62 | 26. | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo | | | bility for uncertain |
| tax positions under FIN 48 (ASC 740). Check here if the text of the footnote | | | |

| Schedule D | (Form 990) | 2017 | COCTAT | THOUTOR | TEXPMENT | TNSTTTHE |
|-------------|--------------|-------|--------|-----------------------------------------|------------|-------------|
| Scriedule D | 11 01111 220 | 12017 | SUCTAL | 111121111111111111111111111111111111111 | LEARN INI- | TIMSTITUTE. |

26-3413373

Page 4

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------|--|--|--|--|--|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | | | | | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | | | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | | |
| a Net unrealized gains (losses) on investments | | | | | | | |
| b Donated services and use of facilities | 2 b | | | | | | |
| c Recoveries of prior year grants | 2 c | | | | | | |
| d Other (Describe in Part XIII.) | 2 d | 1 | | | | | |
| e Add lines 2a through 2d | 2 e | | | | | | |
| 3 Subtract line 2e from line 1 | | 3 | | | | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | | |
| b Other (Describe in Part XIII.) | | | | | | | |
| c Add lines 4a and 4b | | 4 c | | | | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statemen | ts With Expenses per | Return. N/A | | | | | |
| Complete if the organization answered 'Yes' on Form 990, Pa | art IV, line 12a. | | | | | | |
| 1 Total expenses and losses per audited financial statements | 1 | | | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | | |
| a Donated services and use of facilities | 2 a | | | | | | |
| b Prior year adjustments | 2 b | | | | | | |
| c Other losses | 2 c | | | | | | |
| d Other (Describe in Part XIII.) | 2 d | | | | | | |
| e Add lines 2a through 2d | | 2 e | | | | | |
| 3 Subtract line 2e from line 1 | | 3 | | | | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a 4 b | | | | | | |
| b Other (Describe in Part XIII.) | | | | | | | |
| c Add lines 4a and 4b. | 4 c | | | | | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. | 5 | | | | | | |
| Davis VIII Sunniamantal Intarmation | | ······································ | | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIAL JUSTICE LEARNING INSTITUTE

Employer identification number

26-3413373

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g

| Other Fees For Services | | | | | | | | | | |
|---------------------------------------------------------------------------|---------|----------------------|----------------------------|------------------------------------|-----------------------|--|--|--|--|--|
| | | (A) | (B) | (C) | (D) Fund- | | | | | |
| | | Total | Program <u>Services</u> | Management <u>& General</u> | raising | | | | | |
| PROFESSIONAL FEES | Total 🕏 | 336,303. 336,303. | 307,151. \$ 307,151. | \$ 4,309. \$ 4,309. | 24,843. \$ 24,843. | | | | | |
| Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances | | | | | | | | | | |
| RELEASE FROM UNRESTRICTED | FUND | | | <u>\$</u> Total <u>\$</u> | 107,689. 107,689. | | | | | |