# 2018 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

2018 Federal Exempt Organiz	zation Tax Su	mmary	Page 1
SOCIAL JUSTICE LEA	RNING INSTITUTE		26-3413373
	2018	2017	Diff
REVENUE Contributions and grants Investment income	2,689,053 7,340	2,036,845 29,508	652,208 -22,168
Total revenue	2,696,393	2,066,353	630,040
EXPENSES Salaries, other compen., emp. benefits Other expenses	1,121,775 1,093,244	892,679 957,723	229,096 135,521
Total expenses	2,215,019	1,850,402	364,617
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.	481,374 1,901,365 103,052 1,798,313	215,951 1,354,565 37,626 1,316,939	265,423 546,800 65,426 481,374

2018 California 199 T	ax Summary		Page 1
SOCIAL JUSTICE LEA	RNING INSTITUTE		26-3413373
	2018	2017	Diff
REVENUE Gross amount from sale of assets Other income Gross contributions, gifts, & grants	2,733 5,240 2,689,053	0 29,508 2,036,845	2,733 -24,268 652,208
Cost or other basis of assets sold	633	0	633
Total income	2,696,393	2,066,353	630,040
EXPENSES AND DISBURSEMENTS  Compensation of officers, etc. Other salaries and wages. Interest Taxes. Rents. Depreciation and depletion. Other deductions	119,792 857,399 0 79,084 57,482 24,874 1,076,388	107,665 663,953 1,992 67,561 47,969 15,974 945,288	12,127 193,446 -1,992 11,523 9,513 8,900 131,100
Total deductions	2,215,019	1,850,402	364,617
Excess of receipts over disbursements	481,374	215,951	265,423
FILING FEE Filing fee Balance due	10 10	10 10	0

2018

# **General Information**

Page 1

# SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

## Forms needed for this return

Federal: 990, Sch A, Sch D, Sch O, 8868 California: 199, 3539, 3885, 3586, 8453-EO, e-file Instructions, RRF-1

## Carryovers to 2019

None

# SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

#### Prior to transmission of the return

#### Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

#### Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

#### Even Return

No payment is required.

#### After transmission of the return

#### Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

#### Do not mail:

Form 8879-EO IRS e-file Signature Authorization

# Preparer e-file Instructions - Federal

Page 2

# SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

# Prior to transmission of the return

#### Form 8868

No signature is required with Form 8868.

## Even Return

No payment is required.

## After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

# Preparer e-file Instructions - California

#### SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

The entity's 2018 California tax return is NOT FINISHED until you complete the following instructions.

# Prior to transmission of the return

#### **Form 199**

The entity should review their 2018 California Exempt Income Tax Return along with any accompanying schedules and statements.

#### Form 8453-EO

The entity should review, sign and date Form 8453-EO prior to you e-filing the return.

#### **Balance Due**

There is a balance due in the amount of \$10.

#### After transmission of the return

# Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California acknowledgements.

Keep a signed copy of Form 8453-EO in your files for 4 years.

#### Do Not Mail:

Form 8453-EO

#### Mail Form 3586 and payment to:

Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531

#### Caution

Do not mail Form 3586 until the Franchise Tax Board has accepted Form 199.

EXCEPTION: Mail Form 3586 with payment by the due date, even if the return is still pending, to avoid late payment penalties and interest charges.

2	n	1	Q
_			•

# **Federal Worksheets**

Page 1

## SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

# Form 990, Part III, Line 4e Program Services Totals

	Program Services Total	Form 990 Source	
Total Expenses	1,776,634.	1,776,634. Part IX, Line 25, Col. B	
Grants	0.	0. Part IX, Lines 1-3, Col. B	
Revenue	0.	0. Part VIII, Line 2, Col. A	

# Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	Program <u>Services</u>	Management & General	<u>Fundraising</u>
AUTOMOBILE EXPENSE	8,349.	8,349.		!
AWARDS	5,850.	5,850.		
BANK SERVICE CHARGES	98.	98.		
DUES & SUBSCRIPTIONS	1,402.	1,402.		
EOUIPMENT PURCHASE	13,854.	13,854.		
FÃCILITIES/EQUIPMENT RENTAL	11,152.	11,152.		
FACILITIES/EOUIPMENT RENTAL	6,603.	6,603.		
GENERAL AND ADMINISTRATION EXP	10,270.	10,270.		
INTERNET AND WEB HOSTING	1,289.	1,289.		
MEALS	5,245.	5,245.		
MISCELLANEOUS EXPENSE	1,948.	1,948.		
Postage and Shipping	1,743.	1,743.		
Printing and Publications	14,415.	14,415.		
QUICKBOOKS	774.	774.		
TAXES AND LICENSES	550.	550.		
TELEPHONE	19,299.	14,088.	3,281.	1,930.
UTILITIES	13,118.	13,118.	·	
Total		\$ 110,748.	\$ 3,281.	\$ 1,930.

6/30/19		20	2018 Fec	lera	l Boo	k Dep	ederal Book Depreciation Schedule	ion Sc	shedu	<u> </u>				Δ.	Page 1
			S	CIAI	JUSTI	CE LEA	SOCIAL JUSTICE LEARNING INSTITUTE	LUTITU	Ш					26-3	26-3413373
No. Description	Date — Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Banus —	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life_R	Rate	Current Depr.
Form 990/990-PF															
Auto / Transport Equipment															
3 VEHICLE	12/15/14	12/31/18	5,500							5,500	4,550	200DB HY	ري 	.11520	317
4 VEHICLE	1/29/15		13,569							13,569	11,224	200DB HY	ю ю	.11520	1,563
ביים ביים ביים ביים ביים ביים ביים ביים		ı	20,172	•							!				
Total Auto / Transport Equipment			43,908		0	0	0	0		43,908	17,016				9,544
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	769	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	16
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
8 EQUIPMENT	7/20/15		2,835							2,835	1,595	200DB HY	7	.12490	354
	2/05/16		1,190							1,190	699	200DB HY		.12490	149
	7/03/15		183							<u> </u>	103	200DB HY		.12490	73
1) APPLE	1/20/15		141							141	00 666	200DB HY		12490	55 - 5
	5/20/16		969							969	391	200DB HY	7	.12490	87
	7/15/15		807							807	454	200DB HY	7	.12490	101
15 EQUIPMENT	7/20/15		200							200	113	200DB HY	7 .	.12490	25

6/30/19			)18 Fe	dera	Boo	k Der	2018 Federal Book Depreciation Schedule	ion S		e e					Page 2
			S	OCIAI	_ JUST	ICE LEA	SOCIAL JUSTICE LEARNING INSTITUTE	NSTITU	<u>E</u>					26-3	26-3413373
No.	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal.	Salvage /Basis Reductn_	Depr. Basis	Prior Depr.	Method	Life.	Rate	Current Depr.
EQUIPMENT	12/30/15		87							87	48	200DB HY	7	.12490	<u></u>
	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	_	.12490	47
20 APPLE MAC PRO	9/21/18		4,134							4,134		200DB MQ	5	.35000	1,447
21 APPLE MACBOOK	1/21/19		2,081							2,081		200DB MQ	2	.15000	312
22 APPLE MACBOOK	6/28/19		17,899							17,899		200DB MQ	2	.05000	895
24 EQUPMENT	10/20/17		4,350							4,350	1,088	200DB HY	2	.32000	1,392
25 EQUIPMENT	1/16/18	÷	4,237							4,237	636	200DB HY	rC	.32000	1,356
26 EQUIPMENT	3/20/18		1,392							1,392	209	200DB HY		.32000	445
27 EQUIPMENT	3/20/18		1,392	· ·						1,392	209	200DB HY	5	.32000	445
Total Machinery and Equipment			44,250	_	0	0	J	0	0	44,250	7,073				7,389
Total Depreciation			203,229		0	0		0	0	203,229	59,473				24,907
Grand Total Depreciation			203,229	··	0	0		0	0	203,229	59,473				24,907
Depreciation Assets Sold			5,500		0	0		0 0	0	5,500	4,550				317
Depr Remaining Assets			197,729	Œ"	0	0		0 0		197,729	54,923				24,590
															***************************************
													l		

6/30/19		201	8 Calif	orni	ia Bo	ok De	2018 California Book Depreciation Schedule	ıtion S	chedi	ale					Page 1
			)S	CIAL	JUST	ICE LEA	SOCIAL JUSTICE LEARNING INSTITUTE	NSTITUT	'n					7	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	- <del>aji</del> T	Rate	Current Depr.
Form 199															
Auto / Transport Equipment															
3 VEHICLE	12/15/14 12/31/18	12/31/18	5,500							5,500	4,550	200DB HY	ιΩ	.11520	317
4 VEHIOLE	1/29/15		13,569							13,569	11,224	200DB HY		.11520	1,563
23 DODGE TRUCK	6/15/18	ı	24,839	1						24,839	1,242	200DB HY	ഹ	.32000	7,664
Total Auto / Transport Equipment			43,908		0	0	0	0	0	43,908	17,016				9,544
Improvements															
1 LEASEHOLD IMPROVEMENTS	7/01/14		112,804							112,804	34,687	150DB HY	15	06630	7,817
	8/10/14		2,267	•						2,267	697	150DB HY	15	.06930	157
Total Improvements		ı	115,071	ı	0	0	J	0 0	0	115,071	35,384				7,974
Machinery and Equipment															
5 EQUIPMENT	7/24/15		131							131	74	200DB HY	, 7	.12490	16
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			.12490	354
9 EQUIPMENT	2/05/16		1,190							1,190	669	200DB HY		12490	149
	7/20/15		141							141				.12490	18
	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	1	.12490	101
15 EQUIPMENT	7/20/15		200							200	113	200DB HY	7	.12490	25

6/30/19		201	8 Cali	forni	a Bo	ok De	2018 California Book Depreciation Schedule	tion 5	chec	lule				Bullion	Page 2
	***		S	OCIAL	JUSTI	CE LEA	SOCIAL JUSTICE LEARNING INSTITUTE	LUTITU	щ					26	26-3413373
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pot	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	iffe	Rate	Current Depr.
16 EQUIPMENT	12/30/15		87							87	48	200DB HY	7	.12490	-
	12/31/15		837							837	471	200DB HY	7	.12490	105
18 EQUIPMENT	2/01/16		99							65	98	200DB HY	7	.12490	∞
19 EQUIPMENT	10/21/15		375							375	212	200DB HY	7 /	.12490	47
20 APPLE MAC PRO	9/21/18		4,134							4,134		200DB MQ	5	.35000	1,447
21 APPLE MACBOOK	1/21/19		2,081							2,081		200DB MQ	5	.15000	312
22 APPLE MACBOOK	6/28/19		17,899							17,899		200DB MQ	5	.05000	895
24 EQUPMENT	10/20/17		4,350							4,350	1,088	200DB HY	5	.32000	1,392
25 EQUIPMENT	1/16/18		4,237							4,237	929	200DB HY	, 5	.32000	1,356
26 EQUIPMENT	3/20/18		1,392							1,392	209	200DB HY	53	.32000	445
27 EQUIPMENT	3/20/18		1,392							1,392	209	200DB HY	5	.32000	445
Total Machinery and Equipment			44,250		0	0	0	0	0	44,250	7,073				7,389
Total Depreciation		·	203,229		0	0	0	0	0	203,229	59,473			[ <b>  </b>	24,907
Grand Total Depreciation			203,229	<b>II</b>		0	0	0	0	203,229	59,473	_		II	24,907
Depreciation Assets Sold			5,500	_	0	0	0	0	0	5,500	4,550				317
Depr Remaining Assets			197,729		0	0	0	0	0	197,729	54,923				24,590
4															
and a second of the second of															

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2018, or fiscal year beginning \_ 7/01 \_ , 2018, and ending \_ 6/30 \_ , 20 2019 Do not send to the IRS. Keep for your records.

	OMB No.	1545-18
--	---------	---------

Department of the Treasury Internal Revenue Service	► Go to wi	ww.irs.gov/Form8879EO for the	latest information.		
Name of exempt organization				Employer id	entification number
SOCIAL JUSTICE L	EARNING INSTITUT	E		26-341	3373
Name and title of officer	BARWING INDITIOL				
D'ARTAGNAN SCORZ	A	Exec	utive Directo	r	
		nation (Whole Dollars Only	/)		
Charletha hay far the rate	rn for which you are using 2a, 3a, 4a, or 5a, below, and or 5b, whichever is application	this Form 8879-EO and enter the nd the amount on that line for the lible, blank (do not enter -0-). Bu	he applicable amoun	t, if any, from with this form on the return,	the return. If you was blank, then then enter -0- on
1 a Form 990 check here	a ► X b Total reve	enue, if any (Form 990, Part VIII,	, column (A), line 12)	)	1b 2,696,393.
2 a Form 990-EZ check	here b Total	revenue, if any (Form 990-EZ, li	ne 9)		2 b
3a Form 1120-POL chec	ck here b To	otal tax (Form 1120-POL, line 22)	)		2b
		ased on investment income (Fo		line 5)	4 b
		Oue (Form 8868, line 3c)			5 b
	<b></b>	•			
Part II Declaration	and Signature Autho	rization of Officer			
electronic return and accom I further declare that the a intermediate service provi the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct dorganization's federal taxe contact the U.S. Treasury authorize the financial inspresser inquiries and reso	panying schedules and state mount in Part I above is t der, transmitter, or electro ement of receipt or reaso f any refund. If applicable, ebit) entry to the financial so owed on this return, an Financial Agent at 1-888- titutions involved in the pr	ficer of the above organization a ements and to the best of my know he amount shown on the copy o onic return originator (ERO) to se on for rejection of the transmissic I authorize the U.S. Treasury an institution account indicated in d the financial institution to debit 353-4537 no later than 2 busines ocessing of the electronic payme ayment. I have selected a perso ne organization's consent to elected.	riedge and beller, they f the organization's e end the organization' on, (b) the reason for nd its designated Fin the tax preparation s t the entry to this acc ss days prior to the p ent of taxes to rece p unal identification nur	are true, corre- selectronic retus s return to the ancial Agent oftware for pa count. To revus ye confidentia mber (PIN) as	ict, and complete.  irn. I consent to allow my e IRS and to receive from processing the return or to initiate an electronic ayment of the bke a payment, I must lement) date. I also I information necessary to
Officer's PIN: check one l	oox only				
X authorize Accur	•		to enter my PIN	0415	2 as my signature
110001	ERO firm	name		Enter five num	
a state agency(les) re the return's disclosure	gulating charities as part ( consent screen.	ed return. If I have indicated within of the IRS Fed/State program, I	aiso authorize the air	y of the return orementioned	is being filed with ERO to enter my PIN on
indicated within this re	anization, I will enter my PIN eturn that a copy of the ref ny PIN on the return's disc	l as my signature on the organizati turn is being filed with a state ac closure consent screen.	ion's tax year 2018 ele gency(ies) regulating	ctronically file charities as p	d return. If I have part of the IRS Fed/State
Officer's signature ►		1	Date ► 5/14	1/200 20	9
D-4 III 0 - 4'6' - 4'	and Authorition				
Part III Certification		- identification			
ERO's EFIN/PIN. Enter yo number (EFIN) followed b	y your five-digit self-selec	ted PIN			96798895125 Do not enter all zeros
I certify that the above nu above. I confirm that I am s Authorized IRS <i>e-file</i> Prov	ubmitting this return in acco	ich is my signature on the 2018 rdance with the requirements of Pu s.	electronically filed re ub. 4163, Modernized e	eturn for the c e-File (MeF) In	organization indicated formation for
ERO's signature ► <u>Bren</u>	da Kommareddy		Date ►		
	ER Do Not Sub	O Must Retain This Form — See mit This Form to the IRS Unless	Instructions Requested To Do S	0	

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

# Form **8868**

(Rev. January 2019)

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.
► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	6-Month Extension of Time. Only subr	nit origina	al (no copies needed).		
All corporations use Form 70	ons required to file an income tax return other tha 04 to request an extension of time to file income	an Form 99 tax returns	<b>5.</b>	fying number, see i	instructions
	Name of exempt organization or other filer, see instructions.			Employer identification	number (EIN) or
Type or print	SOCIAL JUSTICE LEARNING INSTIT	TUTE		26-3413373	
File by the	Number, street, and room or suite number. If a P.O. box, see in	structions.		Social security number	(SSN)
due date for filing your return. See instructions.	600 Centinela Avenue City, town or post office, state, and ZIP code. For a foreign additional content of the code.	ress, see instru	ctions.		
matructions.	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 Code	Application Is For		Return Code
Form 990 or I	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-Bl		02	Form 1041-A		08
Form 4720 (ir	ndividual)	03	Form 4720 (other than individual)		09
Form 990-Pf	7	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
<ul><li>If the org</li><li>If this is check th</li></ul>	the No. ► 818-782-1080  Iganization does not have an office or place of but for a Group Return, enter the organization's four its box ► . If it is for part of the group, consion is for.	digit Group	e United States, check this box	f this is for the who	le group,
for the	st an automatic 6-month extension of time until organization named above. The extension is for the calendar year 20 or tax year beginning 7/01, 20 18 tax year entered in line 1 is for less than 12 montaining in accounting period	organization _, and endir	's return for:	zation return nal return	
	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions.			3 a \$	0.
<b>b</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 as a credit	3 b \$	0.
EFTPS	<b>ce due.</b> Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	S	3 c \$	0.
Caution: If y	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 8	453-EO and Form 8	8879-EO for

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

Form 8868 (Rev. 1-2019)

## 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) OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► 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 2019 A For the 2018 calendar year, or tax year beginning 7/01 , 2018, and ending D Employer identification number Check if applicable: 26-3413373 SOCIAL JUSTICE LEARNING INSTITUTE Address change E Telephone number 600 Centinela Avenue Name change Inglewood, CA 90302 (323) 952-7363 Initial return Final return/terminated **G** Gross receipts \$ 2,697,026. Amended return H(a) Is this a group return for subordinates? XNo F Name and address of principal officer: Application pending H(b) Are all subordinates included?

If "No," attach a list. (see instructions) Same As C Above 4947(a)(1) or 527 X 501(c)(3) ) (insert no.) Tax-exempt status: 501(c) ( H(c) Group exemption number Website: ► http://www.sjli.org/ 2013 M State of legal domicile: L Year of formation: Form of organization: X Corporation Trust Other > Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule 0 Activities & Governance 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) ...... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 6 5 4 Total number of volunteers (estimate if necessary). 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ...... 7a 0. 7b 0. **Current Year Prior Year** 2,689,053. 2,036,845. Contributions and grants (Part VIII, line 1h)..... Revenue 29,508 7,340. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 2,696,393. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 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)..... 892,679 1,121,775. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 957,723. 1,093,244. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,215,019. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,850,402. Revenue less expenses. Subtract line 18 from line 12..... 481,374. 215,951. End of Year **Beginning of Current Year** 1,354,566. 1,901,365. Total assets (Part X, line 16)..... 37,627. 103,052. Total liabilities (Part X, line 26) ...... 21 1,316,939. 1,798,313. Net assets or fund balances. Subtract line 21 from line 20..... Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Executive Director Here D'ARTAGNAN SCORZA Type or print name and title Date Preparer's signature Print/Type preparer's name P01356553 self-employed Brenda Kommareddy Brenda Kommareddy Paid ► Accuretta, Inc Preparer Firm's name Use Only ► 5900 Sepulveda Blvd Ste 435 Firm's EIN ► 45-2777041 Firm's address Phone no. 8187821080 Sherman Oaks, CA 91411-2511

May the IRS discuss this return with the preparer shown above? (see instructions).....

orm 990 (2018)	SOCIAL JUSTICE LEARN	NING INSTITUTE	26-3	413373 Pa	ige 2
	ement of Program Service				
Check	if Schedule O contains a respor	nse or note to any line in this Part III			. X
<ol> <li>Briefly descri</li> </ol>	ibe the organization's mission:				
See_Sche	dule 0				
- 5:111		i di si - Ha casa di di di Mar	re not listed on the prior		
		ogram services during the year which wer		Yes X	No
				Tes	110
If "Yes," desci	ribe these new services on Schedul	ke significant changes in how it condu	icts, any program services?	Yes X	No
	ribe these changes on Schedule O.		icts, any program services	[]	
			largest program services, as i	neasured by expense	es.
Section 501( and revenue,	c)(3) and 501(c)(4) organizations , if any, for each program service	accomplishments for each of its three less are required to report the amount of gereported.	grants and allocations to othe	rs, the total expense	es,
4 a (Code:	) (Expenses \$ 1,77	6,634. including grants of \$	) (Revenue	\$	)
<u>See_Sche</u>	<u>dule_0</u>				
<b>4 b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue	\$	)
	The state of the s				
4 c (Code:	) (Expenses \$	including grants of \$	) (Revenue	\$	)
4 d Other progra	am services (Describe in Schedul	e O.)			
(Expenses		uding grants of \$	) (Revenue \$	)	
4 e Total progra	m service expenses ►	1,776,634.			

	ACCOMPANIES 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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, 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	11 a	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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	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	11 f		Х
	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	
	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	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	The state of the s	18		Х
19	The second secon	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	<b>b</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		X

1 4	Checkist of Required Schedules (commune)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	103	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		
	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
	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	instructions for applicable filing thresholds, conditions, and exceptions):			V
	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		X
29	•	29		
30	contributions? If 'Yes,' complete Schedule M	30 31		X
31		31	ļ	
32	Schedule N, Part IL	32		Х
33	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 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38		Х
Ρā	ort 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	)		
1	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	1		
ВА	(gambling) winnings to prize winners?	1 d	n <b>990</b>	<u> </u> (2018)
		•		

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 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..... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3 a 3 b **b** If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule 0.* . . . . 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.... 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions?.... 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... 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 X 7 a services provided to the payor?..... 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? ..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... 7 d 7 e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?...... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 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. . . . . 10 b 11 Section 501(c)(12) organizations. Enter: 11 a 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.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?... 12a 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. 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..... 13h c Enter the amount of reserves on hand ...... X 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O...... 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If 'Yes,' complete Form 4720, Schedule O.

Form	1 990 (2018) SOCIAL JUSTICE LEARNING INSTITUTE 26-3413373			age <b>o</b>
Par	<b>division of the School of the</b>	nges ii	n	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			Х
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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?			Х
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 b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?		X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8 b		X
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	<i>levenu</i>	<u> Je Ci</u>	ode.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	olf '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?			Х
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a	X	***************************************
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		Х	
_	to conflicts?	. 12b		
·	Schedule O how this was done	. 12c		
13	Did the organization have a written whistleblower policy?	. 13	X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	a The organization's CEO, Executive Director, or top management official	. 15a	X	
Ŀ	Other officers or key employees of the organization	. 15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		X
t	o 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?			
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.    X Own website	501(c)(3	3)s on	nly)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule O	lable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

ACCURETTA INC 5900 SEPULVEDA BLVD SUITE 435

# 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (F) (E) (A) Name and Title (B) (D) Estimated amount of other compensation from the organization and related Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Average hours director/trustee) the organization (W-2/1099-MISC) Former Highest Officer Institutional trustee / employee organizations related compensated organiza tions below dotted trustee 40 (1) D'ARTAGNAN SCORZA 0. 0 Ō Χ Χ 119,792 Secretary 0 (2) OMAI GARNER 0. 0. 0. Chairman 0 X 0 (3) LINDA BAUM 0. 0 0. 0 X Treasurer (4) NANCY GREENSTEIN 0 0 Χ 0. 0. 0. Director (5) KAREN BLACKWELL 0 0 Χ 0. 0. 0. Director 0 (6) MARCUS PICKENS 0. 0 0. X 0 Director 0 (7) TERRI MOSQUEDA 0. 0. 0 Х 0 (8) (10) (11)(12)(13)(14)

Part VII   Section A. Officers, Directors, Tru	istees, l	Key	En	nplo	oye	es,	and	d Highest Com	pensated Emp	loyees (continued	1)
Control of the Contro	(B)			((							
(4)		Average (do not check more than on			one	(D)	(E)	(F)			
<b>(A)</b> Name and title	hours	I box	. unle	ess pe	erson	rson is both an lirector/trustee)		Reportable compensation from	Reportable	Estimated	
	week (list any	-						the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation	
	hours	individual trustee or director	SE	Officer	Key employee	mpi gh	Former	(W-2/1099-MISC)	(M-511033-M12C)	from the organization	
	related organiza	dividual	Ti on	4	ğ	st co	ď			and related organizations	
	- tions below	1 2	自也		oye	g G					
	dotted line)	stee	nstitutional trustee			Highest compensated employee					
	11110)	ļ	e			ह					
(15)		-				-					_
(15)		1				İ					
(16)	ļ	<del> </del>		ļ			-				
(17)		<u> </u>		-							
		1									
(18)		<del> </del>	-				_				
(19)			_								_
(20)		<u> </u>			_						
(21)			T		<u> </u>						
		•									
(22)			<u> </u>		-						
(23)											
		1									
(24)					ļ						
<u></u>		1									
(25)											
		1									
1 b Sub-total							▶	119,792.	0.	(	).
c Total from continuation sheets to Part VII, Secti	on A						<b></b>	0.	0.		).
d Total (add lines 1b and 1c)							<b></b>	119,792.	0.		).
2 Total number of individuals (including but not limited	to those I	isted	abo	ve)	who	recei	ved	more than \$100,00	00 of reportable com	pensation	
from the organization ► 1											
										Yes N	0
3 Did the organization list any former officer, direct	tor, or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee		
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal			• • • •					. 3 2	<u>X</u>
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ation	and	oth	ner compensation	from		
the organization and related organizations greate such individual	er than \$1	50,0	00?	/f ''	Yes,	' con	пріе	ete Scheaule J for		. 4	X
									individual		
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compei s,' <i>comple</i>	isalic ete S	on n che	dule	J fo	or suc	ch p	erson	·····	. 5	X
Section B. Independent Contractors											
Complete this table for your five highest compen	sated ind	eper	iden	it co	ntra	ctors	tha	at received more t	han \$100,000 of	×	
compensation from the organization. Report comper		tne c	caier	ndar	year	enai	ing v		1		
<b>(A)</b> Name and business add	ress							(B Description	of services	<b>(C)</b> Compensation	
								<u> </u>			
2 Total number of independent contractors (including l	out not lim	ited t	n th	056	liste	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization		iitou l		000	11316	u ubt	,,,,,				
φτου,σου οι compensation nom the organization	U									Form 990 (20)	10

Page 9 Form 990 (2018) SOCIAL JUSTICE LEARNING INSTITUTE 26-3413373 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (C) (D) (A) Total revenue Unrelated Revenue excluded from tax business exempt revenue under sections function 512-514 revenue 1 a Federated campaigns . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1 a 1 b **b** Membership dues..... c Fundraising events..... 1 c d Related organizations . . . . . . . 1 d 1 e e Government grants (contributions) . . . . 705,460 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f q Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f..... 2,689,053 Program Service Revenue f All other program service revenue... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest and other similar amounts) ..... 5,240 5,240. Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... 5 (i) Real (ii) Personal 6a Gross rents..... b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss)..... (i) Securities (ii) Other 7 a Gross amount from sales of 2,733. assets other than inventory b Less: cost or other basis and sales expenses . . . . . 633. c Gain or (loss)...... 2,100. 2,100 2,100 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18..... a b Less: direct expenses..... b c Net income or (loss) from fundraising events ..... 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 activities..... 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory...... **Business Code** 

0.

d All other revenue .....

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX... (B) (A) Total expenses Management and general expenses Do not include amounts reported on lines Fundráising Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21...... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 0. 0 119,792 119,792 trustees, and key employees ..... 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. n 0 98,548. 170,990 857,399 587,861 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . . . . . . 7,205. 13,100. 65,500 45,195. 15,817 8,699. 79,084 54,568. 10 Payroll taxes..... 11 Fees for services (non-employees): c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5ch. 49,738 29,258. 292,578. 213,582. 16,260 2,764. 1,626. Advertising and promotion..... 11,870. 6,285 3,697. 26,990. 36,972 Information technology..... 14 Royalties.... 15 43,384 8,155 5,943. Occupancy..... 57,482 16 Travel..... 142,668 142,668. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... Payments to affiliates..... 21 4,229 2,487. 18,158 Depreciation, depletion, and amortization ... 24,874 1,717. 17,155. 2,916 23 12,522 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.) . . . . . . . . . 195,481 195,481 a SCHOLARSHIPS & EVENTS 137,772 137,772 b PROGRAM SUPPLIES 30,729 c SOFTWARE AND LICENSING 30,729 25,314 d REPAIRS & MAINTENANCE \_ 25,314 1,930. 3,281 115,959 110,748 e All other expenses..... 277,275. 161,110. 2,215,019 1,776,634 25 Total functional expenses. Add lines 1 through 24e. . . . 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

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year **(B)** End of year 211,547. 1 1,096,914. 2 Savings and temporary cash investments..... 2 Pledges and grants receivable, net..... 3 Accounts receivable, net ...... 4 635,688. 831,724 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 47. Notes and loans receivable, net..... 8 Inventories for sale or use..... 9 3,856 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10 a 197,729. 10 c 118,216. 119,642. 11 Investments — publicly traded securities..... 12 Investments – other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11..... 13 14 Intangible assets..... Other assets. See Part IV, line 11..... 187,797 15 50,500. 1,901,365. 16 Total assets. Add lines 1 through 15 (must equal line 34).... 1,354,566 4,920. 17 Accounts payable and accrued expenses..... 18 Grants payable ..... 19 20 Tax-exempt bond liabilities ..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . . . . . . 21 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..... 22 23 24 Unsecured notes and loans payable to unrelated third parties..... 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. 25 98,132. 37,627 26 103,052. Total liabilities. Add lines 17 through 25..... 37,627 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 321,036. 234,826. Unrestricted net assets..... 1,477,277. 28 1,082,113. Temporarily restricted net assets..... 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..... Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund..... Retained earnings, endowment, accumulated income, or other funds..... 32 33 1,798,313. 1,316,939. Total net assets or fund balances..... 1,901,365. 1,354,566 34 Total liabilities and net assets/fund balances..... 34 Form 990 (2018)

Form	990 (2018) SOCIAL JUSTICE LEARNING INSTITUTE 26-	3413373		Page 12
Par				<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2		.5,019.
3	Revenue less expenses. Subtract line 2 from line 1	3		31,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>1,31</u>	.6 <b>,</b> 939.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	,	0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,79	8,313.
Par	t 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.  Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	x
Za	-			**
	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:	ed on a		
	Separate basis Consolidated basis X Both consolidated and separate basis			
L.	Were the organization's financial statements audited by an independent accountant?		2 b	Х
IJ	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ			
	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?	.,	0 -	l x
			2 c	^_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 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	Х
b	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
ВАА	TEEA0112L 08/03/18		Form	<b>990</b> (2018

# 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.

2018

OMB No. 1545-0047

Open to Public Inspection

lame o	f the or	rganization					Employer identificat	don namber
SOC:	IAL	JUSTICE LEARNING	INSTITUTE				26-3413373	
Part	I F	Reason for Public Cha	rity Status (All or	ganizations must c	omple	te this	part.) See instruct	ions.
The o		zation is not a private found						
1		church, convention of churche					).	
2		school described in section 1:						
3	Па	hospital or a cooperative ho	ospital service organi	zation described in <b>sec</b> t	tion 170	(b)(1)(A	)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's							
5	Па	an organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a colleg	ge or university owned	or opera	ated by a	a governmental unit de	scribed in
6		A federal, state, or local gove	•	ntal unit described in se	ection 1	70(b)(1)	(A)(v).	
7	XA	on organization that normally represented in section 170(b)(1)(A)(vi).	eceives a substantial pa					lic described
8		community trust described	•	A)(vi). (Complete Part II	.)			
9		an agricultural research organiz				oniunctio	n with a land-grant colle	ge
3	o ا	r university or a non-land-gran	t college of agriculture	(see instructions). Enter	the nam	e, city, a	and state of the college o	r 
10	fr ir	on organization that normally regrow activities related to its envestment income and unrellune 30, 1975. See section 5	xempt functions—sub ated business taxable	ject to certain exception income (less section 5	ne and	(ソ) na r	nore inan 33-1/3% OF H	S SHIDDON HOLL GROSS
11	ПА	An organization organized an	nd operated exclusive	ly to test for public safe				
12	☐ A	An organization organized ar or more publicly supported or ines 12a through 12d that de	nd operated exclusive rganizations the type of su	ly for the benefit of, to go in section 509(a)(1) o	perform r <b>sectio</b>	the fundaments of the fundamen	ctions of, or to carry ou ( <b>(2)</b> . See <b>section 509(a</b> )	It the purposes of one (3). Check the box in
а	T	'ype I. A supporting organization organization (s) the power to rec	on operated, supervised gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o s or trus	rganizati tees of t	on(s), typically by giving he supporting organization	the supported on. <b>You must</b>
	С	complete Part IV, Sections A	and B.					
b	m	Type II. A supporting organiz nanagement of the supporting nust complete Part IV, Secti	organization vested in	the same persons that co	ontrol or	manage	the supported organizati	on(s). You
С	T	Type III functionally integrated. organization(s) (see instruction	A supporting organizations). <b>You must comp</b>	ion operated in connection lete Part IV, Sections A	with, ar	nd functio	onally integrated with, its	supported
d	H	Type III non-functionally integrunctionally integrated. The onstructions). You must comp		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		:11. :11		that ic not
е	110	nstructions). You must comp Check this box if the organizante ntegrated, or Type III non-fu	ation received a writte	en determination from t	he IRS	that it is	a Type I, Type II, Type	e III functionally
f	Ente	er the number of supported o	organizations		, 			
g	Prov	vide the following information	n about the supported	l organization(s).				
(	i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								
Takal								

Schedule A (Form 990 or 990-EZ) 2018 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	n failed to	o qualify under F	Part III. If the
(Soft) protection and the second seco	111 5		
organization fails to qualify under the tests listed below, please complete Part	III.)		

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(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.	2,689,053.	7,668,205.
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.	1,137,476.	1,804,831.	2,036,845.	2,689,053.	7,668,205.
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						7,668,205.
Sec	tion B. Total Support				,		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	0.	1,137,476.	1,804,831.	2,036,845.	2,689,053.	7,668,205.
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.	7,340.	60,669.
11	Total support. Add lines 7 through 10						7,728,874.
12	Gross receipts from related activ	vities, etc. (see in:	structions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🗓
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20						%
15	Public support percentage from	2017 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2018. If t and stop here. The organization	he organization d qualifies as a pu	id not check the b blicly supported o	oox on line 13, ar organization	nd line 14 is 33-1/	3% or more, checl	this box
	33-1/3% support test—2017. If the and stop here. The organization	i qualifies as a pu	blicly supported of	organization			
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	monte the facte.	and-circumstance	s' test icheck this	s hox and <b>ston he</b>	re. Explain in Pari	EVI DOW
	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	ation qualifies as	a publicly suppor	ted organization.	►
18	Private foundation. If the organi	ization did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see ins	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.)

Sect	ion A. Public Support						
1	ar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
2	any 'unusual grants.')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
6	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 discussified 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	r			1 10 0017	( ) 2010	/O T-1-1
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	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						
c	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	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		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	)▶ []
Sec	tion C. Computation of Pu	blic Support F	'ercentage			1 1	0.
15	Public support percentage for 20						%
16	Public support percentage from					16	%
	tion D. Computation of Inv						
17	Investment income percentage						%
18	Investment income percentage	from <b>2017</b> Schedu	ıle A, Part III, line	: 17 <sub>.</sub>			%
	<b>33-1/3% support tests—2018.</b> If is not more than 33-1/3%, check	k this box and <b>sto</b>	p here. The orgai	nization qualifies	as a publiciy supp	orted organization	
b 20	33-1/3% support tests—2017. If line 18 is not more than 33-1/39 Private foundation. If the organ	the organization o 6, check this box	lid not check a bo and <b>stop here.</b> Th	ox on line 14 or line ne organization qu	ne 19a, and line 1 ualifies as a public	6 is more than 33- cly supported organ	1/3%, and ization ►
	•						

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.)

Sec	tion 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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 <b>Part VI</b> , 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		100000000000000000000000000000000000000
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	9a		
ŀ	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		
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.	9с		
10a	a 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.	10a		
ŀ	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.)	10b		

Pa	rt IV Supporting Organizations (continued)		· · · · · ·	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> 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>b</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			
			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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction 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).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
	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		
	<b>b</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 <b>Part VI</b> 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>	3a		
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

COLIC	ddic // (1 offin 550 of 550 EE) E010 DOCTITE DODITOR HEIMITING E110 FEE						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	tions				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain in st complete Sections A t	Part VI). <b>See</b> hrough 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					
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					
C	: Fair market value of other non-exempt-use assets	1c					
c	I Total (add lines 1a, 1b, and 1c)	1d					
е	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		T			
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					
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	7 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) 2018

Page 7

Par	ty   Type III Non-Functionally Integrated 509(a)(5) St tion D — Distributions	apporting Organizat	ions (continueu)	Current Year		
Sect	Current rear					
1	Amounts paid to supported organizations to accomplish exempt pu					
	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 si	upported 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.	·				
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization $\bf Part\ VI)$ . See instructions.	ion is responsive (provide o	details			
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Section F — Distribution Allocations (see instructions) (i) Excess Under				(ii) (iii) istributions Distributable ≘-2018 Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
d	From 2016		200			
е	From 2017					
f	Total of lines 3a through e			100		
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
	Distributions for 2018 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
	Breakdown of line 7:					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					

BAA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

SOCIAL JUSTICE LEARNING INSTITUTE

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	9	 2018		2017		2016		2015	,	2014
OTHER	Total	\$ 7,340. 7,340.	\$ \$	29,508. 29,508.	\$ \$	17,506. 17,506.	\$ \$	6,315. 6,315.	\$	0.

# 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

SOCTAL	JUSTICE	T.E.ARNTNG	INSTITUTE

	SOCIAL JUSTICE LEARNING INS			26-3413373
Par	Organizations Maintaining Donor Complete if the organization answ	Advised Funds or Other ered 'Yes' on Form 990	er Similar Funds , Part IV, line 6.	s or Accounts.
		(a) Donor advised t	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the o	or advisors in writing that the organization's exclusive legal	assets held in dono control?	r advised funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit compermissible private benefit?	s, and donor advisors in writing the donor or donor advisor	ng that grant funds on for any other pu	can be used only irpose conferring Yes No
Par	PATRONING .			
Гаі	Complete if the organization answ	ered 'Yes' on Form 990	. Part IV. line 7.	
	Purpose(s) of conservation easements held by	the organization (check all th	at apply).	
I	Preservation of land for public use (e.g., re			historically important land area
	Protection of natural habitat	creation or education,		certified historic structure
		Į		Gormon Historia Structura
_	Preservation of open space	U	wikutian in the form o	f a concentration assement on the
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eid a quaimed conservation com	mbution in the form o	Held at the End of the Tax Year
	a Total number of conservation easements			2 a
	Total acreage restricted by conservation easem			
(	Number of conservation easements on a certific	ed historic structure included	ın (a)	2 c
(	d Number of conservation easements included in structure listed in the National Register	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2 d
3	Number of conservation easements modified, transtax year. ►	sferred, released, extinguished,	or terminated by the	organization during the
4	Number of states where property subject to conser	vation easement is located 🕨		
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitorin	g, inspection, handl	ing of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations	, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and	d enforcing conservati	ion easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	quirements of section	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its r the organization's financial	evenue and expense statements that des	statement, and balance sheet, and cribes the organization's accounting for
Pai	conservation easements.  Till Organizations Maintaining Collect Complete if the organization answ	ctions of Art, Historical vered 'Yes' on Form 990	<b>Treasures, or O</b> ), Part IV, line 8.	ther Similar Assets.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finance	SFAS 116 (ASC 958), not to d for public exhibition, educatio cial statements that describes	report in its revenue n, or research in furth s these items.	e statement and balance sheet works of nerance of public service, provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, I	ine 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	storical treasures, or other simi 16 (ASC 958) relating to the	lar assets for financia se items:	al gain, provide the following .
	a Revenue included on Form 990, Part VIII, line	1		▶\$
	<b>b</b> Assets included in Form 990, Part X			

Part      Organizations Maintaining Colle	ections of Art, Histor	ricai Treasures, or	Other Similar Assi	ats (contil	lueu)				
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check an	y of the following that ar	re a significant use of its o	ollection					
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 collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	receive donations of art intained as part of the or	, historical treasures, c ganization's collection	r other similar assets	Yes	No				
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	n <b>ents.</b> Complete if th Form 990, Part X, I	ne organization and ine 21.	swered 'Yes' on For	m 990, P 	art IV,				
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?			er assets not included	Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	and complete the followir	ng table:							
				Amount					
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance				- T.V.	T NI-				
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	ed on Part XIII		· 📙				
		1 N/1 F-	was OOO Dart IV lin	10					
Part V Endowment Funds. Complete if				(e) Four y	ware hack				
(a) Curren	t year (b) Prior year	(c) Two years Dack	(u) Thice years back	(e) rour y	Cars back				
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs					- une				
f Administrative expenses									
g End of year balance		- 1 lunan (a)\ bald		<u> </u>	·····				
2 Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) neid	as:						
a Board designated or quasi-endowment	8	•							
b Permanent endowment ►									
c Temporarily restricted endowment	%								
The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3 a Are there endowment funds not in the possession organization by:	n of the organization that a	re held and administered	d for the	Ye	s 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 o	on Schedule R?		. 3b					
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.							
Part VI Land, Buildings, and Equipment Complete if the organization ans	<b>t.</b> swered 'Yes' on Forr	n 990, Part IV, line	e 11a. See Form 99	0, Part X	, line 10.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book					
1 a Land	(invocation)								
b Buildings									
c Leasehold improvements		115,071.	43,358.		71,713.				
d Equipment		82,658.	36,155.		46,503.				
e Other		02,000.	50,100.						
Total. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part X. o	column (B), line 10c.)	<b>&gt;</b>	1:	18,216.				
BAA			Sched	ule D (Form					

Part VII Investments — Other Securities.		N/A
		), Part IV, line 11b. See Form 990, 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-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		
Part VIII Investments - Program Related.	'Ves' on Form 990	N/A ), 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)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	
Complete if the organization answered	l 'Yes' on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (	B) line 15.)	<b>&gt;</b>
Part Y Other Liabilities		
Complete if the organization answered 'Yes' on F		
(a) Description of liability	(b) Book value	
(1) Federal income taxes	50 20	
(2) ACCRUED PAYROLL (3) ACCRUED VACATION	58,30 40,33	
(4) CREDIT CARDS PAYABLE	-90	
(5) GARNISHMENTS		00.
(6)		
(7)	1	
(8)		
(9)		
(9) (10)		
(9) (10) (11)	98.13	32.
(9) (10)	ootnote to the organization's fi	nancial statements that reports the organization's liability for uncertain

Schedule B (Form 330) Love Boccini Boblich Hilliam Indiana		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
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	2,696,393.
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		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	2,696,393.
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.)	5	2,696,393.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	leturr	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,215,019.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line <b>2e</b> from line <b>1</b>	3	2,215,019.
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	0.015.010
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,215,019.
Part VIII Supplemental Information		

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) 2018

#### 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 I, Line 1 - Organization Mission or Significant Activities

Mission

The Social Justice Learning Institute (SJLI) is a California not-for-profit public benefit corporation dedicated to improving the education, health, and well-being of youth and communities of color. By empowering communities to enact social change through research training and community mobilization, SJLI works toward its vision of communities where individuals use their agency to improve each other's lives.

Established in Inglewood, California in 2008, SJLI works with youth, residents, schools and school districts, and local officials to advance academic, food and environmental justice through the following core areas:

Empowering Youth Through Education—SJLI uses education as a tool to empower youth of color to succeed as scholars, express themselves creatively and unlock their ability to transform their world. We provide culturally relevant teaching, curriculum development and academic support through a social justice lens. We provide tools and skills for youth to express themselves creatively and to take control of telling their own stories. We create pipelines for young men of color to pursue careers in the Allied Health and Medical fields. We teach youth to advocate for themselves and their communities. We provide residents with knowledge to improve health outcomes for themselves and their community.

Creating Thriving Communities—SJLI works to transform neighborhood conditions by improving access to affordable, healthy food and empowering residents with knowledge

## Form 990, Part I, Line 1 - Organization Mission or Significant Activities

distribute high-quality produce in areas that lack access to affordable, healthy food. We introduced and continue to manage the first farmers' market in the city of Inglewood. We teach residents to grow their own food and work with them to maintain our growing network of over 100 home, school and community gardens.

Changing Systems—SJLI builds capacity for community members to identify and rectify injustice and to advocate for their needs at the city, county and state level. We build youth leaders and support them in efforts to address issues impacting their communities. We convene a group of local community advocates to identify solutions for environmental and health disparities in Inglewood. We anchor a coalition of residents, businesses, community and faith organizations advocating for housing justice for Inglewood. We privilege the voice of community members, who inform and lead our research and advocacy efforts.

## Form 990, Part III, Line 1 - Organization Mission

Mission

The Social Justice Learning Institute (SJLI) is a California not-for-profit public benefit corporation dedicated to improving the education, health, and well-being of youth and communities of color. By empowering communities to enact social change through research training and community mobilization, SJLI works toward its vision of communities where individuals use their agency to improve each other's lives.

Established in Inglewood, California in 2008, SJLI works with youth, residents, schools and school districts, and local officials to advance academic, food and environmental justice through the following core areas:

Employer identification number 26–3413373

#### Form 990, Part III, Line 1 - Organization Mission

Empowering Youth Through Education—SJLI uses education as a tool to empower youth of color to succeed as scholars, express themselves creatively and unlock their ability to transform their world. We provide culturally relevant teaching, curriculum development and academic support through a social justice lens. We provide tools and skills for youth to express themselves creatively and to take control of telling their own stories. We create pipelines for young men of color to pursue careers in the Allied Health and Medical fields. We teach youth to advocate for themselves and their communities. We provide residents with knowledge to improve health outcomes for themselves and their community.

Creating Thriving Communities—SJLI works to transform neighborhood conditions by improving access to affordable, healthy food and empowering residents with knowledge to create the changes that they want to see in their communities. We grow and distribute high-quality produce in areas that lack access to affordable, healthy food. We introduced and continue to manage the first farmers' market in the city of Inglewood. We teach residents to grow their own food and work with them to maintain our growing network of over 100 home, school and community gardens.

Changing Systems—SJLI builds capacity for community members to identify and rectify injustice and to advocate for their needs at the city, county and state level. We build youth leaders and support them in efforts to address issues impacting their communities. We convene a group of local community advocates to identify solutions for environmental and health disparities in Inglewood. We anchor a coalition of residents, businesses, community and faith organizations advocating for housing justice for Inglewood. We privilege the voice of community members, who inform and lead our research and advocacy efforts.

Employer Identification number

26-3413373

### Form 990, Part III, Line 4a - Program Service Accomplishments

Empowering Youth Through Education

Urban Scholars—A well researched and evidence based program changing the life trajectories of youth of color by increasing academic literacy, self-awareness, understanding of community conditions, and other skills development resulting in high school graduation, college acceptance and or gainful employment. The Urban Scholars program supports youth of color by providing them with the tools needed to achieve academic success and transform conditions in their communities. Programming includes individualized academic planning; Youth Participatory Action Research projects; college and career tours; and retreats. During the 2018–2019 school year, SJLI served students in three school districts in both California and Texas.

Across all sites, Urban Scholars graduated at a rate of 94% and a 100% graduation rate. A majority (82%) of our students pursue an education or career path. 44% pursue a post-secondary education, while another 38% pursue a career or vocation.

College Persistence and Alumni Programming—SJLI continued to build upon its efforts to support Urban Scholars alumni on their journeys in college and the workforce by connecting them to resources related to academic success, tuition, and housing. In 2019, the Urban Leaders Alumni Council continued to provide peer support to fellow alumni and conducted several activities including a winter retreat and a leadership retreat. SJLI received funding from the Executive Alliance for Boys and Men of Color to complete a Youth Participatory Action Research Project on the barriers and challenges facing young men of color in their pursuit of a post-secondary education. Our Alumni Research group presented its research findings, Creating Pathways to Success:Strengthening College Persistence for Young Men of Color at several

## Form 990, Part III, Line 4a - Program Service Accomplishments

conferences and convenings including the Executive Alliance for Boys and Men of Color in Washington, DC; the Alumni of Color Conference at the Harvard School of Education in Boston, MA;, the Southern California College Access Network Annual Meeting in Los Angeles, CA; and the California Community Foundation's Board of Directors' Retreat in Los Angeles, CA.

Educational Partnerships—SJLI continued to serve as an organizational program partner for two initiatives focused on improving educational outcomes for young men of color: California Community Foundation's Building a Lifetime of Options and Opportunities for Men (BLOOM) Initiative, which redirects the lives of young system—involved Black males; and JPMorgan Chase's The Fellowship Initiative, which supports Black and Latino young men's academic success.

Most significantly, in November 2018, SJLI's Urban Scholars program was included as one of the 19 winners of the inaugural Obama Foundation's MBK Community Challenge competition. The national competition selected projects serving as models to expand evidence-based initiatives that reduce youth violence, grow effective mentorship programs and measurably improve the lives of boys and men of color. SJLI is one of the community organizations providing direct services as part of "Unlocking Justice" a multi-organizational collaborative effort with the California Community Foundation and LIberty Hill Foundation. Unlocking Justice was one of 10 Community Impact awards, the highest award tier. This support enables a portion of SJLI's expansion to collaborate with school districts and serve more students at school sites.

Healthy Eating Active Living-SJLI continues to transform the built environment and

### Form 990, Part III, Line 4a - Program Service Accomplishments

Creates systems change through its Health Eating and Active Living (HEAL) Initiative. With support from the Los Angeles County Department of Public Health, SJLI provides a robust series of activities encouraging healthy lifestyle habits, and educating residents on nutrition, physical fitness and gardening. Using a train the teacher model, SJLI has trained community residents and conducted classes at community and senior centers, libraries, and schools serving over 2,500 community residents annually. For this year, SJLI taught 163 nutrition education classes and cooking demonstrations, 70 Zumba and Weekly Walking Club sessions and engaged 12 Health Ambassadors (including several of our Urban Scholars alumni) who engaged community members in conversations about ways to improve health outcomes.

Creating Thriving Communities

Food for Thought Produce Pickup—SJLI continues to collaborate with the Inglewood Unified School District and Food Forward to present Food for Thought, a free monthly produce pick-up at Morningside High School. Food Forward works with wholesale markets to recover high quality produce that would have otherwise been unnecessarily disposed of, and works with SJLI to distribute produce to the community. In 2019, on average 12,500 pounds of produce was diverted away from landfills each month, totalling 150,000 pounds. Each month 78,000 pounds of produce or a total of 157,000 was distributed to 1,020 families

SOCIAL JUSTICE LEARNING INSTITUTE

Employer identification number

26-3413373

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Changing Systems

SJLI's theory of social action asserts that education empowers communities and its residents to identify community inequities and injustices and providing them with the opportunity to create system change. This year, SJLI worked with students and community members fostering significant changes in a number of areas.

Boys and Men of Color Advocacy—As an active member of the Brothers, Sons, Selves (BSS) Coalition), which advocates for alternatives to suspensions and the decriminalization of youth and communities of color; SJLI engaged youth leaders in skills-building in advocacy and organizing. BSS was responsible for the passage of the State's AB 392 and SB 419 and youth development efforts with the LA Board of Supervisors. SJLI continues its work with the California Funders for Boys and Men of Color (CFBMoC) to improve youth diversion and development efforts across the state.

Public Health and Environmental Justice—SJLI continues its strong track record to engage community members and activate spaces providing residents and youth with information and ways to educate themselves in approaches and methods that improve neighborhood conditions. SJLI was selected by the non-profit TreePeople, to conduct community presentations, WaterTalks, to generate and increase community involvement in planning a sustainable water future for California. SJLI was also selected by the Liberty Hill Foundation as a key partner in the emPower program. emPower connects low-income residents in economically vulnerable communities to more than 60 moneyand energy-saving programs, including ratepayer incentives, energy efficiency upgrades, solar and clean vehicle rebates. So far, SJLI has provided assistance to

Employer identification number 26-3413373

#### Form 990, Part III, Line 4a - Program Service Accomplishments

two residents who were able to purchase zero emission vehicles through the program.

Housing Justice—As the anchor organization for a local housing justice coalition, SJLI helped facilitate this community—led effort addressing gentrification, displacement and housing insecurity in Inglewood and throughout Los Angeles County. The Coalition built and deepened relationships with key stakeholders and critical message carriers, successfully built support among youth, residents, property owners and community leaders and educated homeowners, block clubs and residents about the complexities of housing issues. Community members became more involved in educational outreach efforts As a result of our work, Inglewood City Council first adopted a temporary and then a permanent rent stabilization ordinance. This was the first rent stabilization ordinance passed in Los Angeles County in a generation.

SJLI's principal funding sources are government contracts, foundation grants, and individual and corporate contributions.

#### 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.

Name of the organization	Employer identification number
SOCIAL JUSTICE LEARNING INSTITUTE	26-3413373

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

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	<u>&amp; General</u>	<u>raising</u>
PROFESSIONAL FEES	Total 🕏	292,578. 292,578.	213,582. \$ 213,582.	\$ 49,738. \$ 49,738.	29,258. \$ 29,258.

## 2018 California Exempt Organization Annual Information Return

			•
1	9	9	

	1,7-=7	0/201	9 ·						
	panization name	-	California corporation number						
	JUSTICE LEARNING INSTITUTE mation, See instructions.		3129830						
Additional infor	I	26-3413373							
Street address	(suite or room)	F	MB no.						
600 CEN	TINELA AVENUE State		Zip code						
INGLEWO	l d a		90302						
Foreign country	name Foreign province/state/cou	nty F	Foreign postal code						
B Amended C IRC Section D Final Information	rn								
• □ Dissolved □ Surrendered (Withdrawn) □ Merged/Reorganized □ If 'Yes,' enter the gross receipts from nonmember sources □ \$  E Check accounting method:  1 □ Cash 2 ☒ Accrual 3 □ Other  F Federal return filed? 1 • □ 990T 2 • □ 990-PF 3 • □ Sch H (990)  4 □ Other 990 series □ M Is the organization a Limited Liability Company? □ Yes									
<b>G</b> Is this a g	group filing? See instructions	109 to rep	port ● Yes X No						
H Is this org	panization in a group exemption Yes X No O Is the organization under audit by the IRS audited in a prior year?	or has the	IRS _						
	P Is federal Form 1023/1024 pending?		Yes No						
l Did the or	ganization have any changes to its guidelines ed to the FTB? See instructions	_							
	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		7,973.						
	2 Gross dues and assessments from members and affiliates								
Receipts   and	3 Gross contributions, gifts, grants, and similar amounts received	<b>a</b> 3	2,689,053.						
Revenues	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 General Information B	<b>e</b> 4	2,697,026.						
	5 Cost or other hasis, and sales expenses of assets sold	_							
	Cost of other basis, and sales expenses of desired estations	3.0000000000000000000000000000000000000	633.						
	7 Total costs. Add line 5 and line 6	` ——	2,696,393.						
	Total expenses and disbursements. From Side 2, Part II, line 18		2,215,019.						
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<ul><li>10</li></ul>	481,374.						
	11 Total payments	• 11	-						
	12 Use tax, See General Information K								
	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11								
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	1	10						
Fee	15 Filing fee \$10 or \$25. See General Information F		10.						
	16 Penalties and Interest. See General Information J.	17	10.						
<u> </u>	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Deparation of prefarer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Sign Here	Signature of officer 2 EXECUTIVE DIRECTOR 5/14/2	e. LOUP	(323) 952-7363						
	Preparer's Date Chéck if self-	$\mathbf{x}$	• PTIN						
Paid Proparer's	signature BRENDA KOMMAREDDY employed		P01356553 Firm's FEIN						
Preparer's Use Only	Firm's name for yours, if 5900 SEPULVEDA BLVD STE 435		45-2777041						
	self-employed) and address SHERMAN OAKS, CA 91411-2511		Telephone						
			8187821080						
	May the FTB discuss this return with the preparer shown above? See instructions		X Yes No						

059

SOCT	ΔTΤ	TISTIC	TE I	FARN	ITNG	INSTITUTE

Part II Organizations with gross receipts of more than \$50,000 and private foundations

Part	11	regai	rdless of amount of gross receipts or	- complete Part II or furnis	h substitute inform	ation.			
		1	Gross sales or receipts from all				. •	1	
		2	Interest					2	
		3	Dividends					3	
Recei from	ipts	4	Gross rents				- 1	. 4	
Other		5	Gross royalties					5	
Sour	ces	6	Gross amount received from sal					6	2,733.
		7	Other income. Attach schedule.		SEE.	STATEMENT	l. 🙍	7	5,240.
		8	Total gross sales or receipts from other	sources. Add line 1 through line	7. Enter here and on S	Side 1, Part I, line 1		8	7,973.
		9	Contributions, gifts, grants, and similar a					9	
		10	Disbursements to or for member	rs			. •	10	
		11	Compensation of officers, direct	ors, and trustees. Attach	schedule	SEE STMT	2. ●	11	119,792.
		12	Other salaries and wages				. •	12	857,399.
Experience and	nses	13	Interest	. , , , , , , , , , , , , , , , , , , ,			. •	13	
and Disbu		14	Taxes					14	79,084.
ment		15	Rents					15	57,482.
		16	Depreciation and depletion (See	instructions)			. •	16	24,874.
		17	Other Expenses and Disbursem	ents. Attach schedule	SEE	STATEMENT	3.	17	1,076,388.
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter he	re and on Side 1, Part I	l, line 9		18	2,215,019.
Scho	edule	<del></del>	Balance Sheet	Beginning of		<u> </u>		of taxa	ble year
Asse			A CONTRACTOR OF THE CONTRACTOR	(a)	(b)	(c)			(d)
1	Cash				211,5			•	1,096,914.
2	Net acc	counts	receivable		831,72	24.			635,688.
3	Net not	es rec	eivable					8	47.
4									
			state government obligations						
6			n other bonds						
7 Investments in stock								- 6	
8 Mortgage loans								- 6	
-			nents. Attach schedule	450 445		10	7 70		
			assets		110.6		7,72		118,216.
			lated depreciation	59,473.	119,6	42.	9,51	J.	110,210.
11			CIDM A		101 6	F.2			50,500.
12			Attach schedule		191,6				1,901,365.
13					1,354,5	00.			1,901,303.
			net worth					•	4,920.
			able						4, 320.
			, gifts, or grants payable						
			otes payable						
17	Mortga	ges pa	ayableSTM F		37,6	27			98,132.
18			es. Attach schedule		1,316,9			•	1,798,313.
			or principal fund		1,310,3	55.		6	1773073101
20 21			nings or income fund					•	
22			ies and net worth		1,354,5	66.			1,901,365.
	edul	e M-	1 Reconciliation of income pe	r books with income per	return				
• • • • • • • • • • • • • • • • • • • •			Do not complete this schedule	if the amount on Schedule	L, line 13, column	(d), is less than \$50	0,000.	1000	
1			per books			ded on books this year r		_	
2			116 tax	D		. Attach schedule			
3 Excess of capital losses over capital gains									
Attached to the standard of th									
r			ule	-		ne 7 and line 8			
5			orded on books this year not deducted  1. Attach schedule	9		e per return.			
6			ne 1 through line 5	481,374		ne 9 from line 6			481,374.
		111							

3652184 CACA1112L 12/13/18 059 Side 2 Form 199 2018

3885

		•									
	ch to Form 100 or For	m 100W. FORM	1 199						Califo	nia cornora	tion number
Corpor	ation name									•	don number
SOC	CIAL JUSTICE I								312	9830	
Parl		pense Certain Pro									405.000
1	Maximum deduction									1	\$25,000
2	Total cost of IRC Sec									2	4000 000
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in lin	nitation					3 4	\$200,000
4	Reduction in limitation									5	
5	Dollar limitation for t		act line 4 from line							3	
6	(a)	Description of property		(b) C	ost (business L	ise only)	(c) E	ected o	:081		
	Listed property (elec	ted IRC Section 17	'9 cost)			<b>7</b>	7			8	
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in co	olumn (c), i	ine 6 and iir	те 7			9	
9	Tentative deduction. Carryover of disallov									10	
10	Business income lim	vea acauction from	prior taxable year	income	(not less th	nan zero) or	line 5			11	<u> </u>
11 12	IRC Section 179 exp	nation, Enter the s	dd line 9 and line 1	0 but d	not enter	more than	line 11			12	
13	Carryover of disallow									1	
Par		nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&TC	Section	2435	6	-0.000	
14	(a)	(b)	(c)		(d)	(e)	(f)		(	g)	(h)
14	Description	Date acquired	Cost or		eciation	Depreciation	Life		Depreci	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	•	this	year	year depreciation
					er years			-			dopresium.
LEA	ASEHOLD IMPRO	7/01/2014	112,804.		34,687.	150DB		15		7,817	•
	CHITECTURE	8/10/2014	2,267.		697.	150DB		15		157	
-	HICLE	12/15/2014	5,500.		4,550.	200DB		5		317	•
	HICLE	1/29/2015	13,569.		11,224.			5		1,563	•
	JIPMENT	7/24/2015	131.			200DB		7		16	•
	Add the amounts in			of colur	nn (h) may	not exceed					
15	\$2,000. See instruct	ions for line 14. co	lumn (h)	or colui			•	15	2	4,874	
Par											
16	Total: If the corpora	tion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	) <b>or</b> to on line 11	5 colum	nns (c	and (h	)) Or	
	Depreciation (if no	election is made), e	enter the amount fr	om line	15, column	(g)				16	
17	Total depreciation of	laimed for federal	ourposes from fede	ral Forn	1 4562, line	22				17	
18	Depreciation adjusts	ment If line 17 is a	reater than line 16	enter t	he differenc	e here and	on Forr	n 100	or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6 It line I/ is	less than line to	enter to	e anterence	e nere and c	жесин	100 (	71		
	state adjustments of	n Form 100 or Forr	n 100W, no adjustr	nent is r	necessary.).					18	
Par											
19	(a)	(b)	(c)		(4	d)	(e)	_	_ (f)	.	(g)
	Description	Date acquire (mm/dd/yyy)	ed Cost o		Amorti	ization allowable	R&T(		Period		Amortization for this year
	of property	(ITIIII/dd/yyy)	() Other ba	313	in earlie	er years	(see in		porcon	ago	ioi tilis year
				**							
20	Total. Add the amou	unts in column (a)								20	
21	Total amortization c									21	
	Amortization adjusts	ment If line 21 is c	reater than line 20	enter t	he differend	ce here and	on Forr	n 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	100 (	or		
	Form 100W, Side 2,	line 12			<u> </u>					22	

3885

	ch to Form 100 or For	m 100W. FORM	199						10.86			
Corpo	ration name								Califor	rnia corp	poratio	n number
SOC	CIAL JUSTICE I	LEARNING INST	ITUTE						312	9830	)	
Par	t   Election To Ex	kpense Certain Prop	erty Under IRC S	ection 1	79							
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se									2	<u> </u>	+000 000
3	Threshold cost of IR		-							3		\$200,000
4	Reduction in limitation									5	ļ	
5_	Dollar limitation for		ct line 4 from line							) 5		
6	(a)	Description of property		<b>(b)</b> C	ost (business u	ise only)	(c)	Elected	cost	1		
										-		
7	Listed property (elec											
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov	wed deduction from	prior taxable year:	S						10		
11	Business income lim	nitation. Enter the sr	nailer of business	Income	e (not less tr	nan zero) o	r line 5			12	-	
12	IRC Section 179 exp									12		
13 Day	Carryover of disallov	nd Election of Addition	nal First Vear Den	rociation	Deduction	Under D&T(	C Section	n 243	56			All and the second seco
Par		T		reciation						~\		(h)
14	(a) Description	(b) Date acquired	<b>(c)</b> Cost or	Depr	(d) reciation	(e) Depreciation	(f) Life		Depreci	<b>g)</b> ation :	for	Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat	e		year		year
					vable in er years							depreciation
EOI	JIPMENT	11/16/2015	365.	Carn		200DB		7		4	16.	
	JIPMENT	4/26/2016	334.			200DB		7		4	12.	
	JIPMENT	7/20/2015	2,835.		1,595.			7		3.5	54.	
	JIPMENT	2/05/2016	1,190.		·············	200DB		7		14	19.	
API		7/03/2015	183.			200DB		7	23.			
	Add the amounts in			of colur			i					
	\$2,000. See instruct							15				
Par	t III Summary											
16	Total: If the corpora IRC Section 179 exp Additional first year	pense, add the amou depreciation under l	R&TC Section 243	356, add	the amoun	ts on line 1	5, colu	mns (	g) and (h	1) or	.	
	Depreciation (if no										16 17	
	Total depreciation c	laimed for federal pu	irposes from fede	ral Forn	n 4562, line	22					17	
18	Depreciation adjustr Form 100W, Side 1,	ment. If line 17 is gr	eater than line 16, less than line 16.	, enter t enter th	ne amerend e difference	here and	on Forn	า 100	or		1	
	Form 100W, Side 2.	. line 12. (lf Californi	a depreciation an	nounts a	ire used to (	determine r	net inco	me be	etore		10	
	state adjustments o	n Form 100 or Form	100W, no adjustn	nent is i	necessary.).			· · · · ·			18	
Par					1 7		1		(0)		Τ	(~)
19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost of the co		Amorti Amorti allowed or in earlie	zation allowable	R&T secti	on	(f) Period percent			(g) Amortization for this year
						<u> </u>	1		•			
-											1	
							1				1	
20	Total, Add the amou	ints in column (a)			I	····				20		
21	Total amortization c									21	1	
	Amortization adjustr									<del>-</del> -	+	
22	Form 100W, Side 1, Form 100W, Side 2,	, line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Forn	n 100	or	22		

3885

	ch to Form 100 or For	m 100W. FORM	199				I Californ	nia corporatio	n number	
	ration name								it Humber	
	CIAL JUSTICE I						3129	9830		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					405 000	
1	Maximum deduction							1 2	\$25,000	
2	Total cost of IRC Se	ction 179 property p	laced in service.					3	\$200,000	
3	Threshold cost of IRe Reduction in limitation	C Section 179 prop	erty before reducti	on in limitation				4	\$200,000	
4	Dollar limitation for t							5		
<u>5</u> 6		Description of property	ict iine 4 nom iine	(b) Cost (business		(c) Elected				
	(a)	Description of property		(n) cost (nasiness)	use only)	(C) LICCICC	1 6031			
	1:1.1	L-1100 011 17	24		7					
7	Listed property (electronic Total elected cost of	IDC Section 170 p	g cost) rapartu Add amau	unte in column (c)		ne 7		8		
8 9	Tentative deduction.	Enter the smaller	operty. Add arriod	ints in column (c), i	ane o ana m	7		9		
10	Carryover of disallov							10		
11	Business income lim							11		
12	IRC Section 179 exp	ense deduction. Ad	d line 9 and line 1	0. but do not enter	more than	line 11		12		
13	Carryover of disallov					13				
Par	t II Depreciation at	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&TC	Section 243	56			
14	(a)	(b)	(c)	(d)	(e)	(f)	(ç	<b>j</b> )	(h)	
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia	ation for	Additional first year	
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this :	yeai	depreciation	
				earlier years						
API	PLE	7/20/2015	141.	80.	200DB	7		18.		
API	PLE	1/25/2016	519.	292.	200DB	7		65.		
API	PLE	5/20/2016	696.	391.	200DB	7		87.		
EQU	JIPMENT	7/15/2015	807.	454.	200DB	7				
EQU	JIPMENT	7/20/2015	200.	113.	200DB	7	25.			
15	Add the amounts in	column (a) and col	umn (h). The total	of column (h) may	not exceed					
	\$2,000. See instruct	ions for line 14, col	umn (h)			15				
Par	t III Summary									
16	Total: If the corpora	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and R&TC Section 243	Hine 15, column (g 356, add the amour	) <b>or</b> its on line 1	5. columns (	(a) and (h	) or		
	Depreciation (if no e	election is made), e	nter the amount fr	om line 15, column	(g)			<u>16</u>		
17	Total depreciation c	laimed for federal p	urposes from fede	eral Form 4562, line	: 22			17		
18	Depreciation adjustr	nent. If line 17 is gr	eater than line 16	, enter the difference	ce here and	on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line b. If line 17 is line 12. (If Californ	iess than line 16, ia depreciation an	enter the difference nounts are used to	determine n	et income b	efore			
	state adjustments of	n Form 100 or Form	100W, no adjustr	nent is necessary.)				18		
Par	t IV Amortization									
19	(a)	(b)	(c)	(	d)	(e)	<b>(f)</b> Period	or	(g)	
	Description of property	Date acquire (mm/dd/yyyy	d Cost of other ba		ization r allowable	R&TC section	percent		Amortization for this year	
	or property	(min day)	0		er years	(see instr)				
20	Total. Add the amou	ınts in column (g).						20		
21	Total amortization c							21		
22	Amortization adjustr	ment. If line 21 is a	reater than line 20	, enter the differen	ce here and	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 d	on Form 100	or	22		
	Form 100W, Side 2,	iine 12						~~		

3885

	ch to Form 100 or For	m 100W. FORM	1 199				Louis		
Corpo	ration name						Californ	nia corporatio	on number
SOC	CIAL JUSTICE I	LEARNING INS	TITUTE				3129	9830	
Par	t   Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.				[	1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service				[	2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation			[	3	\$200 <b>,</b> 000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0			<i>.</i> [	4	
5	Dollar limitation for	taxable year. Subtra	act line 4 from line	1. If zero or less,	enter -0			5	
6		Description of property		(b) Cost (business		(c) Elected			
7	Listed property (elec	ted IRC Section 17	9 cost)		[ 7 ]	<b>-</b>		8	
8	Total elected cost of							9	
9	Tentative deduction.							10	
10	Carryover of disallov	ved deduction from	prior taxable years	S					
11	Business income lin	nitation. Enter the s	maller of business	income (not less t	han zero) o	r line 5		11 12	
12	IRC Section 179 exp							12	
13	Carryover of disallov	ved deduction to 20	119. Add line 9 and	line 10, less line 1	2	13			
Par	t II Depreciation a	nd Election of Additi	onal First Year Dep		1				
14	(a)	(b)	(c)	(d)	(e)	(f)	(g Deprecia	l)	<b>(h)</b> Additional first
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	this v		year
	or property	(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	other basis	allowable in	motilog	1.410		,	depreciation
				earlier years					
EQU	JIPMENT	12/30/2015	87.		200DB	7		11.	
EQU	JIPMENT	12/31/2015	837.	471.	200DB	7		105.	
EOU	JIPMENT	2/01/2016	65.	36.	200DB	7		8.	
	JIPMENT	10/21/2015	375.	212.	200DB	7		47.	
	PLE MAC PRO	9/21/2018	4,134.		200DB	5	1	L,447.	
	Add the amounts in	J		of column (h) may	not exceed				
15	\$2,000. See instruct	tions for line 14, col	umn (h). The totai	or column (ii) may	TIOL CACCCO	15			
Par		10110 101 1110 1 17 001	(1)						
16	Total: If the corpora	tion is electing:							
10	IRC Section 179 eve	sense add the amo	unt on line 12 and	line 15, column (g	) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	nts on line 1	5, columns (	(g) and (h)	or 16	
	Depreciation (if no								
	Total depreciation c	laimed for federal p	ourposes from fede	rai Form 4562, line	: ZZ		0 or	···   17	
18	Depreciation adjustr Form 100W, Side 1,	ment. If line 17 is gi	reater than line 16. Tess than line 16.	, enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	ila depreciation arr	nounts are used to	determine r	net income b	etore		
	state adjustments o	n Form 100 or Forn	n 100W, no adjustr	nent is necessary.)				18	
Par	t IV Amortization								
19	_ (a)	(b)	(c)	. (	d)	(e) R&TC	(f) Period	or	(g)
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	section	percenta		Amortization for this year
	or property	(minadi yyyy	/		er years	(see instr)			
			-						
	Total. Add the amou	unto in a skumam (a)						20	
20								21	
21	Total amortization of								
22	Amortization adjust Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the differen	ce here and	on Form 10	or or		
	Form 100W, Side 1, Form 100W, Side 2,	. mie o, ii iiite zi is Tine 12	icos ulan ille 20,	the difference	, , , , , , , , , , , ,			22	
	, Jilli 10011, Olde 2,	1 1	,						

3885

	ch to Form 100 or For	m 100W. FORM	I 199				Califo	rnia corporatio	n number
	CIAL JUSTICE I						312	9830	
Par		pense Certain Pro							40E 000
1	Maximum deduction								\$25,000
2	Total cost of IRC Se	ction 179 property p	placed in service					2	+000 000
3	Threshold cost of IR		3	\$200,000					
4	Reduction in limitation							4	
5	Dollar limitation for t	axable year. Subtra	act line 4 from line	1. If zero or less, e	enter -0			5	
6	(a)	Description of property		(b) Cost (business t	use only)	(c) Elected	cost		
				***************************************					
							· ···· · · · · · · · · · · · · · · · ·		200
	111111	4- 4 IDO 0 - 4: 17	01		7			1	
7	Listed property (elec	ted IRC Section 17	9 COSt)		• • • • • • • • • • • • • • • • • • • •	no 7		8	
8	Total elected cost of							9	
9	Tentative deduction.							10	
10	Carryover of disallov	ved deduction from	prior taxable year	S				11	
11	Business income lim								
12	IRC Section 179 exp							12	0.1
_13	Carryover of disallov	ved deduction to 20	19. Add line 9 and	l line 10, less line 1	2	13			
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	r	1	Section 243		:	
14	(a)	(b)	(c)	(d)	(e)	(f)	Danraa (	g)	<b>(h)</b> Additional first
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate		iation for vear	year
	or property	(IIIII/dd/yyyy)	Other basis	allowable in	motriod	late		, , ,	depreciation
				earlier years					
API	PLE MACBOOK	1/21/2019	2,081.		200DB	5		312.	
API	PLE MACBOOK	6/28/2019	17,899.		200DB	5		895.	
	OGE TRUCK	6/15/2018	24,839.	1,242.	200DB	5		7,664.	
***************************************	JPMENT	10/20/2017	4,350.	1,088.		5		1,392.	
	JIPMENT	1/16/2018	4,237.		200DB	5		1,356.	
				L					
15	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, col	umn (n). The total umn (h)	or column (n) may		15			
Par	t III Summary								
16	Total: If the corpora	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g	) or to on line 1	5 columns	(a) and (b)	2) 04	
	Depreciation (if no	depreciation under	nter the amount fr	om line 15. column	(a)		g) and (i	16	
17	Total depreciation of	laimed for federal n	urnoses from fede	ral Form 4562. line	22			17	
18	Depreciation adjusts	nent If line 17 is a	reater than line 16	enter the difference	ce here and	on Form 10	0 or		
10	Form 100W, Side 1.	line 6. If line 17 is	less than line 16.	enter the difference	e here and d	on Form 100	or		
	Form 100W, Side 2.	line 12. (If Californ	iia depreciation an	nounts are used to	determine r	iet income b	etore	18	
	state adjustments of	n Form 100 or Form	n 100W, no adjustr	nent is necessary.).				10	
Par					1		//		(+)
19	(a)	(b)	(c)	.r   Amort	<b>d)</b> ization	(e) R&TC	(f) Perio	d or	<b>(g)</b> Amortization
	Description of property	Date acquire (mm/dd/yyyy	d Cost of other bar	sis allowed or	r allowable	section	percen		for this year
	or property	(((((((((((((((((((((((((((((((((((((((	7		er years	(see instr)	'		
						1		20	
20	Total. Add the amou								
21	Total amortization c							21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	tess than line 20,	enter the difference	e nere and o	on Form 100	or	22	
	Form 100W, Side 2,	IIIIE 12							

7621184 FTB 3885 2018

059

20

21

22

	2018	Corpo	oration De	preciation ar	nd Am	ortizat	ion						3885
	ch to Form 100 o	r Form 1	00W. FORM	1 199									
Corpo	ration name									Califo	rnia corp	ooratio	on number
SOC	CIAL JUSTIC	CE LEA	RNING INS	TITUTE						312	9830	)	
Par				perty Under IRC S							.,	,	
1				179 for California.							1		\$25,000
2	Total cost of IR	C Section	n 179 property	placed in service			, , ,		• • • • •		2		4000 000
3				erty before reducti							3		\$200,000
4				from line 2. If zero act line 4 from line							5		
<u>5</u>	Dollar limitation		cription of property	act line 4 from fine		t (business i			lected				
		(a) Desi	stipuoti of property		(3) 003	t (pusitioss i	usc only)	(0) 1	.100100				
-			· · · · · · · · · · · · · · · · · · ·										
7	Listed property	(elected	IRC Section 17	'9 cost)	l		7						
8	Total elected co	st of IRO	C Section 179 p	roperty. Add amou	ints in col	umn (c), l	line 6 and li	ne 7			8		
9											9		
10										10			
11	Business incom	ne limitat	ion. Enter the s	maller of business	income (	(not less t	han zero) o	r line 5.			11		
12				dd line 9 and line 1							12	Sharara	
_13				019. Add line 9 and				13		=-			
Par	t II Depreciati	ion and E	Election of Additi	onal First Year Dep	T		Under R&TC	1				- 1	
14	(a) Description of property	D (i	(b) Pate acquired mm/dd/yyyy)	(c) Cost or other basis	Depre allow allow	d) ciation red or able in r years	(e) Depreciation method	Life rate	or	Deprec	<b>g)</b> iation year	for	<b>(h)</b> Additional first year depreciation
EOU	JIPMENT	3	/20/2018	1,392.	1	209.	200DB		5		44	15.	
	JIPMENT		/20/2018	1,392.		209.	200DB		5		44	15.	
-													
15	Add the amoun \$2,000, See ins	ts in colu	umn (g) and col s for line 14, co	lumn (h). The total lumn (h)	of colum	n (h) may	not exceed		15				
Par			· · · · · · · · · · · · · · · · · · ·	***									
16	Additional first Depreciation (if	9 expens year dep no elect	se, add the amo reciation under tion is made), e	ount on line 12 and R&TC Section 243 enter the amount frourposes from fede	356, add t om line 1	the amoun 5, column	nts on line 1 (g)				· · · ·   _	16 17	
18	Depreciation ac	liustmen	t. If line 17 is a	reater than line 16	. enter th	e differend	ce here and	on Forr	n 10	0 or			
	Form 100W, Si Form 100W, Si	de 1, line de 2. line	e 6. If line 17 is e 12. (If Califorr	less than line 16, nia depreciation an n 100W, no adjustr	enter the nounts are	aimerence e used to	e nere and d determine r	et incor	ne b	efore		18	
Par		.,,,				, , , , , , , , , , , , , , , , , , ,							
19	(a) Descrip of prope		(b) Date acquire (mm/dd/yyyy			Amort allowed o	<b>d)</b> ization r allowable er years	(e) R&T section (see in	C on	(f) Perio percen	d or		<b>(g)</b> Amortization for this year
												<u> </u>	
												-	
								ļ				-	
			1	1				1	1			1	

7621184 FTB 3885 2018 059 CACA3501L 12/07/18

20 Total. Add the amounts in column (g).....

Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.

Total amortization claimed for federal purposes from federal Form 4562, line 44.....

			Page 1				
2018	California Stateme	llifornia Statements					
	SOCIAL JUSTICE LEARNING I	NSTITUTE	26-3413373				
Statement 1 Form 199, Part II, Line 7 Other Income Other Investment Income		\$ Total <u>\$</u>	5,240. 5,240.				
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Direct	ors, Trustees and Key Employees						
Current Officers:  Name and Address	Title and Average Hours Per Week Devoted	Total Contri- Compen- bution to sation EBP & DC_	Expense Account/ Other				
D'ARTAGNAN SCORZA 600 CENTINELA AVE INGLEWOOD, CA 90302	Secretary 40.00	\$ 119,792. \$ 0.	\$ 0.				
OMAI GARNER 600 CENTINELA AVE INGLEWOOD, CA 90302	Chairman O	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.				
MARCUS PICKENS 600 CENTINELA AVE	Director 0	0. 0.	0.				
TERRI MOSQUEDA	Director 0	0. 0.	0.				
	Total	\$ 119,792.	\$ 0.				
Statement 3 Form 199, Part II, Line 17 Other Expenses							
AUTOMOBILE EXPENSE AWARDS BANK SERVICE CHARGES	L		16,260. 8,349. 5,850. 98. 1,402.				

_	^	-	_
٠,	m	7	u
_	W		О

## **California Statements**

Page 2

## SOCIAL JUSTICE LEARNING INSTITUTE

26-3413373

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

EQUIPMENT PURCHASE. FACILITIES/EQUIPMENT RENTAL. FACILITIES/EQUIPMENT RENTAL. GENERAL AND ADMINISTRATION EXP. Insurance. INTERNET AND WEB HOSTING. MEALS. MISCELLANEOUS EXPENSE. Office Expenses. Other Employee Benefit. Other fees. Postage and Shipping. Printing and Publications. PROGRAM SUPPLIES. QUICKBOOKS. REPAIRS & MAINTENANCE. SCHOLARSHIPS & EVENTS.		13,854. 11,152. 6,603. 10,270. 17,155. 1,289. 5,245. 1,948. 36,972. 65,500. 292,578. 1,743. 14,415. 137,772. 774. 25,314. 195,481. 30,729
2.0-0-1-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1		
		,
SOFTWARE AND LICENSING		30,729.
TAXES AND LICENSES. TELEPHONE		550. 19,299.
Travel		142,668.
UTILITIES	<u> </u>	13,118.
Total	. <u>\$ 1</u>	,076,388.

## Statement 4 Form 199, Schedule L, Line 12 Other Assets

UNDEPOSITED	FUND.	50,500.
	Total	\$ 50,500.

## Statement 5 Form 199, Schedule L, Line 18 Other Liabilities

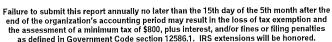
ACCRUED PAYROLL	58,302.
ACCRUED VACATION	40,334.
CREDIT CARDS PAYABLE	-904.
GARNISHMENTS.	400.
Total 💃	<i>98,132.</i>

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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





	as define	a in Government Coc	le section 12586.1. IK	o extensions will be	e Hollorea.					
Check if:										
State Charity Registration Number	0193316	Change of address								
	SOCIAL JUSTICE LEARNING INSTITUTE				Amended report					
Name of Organization 600 CENTINELA AVENUE				Corporate or (	Organization No. 3129830					
Address (Number and Street)			ACT ACT ACT	·						
INGLEWOOD, CA 90302 City or Town, State and ZIP Code				Federal Emplo	yer I.D. No. <u>26–3413373</u>					
ANNUAL REG	ISTRATION I Make Checl	RENEWAL FEE S k Payable to Atte	CHEDULE (11 Cal orney General's l	. Code Regs. se Registry of Cha	ections 301-307, 311, and 312) aritable Trusts					
Gross Annual Revenue	Fee	Gross Annual	Revenue	<u>Fee</u>	Gross Annual Revenue		-ee			
Less than \$25,000	0	1	001 and \$250,000		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million		150 225			
Between \$25,000 and \$100,000	\$25	Between \$250,	001 and \$1 millio	on \$75	Greater than \$50 million		300			
PART A – ACTIVITIES		1								
For your most recent full acco	ounting peri	iod (beginning	7/01/18		6/30/19 ) list:					
Gross annual revenue \$	2	2,696,393.	Total assets	\$	1,901,365.					
PART B — STATEMENTS RE	GARDIN	G ORGANIZA	ATION DURING	G THE PERI	OD OF THIS REPORT					
Note: If you answer "yes" to any "yes" response. Please re	of the que	stions below, yo instructions for	ou must attach a r information req	separate page uired.	providing an explanation and detai	ls for e	ach			
1 During this reporting period, w	ere there a	ny contracts: loa	ns, leases or oth	er financial tra	nsactions between the	Yes	No			
organization and any officer, director or trustee had any fina	ector or truste	ee thereof either (	directly or with an	entity in which a	any such officer,		X			
During this reporting period, were property or funds?	e there any t	heft, embezzleme	ent, diversion or m	isuse of the org	anization's charitable		X			
3 During this reporting period, d	id non-prog	ram expenditure	s exceed 50% of	gross revenue	97		X			
4 During this reporting period, wer Form 4720 with the Internal Re	e any organi evenue Serv	zation funds used vice, attach a co	to pay any penali py.	ly, fine or judgm	ent? If you filed a		X			
5 During this reporting period, w purposes used? If "yes," provi service provider.	rere the servide an attacl	vices of a comm hment listing the	ercial fundraiser e name, address,	or fundraising and telephone	counsel for charitable number of the		X			
6 During this reporting period, did the name of the agency, maili	the organiza	tion receive any c	governmental fund and telephone r	ing? If so, provi	de an attachment listing	X				
7 During this reporting period, did indicating the number of raffle	the organiza	tion hold a raffle	for charitable purp		provide an attachment		X			
B Does the organization conduct a the program is operated by the charitable purposes.	vehicle dona	ation program? If	"ves." provide an	attachment indicates with a comm	cating whether nercial fundraiser for		X			
Did your organization have proprinciples for this reporting per	epared an a	udited financial	statement in acc	ordance with g	enerally accepted accounting		X			
Organization's area code and telep		er <u>(323)</u> 95	2-7363							
Organization's e-mail address IN	NFO@SJLI	ORG								
I declare under penalty of perjury and belief, the content is true con	that I have e ect and cor	examined this re nplete.	port, including a	ccompanying	documents, and to the best of my k	nowled	lge			
(1) ( AH)	A'D'A	RTAGNAN SC	ORZA	EXECUTIVE	E DIRECTOR 3/14/20	20				
Signature of authorized officer		d Name		Title	Date					



## **Government Funding**

Los Angeles County Rita Rena Mozian Department of Public Health 3530 Wilshire Blvd. Suite 800 Los Angeles, CA 90010 (213) 351-7803

Houston Health Department, City of Houston Stephen Williams 8000 N Stadium Drive Houston, TX 77054 (832) 393-5169

Compton Unified School District 501 S Santa Fe Avenue Compton, CA 90221 (310) 639-4321

Lennox School District 10319 Firmona Avenue Lennox, CA 90304 310-695-4000

Metropolitan Water District Of Southern California P.O. Box 54153 Los Angeles, CA 90054

## Form **8868**

(Rev. January 2019)

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.
► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only subr	nit origina	al (no copies needed).				
All corporat	ions required to file an income tax return other that	an Form 99	0-T (including 1120-C filers), partnership	s, REMICs, and tru	sts must		
use Form 7	004 to request an extension of time to file income	tax returns	s. Enter filer's identi	fying number, see i	nstructions		
	Name of exempt organization or other filer, see instructions.			Employer identification r			
Type or	, -						
print	SOCIAL JUSTICE LEARNING INSTIT	TITE		26-3413373			
File by the	Number, street, and room or suite number. If a P.O. box, see in			Social security number (SSN)			
due date for filing your	600 Centinela Avenue						
return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.				
instructions.	Inglewood, CA 90302						
					01		
Enter the R	eturn Code for the return that this application is fo	or (file a se	parate application for each return)		[0.1]		
Application	1	Return	Application		Return		
ls For		Code	ls For		Code		
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990-E	The second secon	02	Form 1041-A		08		
Form 4720 (		03	Form 4720 (other than individual)		09		
Form 990-F		04	Form 5227		10		
	(section 401(a) or 408(a) trust)	05	Form 6069		12		
Form 990-T	(trust other than above)	06	Form 8870		12		
Telepho If the or If this is check the external three	ks are in the care of ► ACCURETTA_INC  ne No. ► 818-782-1080  rganization does not have an office or place of but so for a Group Return, enter the organization's four his box ►	digit Group check this b	e United States, check this box  Exemption Number (GEN)	this is for the whol- mes and EINs of al	e group,		
	e organization named above. The extension is for the calendar year 20 or	organization		zation return			
<b>&gt;</b> 2	$\mathbb{X}$ tax year beginning $\underline{7/01}$ . , $20$ $\underline{18}$						
	tax year entered in line 1 is for less than 12 mont hange in accounting period	ths, check r	eason: Initial return Fir	nal return			
3 a If this nonre	application is for Forms 990-BL, 990-PF, 990-T, 4	4720, or 600	69, enter the tentative tax, less any	3 a \$	0.		
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b \$	0.		
EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	S	3 c \$	0.		
Caution: If	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 8	453-EO and Form 8	879-EO for		

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

Form 8868 (Rev. 1-2019)

## Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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

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

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

Open to Public Inspection

2019 A For the 2018 calendar year, or tax year beginning 7/01 , 2018, and ending 6/30 D Employer identification number Check if applicable: 26-3413373 SOCIAL JUSTICE LEARNING INSTITUTE Address change E Telephone number 600 Centinela Avenue Name change Inglewood, CA 90302 (323) 952-7363 Initial return Final return/terminated **G** Gross receipts \$ 2,697,026. Amended return H(a) Is this a group return for subordinates? Yes  $|X|_{No}$ F Name and address of principal officer: Application pending H(b) Are all subordinates included? If "No," attach a list. (see instructions) Same As C Above 4947(a)(1) or 527 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) H(c) Group exemption number Website: ► http://www.sjli.org/ Other -L Year of formation: 2013 M State of legal domicile: Form of organization: X Corporation Trust Association Summary Part I Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance 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)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a)..... 5 4 Total number of volunteers (estimate if necessary)..... 6 0 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 ...... 7a b Net unrelated business taxable income from Form 990-T, line 38. 7b 0. **Current Year** 2,689,053. 2,036,845 Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g) ..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 29,508 7,340. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 2,066,353 2,696,393. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 892,679 1,121,775. 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 1,093,244. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,850,402. 2,215,019. 215,951 481,374. Revenue less expenses. Subtract line 18 from line 12..... 19 Beginning of Current Year End of Year 1,354,566. 1,901,365. 20 37,627 103,052. 21 Net assets or fund balances. Subtract line 21 from line 20..... 1,798,313. 1,316,939. 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is bysed on all information of which preparer has any knowledge. Sign Executive Director Here D'ARTAGNAN SCORZA Type or print name and title X if Preparer's signature Print/Type preparer's name Check P01356553 self-employed Brenda Kommareddy Brenda Kommareddy Paid ► Accuretta, Inc **Preparer** Firm's name Firm's EIN ► 45-2777041 Use Only ► 5900 Sepulveda Blvd Ste 435 Firm's address Phone no. 8187821080 Sherman Oaks, CA 91411-2511 May the IRS discuss this return with the preparer shown above? (see instructions).....

orm 990 (2018)	SOCIAL JUSTICE LEA	RNING INSTITUTE	26-341337	73 Page <b>2</b>
Part III State	ement of Program Service	ce Accomplishments		X
		oonse or note to any line in this Part III		
-	ibe the organization's mission:			
<u>See_Sche</u>	<u>aute 0</u>			
2 Did the organ	ization undertake any significant	program services during the year which were not	listed on the prior	
Form 990 or	990-EZ?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes X No
If "Yes." desc	ribe these new services on Sche	dule O.		
3 Did the organ	nization cease conducting, or	make significant changes in how it conducts, a	ny program services?	Yes X No
If "Yes," desc	ribe these changes on Schedule	O.		
4 Describe the Section 501( and revenue	organization's program servic (c)(3) and 501(c)(4) organizatio , if any, for each program serv	e accomplishments for each of its three larges ons are required to report the amount of grants rice reported.	t program services, as measure and allocations to others, the	ed by expenses, total expenses,
4a (Code:	) (Expenses \$ 1.	776,634. including grants of \$	) (Revenue \$	)
See Sche				
pee_peric	<u> </u>			
4b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	/ (=			
	\( \frac{\pi}{2} \)	including grants of \$	) (Revenue \$	
4 c (Code:	) (Expenses \$	Including grants of \$	) (Nevende 4	
4 d Other progra	am services (Describe in Sche		4	,
(Expenses	\$ i		) (Revenue \$	)
4 e Total progra	am service expenses ▶	1.776.634.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. . 2 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. X 3 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 Χ 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. . . . Χ 5 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, 6 X 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 ......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D, Part III. . . . . 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..... X 9 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..... Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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..... Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11 b 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...... Χ 11 c 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..... X 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete χ 12a 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...... X 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a 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..... Χ 14b 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..... X 15 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..... Χ 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 I (see instructions). X 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 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 complete Schedule G, Part III..... Χ 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? ..... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. Χ

ı aı	Officerist of required selectures (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	163	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
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	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
ŀ	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):	00		Х
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	-	
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions: If 765, complete deficulties must be provided by the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	ļ	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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	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? If 'Yes,' complete Schedule R, Part VI	37		X
38	Note. All Form 990 filers are required to complete Schedule O	38		Х
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			П
	Greek it Scriedule o contains a response of note to any line in this rait v		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		191	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	;	
BAA	3, 3 ,	Forr	n <b>990</b>	(2018)

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 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..... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . 2<sub>b</sub> Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b **b** If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O.* . . . 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 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 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 50 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?..... Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... 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 Χ 7 a services provided to the payor?..... 7 b b If 'Yes.' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282?..... d If 'Yes,' indicate the number of Forms 8282 filed during the year..... 7 d 7 e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f X q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 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. . . . 10 b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders..... **b** Gross income from other sources (Do not net amounts due or paid to other sources 11 b 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 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. 13 a 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..... 13b c Enter the amount of reserves on hand ...... X 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14 a 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O..... 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.

Page 6 26-3413373 Form 990 (2018) 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. 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 . . . . 6 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?..... X 3 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?..... X 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 X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 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: X 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 Χ 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 10 a X 10 a 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 X 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 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..... Х 12 a 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 X 12c Schedule O how this was done ...... 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X a The organization's CEO, Executive Director, or top management official..... 15a **b** Other officers or key employees of the organization..... X 15b 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 Χ 16 a taxable entity during the year?..... 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?.... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CASection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request X Own 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 0

SHERMAN OAKS CA 91411 818-782-1080

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

ACCURETTA INC 5900 SEPULVEDA BLVD SUITE 435

Form 990 (2018) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a (F) (B) (D) (A) Name and Title Estimated amount of other compensation from the organization and related Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Average hours director/trustee) the organization (W-2/1099-MISC) Key employee Highest Institutional trustee organizations related compen organiza-tions below dotted trustee nsated 40 (1) D'ARTAGNAN SCORZA 0 0. Χ Χ 119,792 0 Secretary (2) OMAI GARNER 0 0. 0 0. Chairman 0 Χ 0 (3) LINDA BAUM 0. 0 0. 0 X Treasurer 0 (4) NANCY GREENSTEIN 0. 0 Χ 0. 0. Director 0 (5) KAREN BLACKWELL Х 0 0. 0. 0 Director 0 (6) MARCUS PICKENS 0 0. 0. Х 0 Director 0 (7) TERRI MOSQUEDA 0. 0. 0. X 0 Director (8) (10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	En	iplo	oye	es,	anc	d Highest Com	pensated Emp	loyees (continued)
	(B)			((	C)					
<b>(A)</b> Name and title	Average hours	Position (do not check more than one box, unless person is both an officer and a director/testan)			h an j	(D)  Reportable compensation from	(E) Reportable	(F) Estimated		
, with the	per week (list any					the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the		
	hours	Individual trustee or director	institutional trustee	Officer	Key employee	ghes nploy	Ĭ,	(W-2/1099-WIGC)	(W-2/1033-IMGO)	organization and related
	related organiza	ctor	iona		oldu	t con	۳,			organizations
	tions below dotted	ruste	trus		8	pen				
	line)	8	tee			Highest compensated employee				
(15)					ļ					
		-			_					
<u>(16)</u>										
(17)										-
(18)										
					ļ	ļ				
		-								
(20)										
(21)										
						<u> </u>				
(22)										
(23)										
(24)				-			<u> </u>			
		1				-				
(25)		•								
1 b Sub-total							<b>&gt;</b>	119,792.		
c Total from continuation sheets to Part VII, Secti							<b>&gt;</b>	0.	0.	
d Total (add lines 1b and 1c)					· · · ·		ivad	119,792.	0.	
2 Total number of individuals (including but not limited from the organization 1	to those	ustea	abo	ve)	WHO	rece	iveu	more man \$100,00	o or reportable com	perisation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru	ustee u <i>al.</i>	, ke	y er	nplo	yee,	or I	highest compensa	ted employee	3 X
1 For any individual listed on line 1a is the sum of	f renortat	ale co	mn	ensa	atior	n and	l oth	ner compensation	from	
the organization and related organizations great	er than \$	150,0	UU?	IT :	res,	COL	пріє	ete Scriedule 3 for		4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye.	ie compei	nsatio	on fi	rom	any	unre	elate	ed organization or	individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest comper compensation from the organization. Report comper	nsated inc nsation for	leper the c	ider caler	it co idar	ontra yea	ctors r end	s tha ing v	at received more t with or within the o	han \$100,000 of rganization's tax yea	ar.
(A) Name and business address						(B Description	) of services	<b>(C)</b> Compensation		
	h. d. n = 4 1!	aited !	-1-	0000	licto	d sh	21/2	who received more	a than	
2 Total number of independent contractors (including \$100,000 of compensation from the organization		iitea 1	เบ เท	iose	uste	u aD0	ove)	ALIO LECEIVED HIOLE	uiciii	
BAA	<u> </u>	TEEA	0108	L 08	/03/1	3			1	Form <b>990</b> (2018

Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part VIII.									
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512-514	
ts ts	1 a	Federated campaigns	1a			The state of the s			
E a	b	Membership dues	1b						
۾ ج	С	Fundraising events	1c						
it it	d	Related organizations	1 d						
ا≝ا ا≝ا	е	Government grants (contributions) 1 e		705,460.					
Contributions, Giffs, Grants and Other Similar Amounts up to p to p to the Law is well as a p to		I other contributions, gifts, grants, and milar amounts not included above 1 f		1 002 502					
들등		Noncash contributions included		1,983,593.					
등		Total. Add lines 1a-1f		<b>&gt;</b>	2,689,053.				
	n	Total. Add lines 1a-11		Business Code	2,009,033.			2,000	
Program Service Revenue	2 a		}	Dusiness evan					
eve	Z a b								
ě.	C								
Ĭ.	۲ ۲								
ဖွဲ့	u							:	
Ta	e	All other program service							
§		Total. Add lines 2a-2f	<u>_</u>	<b>&gt;</b>				Takana a sa	
<u>D.</u>		Investment income (inc							
	3	other similar amounts)	luaing aiviaenas	s, interest and ▶	5,240.	5,240.			
	4	Income from investmen							
	5	Royalties							
		, toyanios	(i) Real	(ii) Personal					
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (lo	)55)	<u> </u>			SOUR ENDERFORMANCE CONTRACTOR OF THE PROPERTY	CECHIEL COMPANY CONTRACTOR CONTRA	
		(i) Society		(ii) Other					
	7 a	Gross amount from sales of assets other than inventory		2,733.					
				2,133.					
	b	Less: cost or other basis and sales expenses		633.					
	,	Gain or (loss)		2,100.					
		Net gain or (loss)			2,100.	2,100.		Billing Short State Carrie and State	
<u>o</u>	Ι -	Gross income from fund			2,100.	2/100.			
enne		(not including \$	d line 1eV						
		of contributions reporte							
π.		See Part IV, line 18							
Other Rev		Less: direct expenses.		b					
δ	C	Net income or (loss) from	om fundraising e	events •					
	9 a	Gross income from gard See Part IV, line 19	ning activities.	a					
	ا ا	Less: direct expenses.							
		Net income or (loss) from			-			15505 100 0 min (0 min	
		•		1					
	10 a	Gross sales of inventor and allowances	y, iess returns	a					
	ŀ	Less: cost of goods sol	d	ь				Part of the State of	
		: Net income or (loss) from			-	2 - Company (1945) - Grane Command (1957) (1957) (1957) (1957) (1957) (1957) (1957) (1957) (1957) (1957) (1957)	- 19 processor		
	一`	Miscellaneous Reven		Business Code					
	11 a				and a second control of the second control o				
	Ŀ								
	(								
	6	All other revenue							
		Total. Add lines 11a-11	1		-				
	12	Total revenue. See ins				7,340.	0.	0	
BAA	L				A0109L 08/03/18			Form <b>990</b> (2018	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (D) (B) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 0.\_ 0 119,792 trustees, and key employees ..... 119,792. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. N 0 98,548. 587,861 170,990 857,399 Pension plan accruals and contributions (include section 401(k) and 403(b) 7,205. 13,100 45,195 65,500 8,699. 10 Payroll taxes..... 54,568 15,817 79,084 11 Fees for services (non-employees): c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5ch. 213,582 49,738. 29,258. 292,578. 2,764 1,626. Advertising and promotion..... 16,260. 11,870 3,697. 6,285 36,972 26,990 14 Information technology..... 15 Royalties.... 8,155. 5,943. 43,384. 16 Occupancy..... 57,482 17 142,668 142,668 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 21 Payments to affiliates..... 2,487. Depreciation, depletion, and amortization.... 24,874 18,158. 4,229 17,155 12,522 2,916. 1,717. 23 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.) . . . . . . . 195,481 195,481 a SCHOLARSHIPS & EVENTS b PROGRAM SUPPLIES 137,772 137,772 30,729 30,729 c SOFTWARE AND LICENSING 25,314 25,314 d REPAIRS & MAINTENANCE 3,281 1,930. 110,748 115,959 e All other expenses..... 277,275. 161,110. 2,215,019 1,776,634 25 Total functional expenses. Add lines 1 through 24e. . . . 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).....

Part X Balance Sheet (A) Beginning of year (B) End of year 211,547. 1 1,096,914. Cash — non-interest-bearing..... 2 2 Savings and temporary cash investments..... 3 Pledges and grants receivable, net..... 4 635,688. Accounts receivable, net ..... 831,724 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under 6 7 47. Notes and loans receivable, net..... 8 Inventories for sale or use..... 9 3,856 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 197,729. 10 c 118,216. b Less: accumulated depreciation..... 10 b 119,642. 11 11 Investments — publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11..... Investments — program-related. See Part IV, line 11..... 13 14 Intangible assets..... 50,500. Other assets. See Part IV, line 11..... 187,797 15 1,901,365. 1,354,566. 16 Total assets. Add lines 1 through 15 (must equal line 34).... 4,920.17 Accounts payable and accrued expenses..... 18 Grants payable ..... 19 20 21 21 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..... 22 23 24 Unsecured notes and loans payable to unrelated third parties..... 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. 37,627 25 98,132. 26 103,052. Total liabilities. Add lines 17 through 25..... 37,627 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 321,036. 234,826. Unrestricted net assets..... 28 1,477,277. 1,082,113. Temporarily restricted net assets..... 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..... Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund..... 32 Retained earnings, endowment, accumulated income, or other funds..... 33 1,798,313. 1,316,939 Total net assets or fund balances..... 34 1,901,365. 1,354,566 34 Form 990 (2018)

Form 990 (2018)	SOCIAL JUSTICE LEARNING INSTITUTE 26	3413373		ra	ige iz
Part XI Recor	ciliation of Net Assets				
	Schedule O contains a response or note to any line in this Part XI				· []
	(must equal Part VIII, column (A), line 12)	1	2,6	96,3	<u> 393.</u>
2 Total expense	2 Total expenses (must equal Part IX, column (A), line 25)				)19.
3 Revenue less	expenses. Subtract line 2 from line 1	3	4	81,3	374.
4 Net assets or	fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,3	16,9	939 <u>.</u>
	gains (losses) on investments	5			
6 Donated servi	ces and use of facilities	6			
7 Investment ex	penses	7			
	djustments	8			
9 Other change	9				
10 Net assets or f	10	1,798,313			
	cial Statements and Reporting				
NAME OF TAXABLE PARTY.					П
Check i	f Schedule O contains a response or note to any line in this Part XII			Yes	
		[		165	140
1 Accounting m	ethod used to prepare the Form 990: Cash X Accrual Other				
If the organiza	ation changed its method of accounting from a prior year or checked 'Other,' explain				
2 a Were the orga	nization's financial statements compiled or reviewed by an independent accountant?		2 a	Χ	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
Separat				242400000000000000000000000000000000000	DESIGNATION OF THE PERSON OF T
h Were the oras		2b		X	
b Were the organization's financial statements audited by an independent accountant?					
basis, consoli	dated basis, or both:				
Separat					
c If 'Yes' to line review, or cor	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, apilation of its financial statements and selection of an independent accountant?		2 c		X
in Schedule (	ation changed either its oversight process or selection process during the tax year, explain				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
b If 'Yes,' did the	organization undergo the required audit or audits? If the organization did not undergo the required aud lain why in Schedule O and describe any steps taken to undergo such audits	it	3 b		
BAA	TEEA0112L 08/03/18		Form	990	(2018)
DAA			. 5,11		, o

#### **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

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-3413373 SOCIAL JUSTICE LEARNING INSTITUTE Part I 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). 1 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 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 Χ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. 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). (v) Amount of monetary (vi) Amount of other (III) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (i) Name of supported organization support (see instructions) support (see instructions) Yes (A) (B) (C) (D) (E) Total

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.)

Section A. Public Support							
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		1,137,476.	1,804,831.	2,036,845.	2,689,053.	7,668,205.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge					1	0.
4	Total. Add lines 1 through 3	0.	1,137,476.	1,804,831.	2,036,845.	2,689,053.	7,668,205.
	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						7,668,205.
Sec	ion B. Total Support						
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	0.	1,137,476.	1,804,831.	2,036,845.	2,689,053.	7,668,205.
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.	7,340.	60,669.
	Total support. Add lines 7 through 10						7,728,874.
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop nere		nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ [Ӽ]
Sec	tion C. Computation of Pu	blic Support F	Percentage				T
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by li	ne 11, column (f)	)	14	% %
	Public support percentage from						
	33-1/3% support test—2018. If and stop here. The organization	i qualifies as a pu	blicly supported c	nganization			Ц
b	b 33-1/3% support test—2017. 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						
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact						
	10%-facts-and-circumstances t or more, and if the organization organization meets the 'facts-ar	-meets the 'facts nd-circumstances	and-circumstance test. The organiz	es' test, check this ation qualifies as	a publicly suppor	ted organization.	►
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2018

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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🟲	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(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.						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sect	tion B. Total Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b	1		l .			
11							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	activities not included in line 10b,						
13	activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 14	activities not included in line 10b, whether or not the business is regularly carried on.  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		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)
13 14	activities not included in line 10b, whether or not the business is regularly carried on.  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.)	blic Support F	ercentage				<u>L</u>
13 14	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 018 (line 8, colum	Percentage n (f), divided by li	ine 13, column (f)	)		%
13 14 <b>Sec</b> 15 16	activities not included in line 10b, whether or not the business is regularly carried on.  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.)	blic Support F 018 (line 8, colum 2017 Schedule A,	Percentage n (f), divided by li Part III, line 15	ine 13, column (f)	)		<u>L</u>
13 14 <b>Sec</b> 15 16	activities not included in line 10b, whether or not the business is regularly carried on.  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.)	blic Support F D18 (line 8, colum 2017 Schedule A, estment Incol	Percentage n (f), divided by li Part III, line 15. ne Percentage	ine 13, column (f)	)		90
13 14 <b>Sec</b> 15 16	activities not included in line 10b, whether or not the business is regularly carried on.  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.)	blic Support F D18 (line 8, colum 2017 Schedule A, estment Incol	Percentage n (f), divided by li Part III, line 15. ne Percentage	ine 13, column (f)	)		00 00 00
13 14 Sec 15 16 Sec	activities not included in line 10b, whether or not the business is regularly carried on.  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.)	blic Support F D18 (line 8, colum 2017 Schedule A, restment Incol for 2018 (line 10c,	Percentage In (f), divided by li Part III, line 15 Ine Percentage Column (f), divid	ine 13, column (f)  e ed by line 13, col	)umn (f))		90
13 14 Sec 15 16 Sec 17 18 19a	activities not included in line 10b, whether or not the business is regularly carried on.  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.)	blic Support F D18 (line 8, colum 2017 Schedule A, restment Incolumnt for 2018 (line 10c, from 2017 Schedulthe organization of k this box and sto	Percentage In (f), divided by lip Part III, line 15 Ine Percentage column (f), divid le A, Part III, line lid not check the phere. The organ	e ed by line 13, column (f) 17box on line 14, ar	umn (f))		% % % d line 17
13 14 Sec 15 16 Sec 17 18 19a b	activities not included in line 10b, whether or not the business is regularly carried on.  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 tion C. Computation of Pupublic support percentage for 20 Public support percentage from tho D. Computation of Investment income percentage in the properties	blic Support F D18 (line 8, colum 2017 Schedule A, restment Incor for 2018 (line 10c, from 2017 Schedu the organization of the this box and sto the organization of the organization of	Percentage In (f), divided by lip Part III, line 15 IN Percentage column (f), divid le A, Part III, line lid not check the phere. The organist on the check a boand stop here. The organist on the check a boand stop here. The organist on the check a boand stop here. The organist on the check a boand stop here. The organist on the check a boand stop here. The organist on the check a boand stop here. The organist of the check a boand stop here.	e ed by line 13, column (f) e 17 box on line 14, and a column in the second in the second in the second in the organization qualifies a continuation qualifies a cont	umn (f))		% % % d line 17 ► [] 1/3%, and nization ► []

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.)

Sec	tion 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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	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 <b>Part VI</b> , 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		
h	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?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	9a		
k	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		
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.	9с		
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)? If 'Yes,' answer 10b below.	10a		
ì	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.)	10b		

Pai	₁ IV Supporting Organizations (continued)			NI -
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		
,	a 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	, L.,h.		
360	don B. Type i Supporting Organizations		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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction 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.			
	Complete line 2 helev			
	hammel	n inctruc	tione	
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ะ แรแน	110115)	
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>b</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. Answer (a) and (b) below.			
_	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>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Sche	dule A (Form 990 or 990-EZ) 2018 SOCIAL JUSTICE LEARNING INSTITU	TE	26-341	.3373 Page
Pai		niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			Part VI). <b>See</b> hrough 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		
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		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 BAA 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) 2018

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ıpporting Organizat	ions (continued)	Current Year			
Sec	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt pu	rposes					
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity		1				
3	Administrative expenses paid to accomplish exempt purposes of st	upported 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.	ion is responsive (provide o	details				
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018		Secretary Control of the Control of	100			
а	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
e	From 2017						
1	f <b>Total</b> of lines 3a through e						
ç	Applied to underdistributions of prior years						
ŀ	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D, line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
C	: Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
-8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016	AND THE SECOND S					
	Excess from 2017		52.5 (St. )	1 au			

BAA

e Excess from 2018 . . . . .

Schedule A (Form 990 or 990-EZ) 2018

Part VI

(Form 990 or 990-EZ) 2018 SOCIAL JUSTICE LEARNING INSTITUTE 26-3413373 Page 8

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	203	L8	2017	2016	2015	2014
OTHER Tot	\$ 7 al \$ 7		29,508. \$ 29,508. \$	17,506. S	\$ 6,315. \$ 6,315.	\$ 0.

# SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

	SOCIAL JUSTICE LEARNING IN		26-3413373
Par	t   Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dorare the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring Pes No
Par			Learner Landson Landso
Гаі	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, line	· 7.
1	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (e.g., r		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	1 1	neld a qualified conservation contribution in the form	m of a conservation easement on the
_	last day of the tax year.	iola a qualifica correct ration, continuation in the term	
			Held at the End of the Tax Year
		ments	
(	: Number of conservation easements on a certi	fied historic structure included in (a)	2c
(	Number of conservation easements included i	n (c) acquired after 7/25/06, and not on a histo	ric
	structure listed in the National Register		Zu
3	tax year ►	nsferred, released, extinguished, or terminated by t	ne organization during the
4	Number of states where property subject to conse		_
5	Does the organization have a written policy re	garding the periodic monitoring, inspection, ha	ndling of violations,
	and enforcement of the conservation easeme	nts it holds?	
6	▶	inspecting, handling of violations, and enforcing co	
7	<b>►</b> \$	ecting, handling of violations, and enforcing conser	
8	and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	les   140
9	include, if applicable, the text of the footnote	s conservation easements in its revenue and exper to the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
	conservation easements.	ections of Art Historical Treasures of	r Other Similar Assets
-		ections of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line	
	art, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its fina		urtherance of public service, provide,
١	following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	
	(ii) Assets included in Form 990, Part X		
	amounts required to be reported under SFAS		
		: 1	
	- Assats included in Form 000 Dart V		►Ś

Part III Organizations Maintaining Colle	ctions of	Art, Historica	ıl Treasures, or	Other Similar Ass	ets (co	ontinue	<u>ed)</u>
3 Using the organization's acquisition, accession, ar items (check all that apply):	nd other reco	ords, check any of	the following that ar	re a significant use of its	collection	1	
a Public exhibition d Loan or exchange programs							
b Scholarly research		e Other					
c Preservation for future generations							
<ul> <li>Provide a description of the organization's collecting Part XIII.</li> </ul>							
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mai	ntained as	part of the organ	ization's collection	f	Yes		No
Part IV Escrow and Custodial Arrangem line 9, or reported an amount on	rents. Coi Form 990	mplete if the one of t	organization and 21.	swered Yes on Fo	rm 990	), Pan	IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other i	ntermediary for o	contributions or oth	er assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	ind complet	e the following ta	able:				
					Amount	•	
c Beginning balance				1 c			
d Additions during the year				1d			
e Distributions during the year							
f Ending balance					Yes		No
2 a Did the organization include an amount on Forb If 'Yes,' explain the arrangement in Part XIII.	rm 990, Par Chock bore	if the evaluation	n has been provide	ed on Part XIII		-	-
<b>b</b> if Yes, explain the arrangement in Part Alli.	CHECK HEIE	ii tile explanatio	ii iias beeli provide	a on raic Am.		····· L_	
Part V Endowment Funds. Complete if	the organ	nization answe	ered 'Yes' on Fo	orm 990. Part IV. li	ne 10.		
(a) Current		(b) Prior year	(c) Two years back		(e) [	Four years	s back
1 a Beginning of year balance	,						
<b>b</b> Contributions							
c Net investment earnings, gains, and losses					-		
d Grants or scholarships					_		
e Other expenditures for facilities and programs					-		
f Administrative expenses		<del></del>			-		
g End of year balance	nt year and	Lhalanco (lino 1	column (a)) held	36'			
2 Provide the estimated percentage of the curre	ent year end	%	, column (a)) neid	as.			
a Board designated or quasi-endowment							
b Permanent endowment ► 6 c Temporarily restricted endowment ►	, ,						
The percentages on lines 2a, 2b, and 2c should e		,					
, ,				1.6 0			
3 a Are there endowment funds not in the possession organization by:	of the orga	nization that are h	eld 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	tions listed	as required on S	chedule R?		3b		
4 Describe in Part XIII the intended uses of the							
Part VI Land, Buildings, and Equipmen	t.						
Complete if the organization ans	wered 'Y	es' on Form 9	90, Part IV, line	e 11a. See Form 99	90, Par	t X, li	ne 10.
Description of property	(a) Cost or	······································	b) Cost or other basis (other)	(c) Accumulated depreciation		Book va	
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements			115,071.	43,358.			,713.
d Equipment			82,658.	36,155.		46	,503.
<b>e</b> Other							
Total. Add lines 1a through 1e. (Column (d) must e	qual Form	990, Part X, colu	mn (B), line 10c.).				,216.
BAA				Sche	dule D (F	orm 990	ບ) 2018

Part VII Investments — Other Securities.	'Vas' on Form 900	N/A  Part IV line 11b See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	, Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(a) Description of security of category (including name of security)	(b) Book value	(b) motified of variation, cook of one of just market value
(2) Closely-held equity interests		
- i_i		
(3) Other (A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.	'Voc' on Form 990	N/A I, 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
	(b) Book Talas	
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	37/3	
Part IX Other Assets.	N/A 'Yes' on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	
Part X Other Liabilities.	000 D at IV 15 - 1	1 11f Cos Form 000 Port V line OF
Complete if the organization answered 'Yes' on Fi	orm 990, Part IV, line I (b) Book value	16 or 111. See Form 990, Part A, tille 25.
(a) Description of liability (1) Federal income taxes	(b) Book value	
(2) ACCRUED PAYROLL	58,30	12.
(3) ACCRUED VACATION	40,33	
(4) CREDIT CARDS PAYABLE	-90	
(5) GARNISHMENTS	40	0.
(6)		
(7)		
(8)		
(9) (10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	98,13	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's fi	nancial statements that reports the organization's liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote l	has been provided in Part XII	I

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 2,696,393. 1 Total revenue, gains, and other support per audited financial statements...... 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..... 2b c Recoveries of prior year grants..... d Other (Describe in Part XIII.) e Add lines 2a through 2d..... 2 e 2,696,393. 3 3 Subtract line 2e from line 1..... 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..... 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.)..... 2,696,393. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 2,215,019. 1 Total expenses and losses per audited financial statements ...... 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities..... **b** Prior year adjustments..... 2b c Other losses.... 2 c d Other (Describe in Part XIII.) ..... e Add lines 2a through 2d..... 2,215,019. 3 Subtract line 2e from line 1..... Amounts included on Form 990, Part IX, line 25, but not on line 1: b Other (Describe in Part XIII.) 4 c c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).... 5 2,215,019 Part XIII Supplemental Information.

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 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

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 I, Line 1 - Organization Mission or Significant Activities

Mission

The Social Justice Learning Institute (SJLI) is a California not-for-profit public benefit corporation dedicated to improving the education, health, and well-being of youth and communities of color. By empowering communities to enact social change through research training and community mobilization, SJLI works toward its vision of communities where individuals use their agency to improve each other's lives.

Established in Inglewood, California in 2008, SJLI works with youth, residents, schools and school districts, and local officials to advance academic, food and environmental justice through the following core areas:

Empowering Youth Through Education—SJLI uses education as a tool to empower youth of color to succeed as scholars, express themselves creatively and unlock their ability to transform their world. We provide culturally relevant teaching, curriculum development and academic support through a social justice lens. We provide tools and skills for youth to express themselves creatively and to take control of telling their own stories. We create pipelines for young men of color to pursue careers in the Allied Health and Medical fields. We teach youth to advocate for themselves and their communities. We provide residents with knowledge to improve health outcomes for themselves and their community.

Creating Thriving Communities—SJLI works to transform neighborhood conditions by improving access to affordable, healthy food and empowering residents with knowledge

# Form 990, Part I, Line 1 - Organization Mission or Significant Activities

distribute high-quality produce in areas that lack access to affordable, healthy food. We introduced and continue to manage the first farmers' market in the city of Inglewood. We teach residents to grow their own food and work with them to maintain our growing network of over 100 home, school and community gardens.

Changing Systems—SJLI builds capacity for community members to identify and rectify injustice and to advocate for their needs at the city, county and state level. We build youth leaders and support them in efforts to address issues impacting their communities. We convene a group of local community advocates to identify solutions for environmental and health disparities in Inglewood. We anchor a coalition of residents, businesses, community and faith organizations advocating for housing justice for Inglewood. We privilege the voice of community members, who inform and lead our research and advocacy efforts.

#### Form 990, Part III, Line 1 - Organization Mission

Mission

The Social Justice Learning Institute (SJLI) is a California not-for-profit public benefit corporation dedicated to improving the education, health, and well-being of youth and communities of color. By empowering communities to enact social change through research training and community mobilization, SJLI works toward its vision of communities where individuals use their agency to improve each other's lives.

Established in Inglewood, California in 2008, SJLI works with youth, residents, schools and school districts, and local officials to advance academic, food and environmental justice through the following core areas:

Employer identification number

26-3413373

#### Form 990, Part III, Line 1 - Organization Mission

Empowering Youth Through Education—SJLI uses education as a tool to empower youth of color to succeed as scholars, express themselves creatively and unlock their ability to transform their world. We provide culturally relevant teaching, curriculum development and academic support through a social justice lens. We provide tools and skills for youth to express themselves creatively and to take control of telling their own stories. We create pipelines for young men of color to pursue careers in the Allied Health and Medical fields. We teach youth to advocate for themselves and their communities. We provide residents with knowledge to improve health outcomes for themselves and their community.

Creating Thriving Communities—SJLI works to transform neighborhood conditions by improving access to affordable, healthy food and empowering residents with knowledge to create the changes that they want to see in their communities. We grow and distribute high-quality produce in areas that lack access to affordable, healthy food. We introduced and continue to manage the first farmers' market in the city of Inglewood. We teach residents to grow their own food and work with them to maintain our growing network of over 100 home, school and community gardens.

Changing Systems—SJLI builds capacity for community members to identify and rectify injustice and to advocate for their needs at the city, county and state level. We build youth leaders and support them in efforts to address issues impacting their communities. We convene a group of local community advocates to identify solutions for environmental and health disparities in Inglewood. We anchor a coalition of residents, businesses, community and faith organizations advocating for housing justice for Inglewood. We privilege the voice of community members, who inform and lead our research and advocacy efforts.

Employer identification number

26-3413373

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Empowering Youth Through Education

Urban Scholars—A well researched and evidence based program changing the life trajectories of youth of color by increasing academic literacy, self-awareness, understanding of community conditions, and other skills development resulting in high school graduation, college acceptance and or gainful employment. The Urban Scholars program supports youth of color by providing them with the tools needed to achieve academic success and transform conditions in their communities. Programming includes individualized academic planning; Youth Participatory Action Research projects; college and career tours; and retreats. During the 2018–2019 school year, SJLI served students in three school districts in both California and Texas.

Across all sites, Urban Scholars graduated at a rate of 94% and a 100% graduation rate. A majority (82%) of our students pursue an education or career path. 44% pursue a post-secondary education, while another 38% pursue a career or vocation.

College Persistence and Alumni Programming—SJLI continued to build upon its efforts to support Urban Scholars alumni on their journeys in college and the workforce by connecting them to resources related to academic success, tuition, and housing. In 2019, the Urban Leaders Alumni Council continued to provide peer support to fellow alumni and conducted several activities including a winter retreat and a leadership retreat. SJLI received funding from the Executive Alliance for Boys and Men of Color to complete a Youth Participatory Action Research Project on the barriers and challenges facing young men of color in their pursuit of a post-secondary education. Our Alumni Research group presented its research findings, Creating Pathways to Success:Strengthening College Persistence for Young Men of Color at several

Employer identification number 26–3413373

#### Form 990, Part III, Line 4a - Program Service Accomplishments

conferences and convenings including the Executive Alliance for Boys and Men of Color in Washington, DC; the Alumni of Color Conference at the Harvard School of Education in Boston, MA;, the Southern California College Access Network Annual Meeting in Los Angeles, CA; and the California Community Foundation's Board of Directors' Retreat in Los Angeles, CA.

Educational Partnerships—SJLI continued to serve as an organizational program partner for two initiatives focused on improving educational outcomes for young men of color: California Community Foundation's Building a Lifetime of Options and Opportunities for Men (BLOOM) Initiative, which redirects the lives of young system—involved Black males; and JPMorgan Chase's The Fellowship Initiative, which supports Black and Latino young men's academic success.

Most significantly, in November 2018, SJLI's Urban Scholars program was included as one of the 19 winners of the inaugural Obama Foundation's MBK Community Challenge competition. The national competition selected projects serving as models to expand evidence-based initiatives that reduce youth violence, grow effective mentorship programs and measurably improve the lives of boys and men of color. SJLI is one of the community organizations providing direct services as part of "Unlocking Justice" a multi-organizational collaborative effort with the California Community Foundation and LIberty Hill Foundation. Unlocking Justice was one of 10 Community Impact awards, the highest award tier. This support enables a portion of SJLI's expansion to collaborate with school districts and serve more students at school sites.

Healthy Eating Active Living-SJLI continues to transform the built environment and

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Creates systems change through its Health Eating and Active Living (HEAL) Initiative. With support from the Los Angeles County Department of Public Health, SJLI provides a robust series of activities encouraging healthy lifestyle habits, and educating residents on nutrition, physical fitness and gardening. Using a train the teacher model, SJLI has trained community residents and conducted classes at community and senior centers, libraries, and schools serving over 2,500 community residents annually. For this year, SJLI taught 163 nutrition education classes and cooking demonstrations, 70 Zumba and Weekly Walking Club sessions and engaged 12 Health Ambassadors (including several of our Urban Scholars alumni) who engaged community members in conversations about ways to improve health outcomes.

Creating Thriving Communities

Food for Thought Produce Pickup—SJLI continues to collaborate with the Inglewood Unified School District and Food Forward to present Food for Thought, a free monthly produce pick-up at Morningside High School. Food Forward works with wholesale markets to recover high quality produce that would have otherwise been unnecessarily disposed of, and works with SJLI to distribute produce to the community. In 2019, on average 12,500 pounds of produce was diverted away from landfills each month, totalling 150,000 pounds. Each month 78,000 pounds of produce or a total of 157,000 was distributed to 1,020 families

SOCIAL JUSTICE LEARNING INSTITUTE

Employer identification number

26-3413373

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Changing Systems

SJLI's theory of social action asserts that education empowers communities and its residents to identify community inequities and injustices and providing them with the opportunity to create system change. This year, SJLI worked with students and community members fostering significant changes in a number of areas.

Boys and Men of Color Advocacy—As an active member of the Brothers, Sons, Selves (BSS) Coalition), which advocates for alternatives to suspensions and the decriminalization of youth and communities of color; SJLI engaged youth leaders in skills—building in advocacy and organizing. BSS was responsible for the passage of the State's AB 392 and SB 419 and youth development efforts with the LA Board of Supervisors. SJLI continues its work with the California Funders for Boys and Men of Color (CFBMoC) to improve youth diversion and development efforts across the state.

Public Health and Environmental Justice—SJLI continues its strong track record to engage community members and activate spaces providing residents and youth with information and ways to educate themselves in approaches and methods that improve neighborhood conditions. SJLI was selected by the non-profit TreePeople, to conduct community presentations, WaterTalks, to generate and increase community involvement in planning a sustainable water future for California. SJLI was also selected by the Liberty Hill Foundation as a key partner in the emPower program. emPower connects low-income residents in economically vulnerable communities to more than 60 moneyand energy-saving programs, including ratepayer incentives, energy efficiency upgrades, solar and clean vehicle rebates. So far, SJLI has provided assistance to

Employer identification number 26-3413373

#### Form 990, Part III, Line 4a - Program Service Accomplishments

two residents who were able to purchase zero emission vehicles through the program.

Housing Justice—As the anchor organization for a local housing justice coalition, SJLI helped facilitate this community—led effort addressing gentrification, displacement and housing insecurity in Inglewood and throughout Los Angeles County. The Coalition built and deepened relationships with key stakeholders and critical message carriers, successfully built support among youth, residents, property owners and community leaders and educated homeowners, block clubs and residents about the complexities of housing issues. Community members became more involved in educational outreach efforts As a result of our work, Inglewood City Council first adopted a temporary and then a permanent rent stabilization ordinance. This was the first rent stabilization ordinance passed in Los Angeles County in a generation.

SJLI's principal funding sources are government contracts, foundation grants, and individual and corporate contributions.

#### 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.

Name of the organization

SOCIAL JUSTICE LEARNING INSTITUTE

Employer identification number 26-3413373

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

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	& General	<u>raising</u>
PROFESSIONAL FEES	Total	292,578. \$ 292,578.	213,582. \$ 213,582.	\$ 49,738. \$ 49,738.	29,258. \$ 29,258.

TAXABLE Y	O I'd CI D I was A all a signation for	FORM					
2018		8453-EO					
Exempt Organiza	2/011/01/01/91/11/11	Identifying number					
, -		26-3413373					
	JUSTICE LEARNING INSTITUTE Electronic Return Information (whole dollars only)	20 3110010					
	ross receipts (Form 199, line 4)	1 2,697,026.					
2 Total g	ross income (Form 199, line 8)						
3 Total e	xpenses and disbursements (Form 199, Line 9)	3 2,215,019.					
Part II	Settle Your Account Electronically for Taxable Year 2018						
4	ectronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yy	yy)					
Part III E	Banking Information (Have you verified the exempt organization's banking information?)						
5 Routing	g number	П					
6 Accour	nt number 7 Type of account: Checking	Savings					
	Declaration of Officer						
	ne exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I au or the amount listed on line 4a.	thorize an electronic funds					
return origin correspondir organization's Tax Board (I for the fee li	Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.  Sign  EXECUTIVE DIRECTOR  Title						
Here	Signature of officer Date Title						
Part V I	Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instruction	ns.					
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for <b>four</b> years from the due date of the return or <b>four</b> years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.							
	Date Check if also paid V self-						
EDO	Signature BRENDA KOMMAREDDY preparer 🔼 emplo	<u> </u>					
ERO Must	Firm's name (or yours ACCURETTA, INC	FEIN					
Sign	if self-employed) 5900 SEPULVEDA BLVD STE 435	45-2777041 ZIP code 91411-2511					
Under penalties	SHERMAN OAKS  of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the bet, and complete. I make this declaration based on all information of which I have knowledge.	71711 2011					
470 1140, 001100	Date	Paid preparer's PTIN					
ח-: ט	Paid Check if self-employed						
Paid Preparer	signature signature	FEIN					
Must	Firm's name						
Sign	(or yours if self- employed) and address	ZIP code					