				EXTE	NSION A	TTACH	ED HU	JRRICA	NE ID	DA				
			Re	turn of C	Drganiza	ation E	Exempt	From	Inco	me Tax		OMB No. 1545-0047		
_	0	90		ion 501(c), 52	-		-				ations)	2020		
Forn	-			► Do not enter				-	-	-	ations	Open to Public		
		of the Treasury enue Service		Information		•		-		•		Inspection		
A F	or th	ne 202 <u>0</u> cale	ndar year, or t	ax year begi	nning		, 2020	, and endir	ng			, 20		
B	neck if ap	pplicable	e of organization							D Employer i	dentific	ation number		
	Addre		STLEADERSH	IPUSA, IN	C.					00 101	0000	,		
	chang	ge Doing	g Business As ber and street (or	P O box if mail is	not delivered to	street addre	(22	Room/suite		90-101 E Telephone				
	1	o onango	D. BOX 173				,	Room/suite		(347) 454-2195				
-	4		or town, state or p		and ZIP or foreig	gn postal cod	e			(01) 1				
	Amer	nded NE	W YORK, NY	YORK, NY 10037								9,031,009.		
		cation F Nam	ne and address of principal officer: DEANNA HOSKINS, PRESIDENT								oup retui	rn for Yes X No		
		P.(Э. BOX 173	0, NEW YO	RK, NY 1	0037				subordinate H(b) Are all subo		ncluded? Yes No		
		empt status:	X 501(c)(3)	501(c) () ┥ (inse	ert no.)	4947(a)(1)	or 52	.7			t. (see instructions)		
		-	LEADERSHIP		A	Others		1. 1/2		H(c) Group exer		of legal domicile: DE		
	art I	of organization: Summary		Trust	Association	Other			of format		State	of legal domicile: DE		
<u>г</u> е				ion's mission (or most signific	ant activitie	e DEDIC	ATED TO	CUTT	ING THE U	J.S	CORRECTIONAL		
e	•		ION IN HALF											
Governance			S PEOPLE MO								<u>м.</u>			
verr	2	Check this bo	x ► if the	organization of	discontinued i	ts operation	ns or dispose	ed of more th	an 25%	of its net asse	ts.			
	3		oting members o								3	7.		
es &	4		dependent votin								4	7.		
vitio			of individuals e								5	38.		
Activities &			of volunteers (e) line 12					6 7a	0.		
			ed business reve business taxab								7a 7b	0.		
	N	Net unrelated			1 0iiii 330-1,1					Prior Year		Current Year		
•	8	Contributions	and grants (Part	VIII, line 1h)						2,998,2	84.	2,323,820.		
Revenue	9	Program serv	vice revenue (Par	ue (Part VIII, line 2g)				Y FOR			0.	0.		
Sev	10	mvestment i	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							113,039. 225,000. 3,336,323.		-82,952.		
_	11											0.040.050		
	12											2,240,868.		
	13 14		imilar amounts p to or for membe							656,0	0.	418,788.		
	14 15		er compensation							2,988,9		2,355,374.		
Expenses										, , -	0.	0.		
xpe	b	Total fundrai	fundraising fees sing expenses (P	art IX, column ((D), line 25) 🕨	,	375,604	· · · · · · ·						
ш			ses (Part IX, colu							2,251,9	03.	2,368,219.		
	18	Total expens	es. Add lines 13	17 (must equa	l Part IX, colur	mn (A), line	25)			5,896,8		5,142,381.		
۲.s	19	Revenue less	s expenses. Subt	ract line 18 fror	m line 12 🚬				-	-2,560,5		-2,901,513.		
Net Assets or Fund Balances	20	Total ()	Dent V Han (A)						Begin	ning of Current 8,870,7		End of Year 7,335,382.		
Asse Bala	20 21		Part X, line 16) s (Part X, line 26							185,6		1,596,082.		
Vet /	22		fund balances.							8,685,1		5,739,300.		
	rt II	Signatur								- , ,				
Und	ler pei	nalties of perjur	y, I declare that I h	ave examined th	nis return, inclu	ding accomp	anying sched	ules and state	ments, a	and to the best	of my k	knowledge and belief, it is		
true	, corre		e. Declaration of pr	eparer (other tha	n onicer) is base	ed on all inio	rmation of whi	ich preparer na	as any kr	iowiedge.				
Sig	n													
Hei		✓ Signatu	re of officer							Date				
	-		print name and title	<u>, </u>										
		Print/Type pr	·	;	Preparer's sig	inature		Date			., F	PTIN		
Paid	l	CANDICE	METH							Check self-emplo	_ "	P01306891		
-	barer	Firm's name								Firm's EIN		1353108		
Use	Only		▶ 733 THI				10017-27	703		Phone no.		-949-8700		
May	the I		is return with the						<u>.</u>			X Yes No		
			tion Act Notice,									Form 990 (2020)		

(Rev. January 2020)

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. 1545-0047

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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	nstructions.	Т	Taxpayer identification number (TIN)				
print	JUSTLEADERSHIPUSA, INC.			90-1019268	2			
 File by the 	Number, street, and room or suite no. If a P.O. bo	ox see instru	ctions					
due date for	P.O BOX 1730	5X, 500 motru						
filing your return. See	City, town or post office, state, and ZIP code. Fo	r a foreign ad	dress, see instructions.					
instructions.	NEW YORK, NY 10037	i a foroigit ac						
Enter the	Return Code for the return that this application	n is for (file	a separate application for	each return)		01		
Applicatio	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporatio			07		
Form 990		02	Form 1041-A	_/		08		
Form 472	20 (individual)	03	Form 4720 (other than	individual)		09		
Form 990		04	Form 5227	,		10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	-T (trust other than above)	06	Form 8870			12		
	BDO FMA		•					
 The bo 	oks are in the care of ► 600 THIRD AVENU	JE, 3RD I	FLOOR NEW YORK NY	10016				
 If the o If this is for the what is a list with 	one No. \blacktriangleright 212 931-9112 rganization does not have an office or place of s for a Group Return, enter the organization's for nole group, check this box \blacktriangleright	business ir our digit Gro If it is for pa sion is for.	oup Exemption Number (G art of the group, check thi	EN)s box ▶ _	If t and a	this is ittach		
	uest an automatic 6-month extension of time u		11/15 , 20 21	, to file the exempt	organiza	tion return		
	he organization named above. The extension is				•			
▶ 2	x calendar year 20 <u>20</u> or							
▶	X calendar year 20 20 or	, 20	, and ending		20			
2 If the	e tax year entered in line 1 is for less than 12 n Change in accounting period							
3a If th	is application is for Forms 990-BL, 990-PF, 9	990-T, 472	0, or 6069, enter the te	ntative tax, less any				
nonr	efundable credits. See instructions.				3a \$	0.		
b lf th	nis application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any refu	undable credits and				
estir	nated tax payments made. Include any prior year	ar overpayr	nent allowed as a credit.		3b \$	0.		
c Bala	nce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if requ	ired, by using EFTPS				
(Ele	ctronic Federal Tax Payment System). See instru	uctions.			3c \$	0.		
Caution: If	you are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see	Form 8453-EO and Form	8879-EO	for payment		
instructions	S							
For Privac	y Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 886	8 (Rev. 1-2020		

For	rm 990 (2020)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
	DEDICATED TO CUTTING THE U.S. CORRECTIONAL POPULATION IN HALF BY	
	2030, WHILE REDUCING CRIME. THE ORGANIZATION EMPOWERS PEOPLE MOST	
	AFFECTED BY INCARCERATION TO DRIVE POLICY REFORM.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ū	services?	X No
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,242,270. including grants of \$397,048.) (Revenue \$)
	ATTACHMENT 1	
4b	(Code:) (Expenses \$ 1,084,711. including grants of \$ 0.) (Revenue \$)
	ATTACHMENT 2	,
40	: (Code:) (Expenses \$ 432,220. including grants of \$ 21,740.) (Revenue \$)
40	SUSTAINABILITY PROJECTS: PROJECTS FOCUSED ON LONG-TERM COMMUNITY)
	SUSTAINABILITY AND DEVELOPMENT TOWARDS A DECARCERAL STATE.	
	SUSTRINABILITT AND DEVELOPMENT TOWARDS A DECARCERAL STATE.	
4d	I Other program services (Describe on Schedule O.) ATTACHMENT 3	
	(Expenses \$ 250,123. including grants of \$) (Revenue \$)	
	a Total program service expenses ► 4,009,324.	
JSA 0E1	1020 1.000 Form 3	90 (2020)
	16340M L161 11/30/2021 9:38:52 AM V 20-7.6F 324496	

Form 990 (2020)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	- ·		
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				х
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		120	Х	
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.24		х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		 X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		•		

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Form 990 (2020)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
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
h	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	240		
C	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
		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?			
	, , , , , , , , , , , , , , , , , , , ,	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31		31		21
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
~~	complete Schedule N, Part II.	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
34	was the organization related to any tax-exempt or taxable entity/z it "yes" complete Schedule R Part II III -			
05.	or IV, and Part V, line 1	34		X
	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35a 35b		X
b	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> .	35a		
b	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	35a 35b 36		X X
b 36	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	35a 35b		X
b 36	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a 35b 36 37		X X
b 36 37 38	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	35a 35b 36	X	X X
b 36 37	 or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance 	35a 35b 36 37 38		X X
b 36 37 38	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	35a 35b 36 37 38		X X
b 36 37 38	 or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 	35a 35b 36 37 38		X X
b 36 37 38 Part	 or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance 	35a 35b 36 37 38		x x x
b 36 37 38 Part	 or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 	35a 35b 36 37 38		x x x
b 36 37 38 Part 1a b	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 42	35a 35b 36 37 38		x x x
b 36 37 38 Part 1a b	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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. 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 42 1b 0.	35a 35b 36 37 38		x x x

Form	990 (2020)		F	Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 38								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).								
40-		12a							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.								
13		13a							
a	Is the organization licensed to issue qualified health plans in more than one state?	100							
h	Enter the amount of reserves the organization is required to maintain by the states in which								
D	the organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.	-							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year $1a$ 7			
Ta	Enter the number of voting members of the governing body at the end of the tax year 1a / If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
N	stockholders, or persons other than the governing body?	7b		х
0				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	dð	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<u>,</u>	Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	/	N.
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
~	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	describe in Schedule O how this was done	12c	Х	
40		13	Х	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright $\frac{MY}{M}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(Sec	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(060		01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40		6		مان
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	i intei	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record BDO FMA 600 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10016 212-931-9112	s 🕨		
			000	
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DEANNA HOSKINS	40.00									
PRESIDENT AND CEO	0.			x				193,043.	0.	19,538.
(2) DAONESE JOHNSON-COLON	40.00							19070101		
VICE PRESIDENT-OPERATIONS/COO	0.			x				150,727.	0.	5,848.
(3) AMINAH ABDUL-MAJEED	40.00									
DIRECTOR OF DEVELOPMENT	0.					x		102,879.	0.	10,456.
(4) MICHAEL PAUL JACKSON	40.00									
DIRECTOR OF COMMUNICATIONS	0.	1				X		106,028.	0.	6,819.
(5) VIVIAN D. NIXON	1.00									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(6) ANNABEL DAVIS-GOFF	1.00									
CO-VICE CHAIR	0.	Х		Х				0.	0.	0.
(7) JACQUELINE MANN	1.00									
SECRETARY	0.	X		Х				0.	0.	0.
(8) ROBERT LIU	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(9)SUE A. KAPLAN, J.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) BRUCE WESTERN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) MADELINE DELONE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru		y Em	plo			and H	ligl	-		yees (co	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	rrage Position rs per (do not check more than on (list any box, unless person is both al						(D) Reportable compensation from the	(E) Reportable compensation fror related organizations		(F) Estimated m amount c other compensat		of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatic d relate	on d
		-											
		_											
		-											
		-											
		-											
		-											
		-											
	+												
		-											
		-											
								552,677.		0.		10	661.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A					 		0. 552,677.		0.			0.
 d Total (add lines 1b and 1c)	limited to t		iste				► o re		\$100,000			42,	661.
· · · · · · · · · · · · · · · · · · ·												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividi	ual	••		• •				3		x
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	s," (nd other compens complete Schedu	sation from <i>le J for</i>	the such	4	X	
 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue co	mpen	sati	on f	from	n any	uni				5		X
Section B. Independent Contractors	cs, compie		lout		101	50011	pen	30/1	<u></u>				
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	ation	
ATTACHMENT 4													
2 Total number of independent contractors (in more than \$100,000 in compensation from th				niteo	d to	thos 4	se li	sted above) who	received				

Form 990 (202	0)	JUS
Part VIII	Statement of	Revenue

r

		Check if Schedule O contains a respo	onse or note to ar	ny line in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សូល	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
စ္ဦ	c	Fundraising events	56,181.				
Å,		-	50,101.				
il ar	d	Related organizations 1d					
in, s	e	Government grants (contributions) 1e	338,275.				
P S	f	All other contributions, gifts, grants,					
hei		and similar amounts not included above . 1f	1,929,364.				
Ξđ	g	Noncash contributions included in					
o p		lines 1a-1f	\$ 0.				
<u>ש</u>	h	Total. Add lines 1a-1f	<u> •</u>	2,323,820.			
			Business Code				
e	2a						
e Ľ	b						
Se							
n n n	c						
2 B B B B B B B B B B B B B B B B B B B	d						
Program Service Revenue	e						
	f	All other program service revenue		0.			
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,	, , , , , , , , , , , , , , , , , , ,				
		other similar amounts).		40,734.			40,734
	4	Income from investment of tax-exempt bon		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 6,663,428	. 3,027.				
-	h	Less: cost or other basis					
Revenue	b	6 505 400	. 3,002.				
vel							
Re	C .	Gain or (loss) 7c -123,711	. 25.	102 606			102.000
ler	a	Net gain or (loss)	<u> </u>	-123,686.			-123,686
Other	8a	Gross income from fundraising					
0		events (not including \$ ^{56,181} .					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from fundraising events	<u></u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	lua	returns and allowances	0.				
	b c	Less: cost of goods sold	· · · · · · · · · · · · · · · · · · ·	0.			
	- Ŭ		Business Code	0.			
snc			Dusiness Code				
Jec	11a						
llaı /en	b						
Se Se	с						
Miscellaneous Revenue	d	All other revenue					
		Total. Add lines 11a-11d		0.			
10.4	12	Total revenue. See instructions		2,240,868.			-82,952.

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JUSTLEADERSHIPUSA, INC.

Section 501(c)(3) and 501(c)(4) organizations mus						
Check if Schedule O contains a response or note to any line in this Part IX						
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1 Grants and other assistance to domestic organizations	410 800	410 500				
and domestic governments. See Part IV, line 21	418,788.	418,788.				
2 Grants and other assistance to domestic	0					
individuals. See Part IV, line 22	0.					
3 Grants and other assistance to foreign						
organizations, foreign governments, and	0.					
foreign individuals. See Part IV, lines 15 and 16	0.					
4 Benefits paid to or for members	0.					
5 Compensation of current officers, directors, trustees, and key employees	369,156.	293,147.	30,160.	45,84		
6 Compensation not included above to disqualified						
persons (as defined under section 4958(f)(1)) and						
persons described in section 4958(c)(3)(B)	0.					
7 Other salaries and wages	1,625,005.	1,290,415.	132,725.	201,86		
8 Pension plan accruals and contributions (include						
section 401(k) and 403(b) employer contributions)	51,425.	40,837.	4,197.	6,39		
9 Other employee benefits	146,916.	116,666.	12,003.	18,24		
0 Payroll taxes	162,872.	129,336.	13,304.	20,23		
1 Fees for services (nonemployees):						
a Management	0.		15.055			
b Legal	15,275.		15,275.			
c Accounting	172,596.	1 - 1 - 2 - 2 - 2	172,596.			
d Lobbying	171,382.	171,382.				
e Professional fundraising services. See Part IV, line 17.	0.					
f Investment management fees	0.					
g Other. (If line 11g amount exceeds 10% of line 25, column	1 041 400	1 100 100	40 700			
(A) amount, list line 11g expenses on Schedule O.) $ATCH_{5}$	1,241,488.	1,129,106.	42,732.	69,65		
2 Advertising and promotion	144,389.	12,894. 82,746.	54,607.	7,03		
3 Office expenses	0.	02,740.	54,007.	7,03		
4 Information technology	0.					
5 Royalties	224,436.	47,138.	177,298.			
6 Occupancy	64,918.	60,013.	4,289.	61		
7 Travel	04,910.	00,013.	4,209.	61		
8 Payments of travel or entertainment expenses	0.					
for any federal, state, or local public officials	193,003.	189,214.	3,564.	22		
9 Conferences, conventions, and meetings	0.	109,214.	5,501.			
0 Interest	0.					
1 Payments to affiliates	24,033.		24,033.			
2 Depreciation, depletion, and amortization	21,033.	17,050.	1,754.	2,66		
3 Insurance	21,1,1,	17,000.	1,1011	2700		
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If						
line 24e amount exceeds 10% of line 25, column						
(A) amount, list line 24e expenses on Schedule O.)						
aMISCELLANEOUS EXPENSES	20,104.	10,592.	6,686.	2,82		
PAYROLL FEES	62,230.		62,230.	2,32		
×			,2001			
c						
e All other expenses						
5 Total functional expenses. Add lines 1 through 24e	5,142,381.	4,009,324.	757,453.	375,60		
6 Joint costs. Complete this line only if the	. ,	, •	- ,	, _ 0		
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)	0					

0.

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following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Pa			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	739,376.	1	5,933,76
	2	Savings and temporary cash investments.	0.	2	8,73
	3	Pledges and grants receivable, net	1,030,303.	3	1,149,22
	4	Accounts receivable, net.	3,000.	4	18,54
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	150,000.	5	75,00
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
2	7	Notes and loans receivable, net	0.	7	
	8	Inventories for sale or use	0.	8	
:	9	Prepaid expenses and deferred charges	74,380.	9	66,69
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 143,064.			
	b	Less: accumulated depreciation	110,452.	10c	83,41
	11	Investments - publicly traded securities	6,763,240.	11	
	12	Investments - other securities. See Part IV, line 11	0.	12	
	13	Investments - program-related. See Part IV, line 11	0.	13	
	14	Intangible assets	0.	14	
	15	Other assets. See Part IV, line 11	0.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,870,751.	16	7,335,38
	17	Accounts payable and accrued expenses	97,705.	17	201,13
	18	Grants payable	68,750.	18	50,00
	19	Deferred revenue	0.	19	
	20	Tax-exempt bond liabilities.	0.	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
2	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	22	
i :	23	Secured mortgages and notes payable to unrelated third parties	0.	23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	923,86
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	19,194.	25	421,08
	26	Total liabilities. Add lines 17 through 25	185,649.	26	1,596,08
200		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,117,265.	27	3,820,95
i	28	Net assets with donor restrictions.	6,567,837.	28	1,918,34
		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
3	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	8,685,102.	32	5,739,30
	33	Total liabilities and net assets/fund balances	8,870,751.	33	7,335,38

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Form 99	90 (2020)			Pa	ge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		42,3		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,6	8,685,102.		
5	Net unrealized gains (losses) on investments	5		-8,0)96.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	36,1	.93.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	5,7	39,3	300.	
Part						
	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," e	xplain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		37		
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			v	
	Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits	3b	000		

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		evenue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
		he organization						Employer identif	
_	_	EADERSHIPU	-	14 Of a (All				90-10192	
	rt I			•	organizations must			,	<u>S.</u>
	orga		•		is: (For lines 1 throug tion of churches desc			,	
1 2	\vdash				. (Attach Schedule E				
2	\square				rganization described				
4	\square	-	-	-	conjunction with a host)(iii) Enter the
-		hospital's nam	-			phul uo			
5		•			a college or universit	v owned	d or ope	rated by a governme	ental unit described in
-		•	•	complete Part II.)	g	,			
6		•		• •	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х		-	-			-		om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	l research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the	name, city, and state c	of the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 1	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	xceptions ome (les: Complete	s; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2).	See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
	_		-		e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control or mai	hage the supported
		_ ~	()	•	, Sections A and C.				
С					ng organization opera				illy integrated with,
ام			-		s). You must comple				ted ergenization(a)
d				-	porting organization o	•			• • • • •
				• •	nization generally mus pmplete Part IV, Sect			•	u an allentiveness
е	Γ	-	-	-	a written determinatio				II Type III
C			-		ionally integrated sup				
f	En								
g	Pro	ovide the follow	ving informatio	on about the suppo	orted organization(s).				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization our governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(\mathbf{n})									
(C)									
(D)									
(E)									
Tet									-
Tota		week Deduction	at Nation	- Instantion - C	000 000 57				A (Form 000 000 FF) 0001
ror	-aper	work Reduction A	Not NOTICE, SEE the	e Instructions for Form	330 OF 330-EZ.			Schedule /	A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Page 2

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.)

Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,102,228. 12,196,904. 1,619,389. 2,998,284. 2,323,820 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to organization's bene	(f) Total
membership fees received. (Do not include any "unusual grants.") 7,102,228. 12,196,904. 1,619,389. 2,998,284. 2,323,820 2 Tax revenues levied for the organization's benefit and either paid to <th></th>	
organization's benefit and either paid to	. 26,240,625.
	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 7,102,228. 12,196,904. 1,619,389. 2,998,284. 2,323,820	. 26,240,625.
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)	13,235,941.
6 Public support. Subtract line 5 from line 4	13,004,684.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 7 Amounts from line 4 7,102,228. 12,196,904. 1,619,389. 2,998,284. 2,323,820	(f) Total
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 	
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.) ATCH 1 3,000. 225,000.	228,000.
11 Total support. Add lines 7 through 10	26,678,508.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here.	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	48.75 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	48.63 %
16a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more,	check this
box and stop here. The organization qualifies as a publicly supported organization	
b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or m	ore, check
this box and stop here . The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and	line 14 is
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.	
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly	supported
organization	▶ []
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a	
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop he	e. Explain
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly	supported
organization	▶∟
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this bo	
instructions	▶∟

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	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						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			I			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						504(.)(0)
14	First 5 years. If the Form 990 is fo	-			•		
800	organization, check this box and stop here tion C. Computation of Public Sup						
<u>3ec</u> 15	Public support percentage for 2020 (line 8		V	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	<u> </u>
	tion D. Computation of Investmen						/0
17	Investment income percentage for 2020 (li			13. column (f))		17	%
18	Investment income percentage from 2019					18	%
	331/3% support tests - 2020. If the or						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2019. If the org	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•				
JSA 0E122	1 1.000				S	Schedule A (Form 9	90 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

2

Part	V Supporting Organizations (continued)								
			Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and								
	11c below, the governing body of a supported organization?	11a							
b	A family member of a person described in line 11a above?	11b							
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide								
	detail in Part VI.	11c							
Secti	ection B. Type I Supporting Organizations								

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section 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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.			

Section 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 inst	tructions	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr <u>uctio</u>	ons).
		Ye	es	N
2	Activities Test. Answer lines 2a and 2b below.			

- 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.
 b Did the activities described in line 2a, above, 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
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

s regard. 3b | Schedule A (Form 990 or 990-EZ) 2020

2b

3a

Page 6

Schedule A (Forr	n 990 or 990-EZ) 2020
------------------	-----------------------

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

0E1231 1.000

Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017.				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				
	• •		0.1		A (Earm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - O	THER INCOM	Ξ			TTACHMENT 1	
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
SETTLEMENT AND UBI TAX REFUND			3,000.	225,000.		228,000.
TOTALS		_	3,000.	225,000.		228,000.

Schedule B

(101111 330, 330 EE,	L
or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

90-1019268

JUSTLEADERSHIPUSA, INC.

Organization	type	(check	one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990, 99	0-EZ, or 990-PF) (2020)	
Name of organization	JUSTLEADERSHIPUSA,	INC.

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990, 99	0-EZ, or 990-PF) (2020)	
Name of organization	JUSTLEADERSHIPUSA,	INC.

Page 2
Employer identification number
90-1019268

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$338,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization	JUSTLEADERSHIPUSA,	INC.	

Employer identification number 90-1019268

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

JSA

	rganization JUSTLEADERSHIPUSA, INC.		Employer identification number 90-1019268
art III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one contributs s completing Part III, enter the vear. (Enter this information on	described in section 501(c)(7), (8), or itor. Complete columns (a) through (e) a total of <i>exclusively</i> religious, charitable,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift ZIP + 4 F	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP + 4 F	elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift ZIP + 4 F	Celationship of transferor to transferee
			1

(e) Transfer of gift

JSA

	For O	rganizations Exempt From Income	Tax Under section	501(c) and section 527	2020
Department of the Treasury Internal Revenue Service	► Comp	lete if the organization is described be ▶Go to www.irs.gov/Form990 for		to Form 990 or Form 990-E atest information.	Z. Open to Public Inspection
		on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activiti	
	0	Complete Parts I-A and B. Do not compl			
		on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
Section 527 organiz	•	-		7 (Lablacian Asthelitian) (ban	
		on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election un			olete Part II-B
	0	that have NOT filed Form 5768 (election di		•	
If the organization answ Tax) (See separate instru	ered "Yes," ictions), thei	on Form 990, Part IV, line 5 (Proxy		// I	
Name of organization	5), 01 (6) 0198	anizations. Complete Part III.		Employer iden	tification number
JUSTLEADERSHIPU				90-1019	
		organization is exempt under	contion E01(a) or		
		organization's direct and indirect p	political campaign ac	ctivities in Part IV. (See in	structions for
definition of "polit		5			
		xpenditures (See instructions)			
		campaign activities (See instruction			
		organization is exempt under s			
1 Enter the amount	t of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
		ise tax incurred by organization m			
		a section 4955 tax, did it file Form			
					Yes No
b If "Yes," describe	in Part IV.				
Part I-C Comple	te if the c	organization is exempt under	section 501(c), ex	(cept section 501(c)(3)	•
	•	xpended by the filing organization		•	
		g organization's funds contributed			
•	•	enditures. Add lines 1 and 2. Ent			
 4 Did the filing orga 5 Enter the names, organization mad the amount of point 	anization file addresses le payment plitical cont regated fur	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom ad or a political action committee (f	er (EIN) of all section ter the amount paid ptly and directly de PAC). If additional sp	on 527 political organiza d from the filing organiza livered to a separate pol pace is needed, provide in	tions to which the filing ation's funds. Also enter itical organization, such formation in Part IV.
(a) Name		(b) Address	(c) EIN		(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
For Paperwork Reductio	n Act Notice	e, see the Instructions for Form 990 or	990-EZ.	Schedule	C (Form 990 or 990-EZ) 2020

Political Campaign and Lobbying Activities

SCHEDULE C

(Form 990 or 990-EZ)

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

OMB No. 1545-0047 2**02**1

Ра	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group meml	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add 	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 2	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or l	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?	·		Yes No
		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

D	2
Page	S

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T filed	d Forn	n 5768			
	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).						
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)		
	scription of the lobbying activity.	Yes	No	A	moun	it	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
а	referendum, through the use of: Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
C	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?	X				11,	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	x			4,	523
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	A		1	71,	381
i	Other activities?					<u>, ,</u> 87,	
J 2a	Total. Add lines 1c through 1i		x		-	<u> </u>	
za b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_				
d							
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or se	ection			
	501(c)(6).						
				_	ר ו	'es	No
					4		
1	Were substantially all (90% or more) dues received nondeductible by members?			••• 	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior y	/ear?			
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	m the (c)(5)	prior y , or se	/ear?	2 3	is	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the (c)(5)	prior y , or se	/ear?	2 3	is	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	m the (c)(5) OR (b	prior y , or se	/ear?	2 3	is	
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	<u>m the</u> (c)(5) OR (b	prior y , or se) Part	vear? ection : III-A, Ii	2 3	is	
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	<u>m the</u> (c)(5) OR (b	prior y , or se) Part	vear? ection : III-A, Ii	2 3	is	
2 3 P a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	<u>m the</u> (c)(5) OR (b	prior y , or se) Part	vear? ection : III-A, Ii	2 3	is	
2 3 Pa 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	<u>m the</u> (c)(5) OR (b	prior y , or se) Part	/ear? ection III-A, Ii 2a 2b	2 3	is	
2 3 Pa 1 2 a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year Carryover from last year.	m the (c)(5) OR (b unts o	prior y , or se)) Part	224 225	2 3	is	
2 3 Pa 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" or answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	m the (c)(5) OR (b unts o	prior y , or se) Part	/ear? ection III-A, Ii 2a 2b	2 3	is	
2 3 Pa 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	m the (c)(5) OR (b) unts (c) es.	prior y , or se) Part	224 225	2 3	is	
2 3 Pa 1 2 a b c 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the amount on line 2 cexceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	m the (c)(5) OR (b unts of s. of th obbyin	prior y , or se)) Part	2a 2b 2c 3	2 3	is	
2 3 Pa 1 2 a b c 3 4	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" or answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob lob lob lob lob lob lob lob lob lob	m the (c)(5) OR (b unts of es.	prior y , or se) Part	2a 2b 2c 3 4	2 3	is	
2 3 Pa 1 2 a b c 3 4 5	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the solution for the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" or answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) 	m the (c)(5) OR (b unts of es.	prior y , or se) Part	2a 2b 2c 3	2 3	is	
2 3 Pa 1 2 a b c 3 4 5 Pa	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" or answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob lob lob lob lob lob lob lob lob lob	m the (c)(5) OR (b ints of es.	prior y , or se) Part	2a 2b 2c 3 4 5	2 3 ne 3,		and

JUSTLEADERSHIP'S LOBBYING ACTIVITIES ARE TO RAISE AWARENESS ABOUT ISSUES

INVOLVING DIRECTLY IMPACTED PEOPLE, TO DECARCERATE LOCAL JAILS, AND

ADVOCATE FOR POLICY CHANGE THAT CAN SUPPORT OR PROTECT DIRECTLY IMPACTED

PEOPLE.

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

324496

SCHEE	DULE	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.

2 20 Open to Public

OMB No. 1545-0047

Department of the Treasury			Attach to Form 990.		Open to Public
Internal Revenue Service		Go to www.irs.gov/	<i>Form990</i> for instructions and the latest		Inspection
	e of the organization			Employer identifica	
	STLEADERSHIPUS	-		90-10192	68
Pa	-	-	ised Funds or Other Similar Fund "Yes" on Form 990, Part IV, line 6		
	Complete	in the organization answered	(a) Donor advised funds		l other accounts
	-		(a) Donor advised funds		
1		nd of year			
2		f contributions to (during year)			
3 ₄		f grants from (during year)			
4 5		t end of year	advisors in writing that the assets	hold in denor advised	
5	-		advisors in writing that the assets organization's exclusive legal contro		Yes No
6	-		and donor advisors in writing that gra		
U	-	-	fit of the donor or donor advisor, or		
	-				Yes No
Pa		tion Easements.			
		if the organization answered	"Yes" on Form 990, Part IV, line 7	7.	
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).		
	Preservation	n of land for public use (for example	, recreation or education)	ation of a historically im	portant land area
	Protection of	f natural habitat	Preserva	ation of a certified histo	ric structure
		n of open space			
2			eld a qualified conservation contributi		
		ast day of the tax year.			End of the Tax Year
а					
b			5		
c			historic structure included in (a)		
d) acquired after 7/25/06, and not on		
•		-			
3	tax year ►	rvation easements modified, tra	nsferred, released, extinguished, or	terminated by the org	anization during the
4		where property subject to conse	rvation easement is located ►		
4 5			parding the periodic monitoring, ins	spection handling of	
5	-		sements it holds?		Yes No
6			ecting, handling of violations, and enfo		
•		field develou to monitoring, mop	setting, manaling of violatione, and only	Toning control valion cacon	ionio duning the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforc	ing conservation easem	nents during the year
	▶\$			0	0,
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?			🗌 Yes 🔛 No
9	In Part XIII, descri	be how the organization reports	conservation easements in its revenu	e and expense stateme	nt and
			f the footnote to the organization's fi	nancial statements that	describes the
		ounting for conservation easeme			
Pa	ort III Organizat	tions Maintaining Collections	of Art, Historical Treasures, or C "Yes" on Form 990, Part IV, line 8	Sther Similar Assets	•
1a	of art. historical t	reasures, as permitted under FA	SB ASC 958, not to report in its re is held for public exhibition, educa to its financial statements that descril	tion, or research in fu	urtherance of public
	service, provide in	Part XIII the text of the footnote	to its financial statements that descril	bes these items.	
b			ASB ASC 958, to report in its rever		
		sures, or other similar assets he ing amounts relating to these iter	d for public exhibition, education, o	r research in furtheran	ce of public service,
	•	•		¢ م	
2			rt, historical treasures, or other sim		
-	-		ASB ASC 958 relating to these items:		
а					
b	Assets included in	Form 990, Part X	<u> </u>		
For I	Paperwork Reduction	Act Notice, see the Instructions for	Form 990.	Sch	edule D (Form 990) 2020

			KSHIPUSP	ч, т	INC.						90-101	19200		
	lule D (Form 990) 2020												Page	2
	rt III Organizations Maintainin	-											,	
3	Using the organization's acquisition		sion, and o	other	recor	ds, chec	k any o	of the	follow	ing that n	nake sigr	nificant u	ise of it	S
	collection items (check all that apply	/):				٦.								
а	Public exhibition			C		-	or excha	ange	program	n				
b	Scholarly research			e	•	Other								-
С	Preservation for future genera													
4	Provide a description of the organi	ization's	collections	and	expla	ain how	they fui	rther	the org	ganization	s exemp	t purpos	e in Pa	rt
_	XIII.													
5	During the year, did the organization										_			_
	assets to be sold to raise funds rathe			ained	as pa	rt of the	organiza	ation'	s collec	tion?		Yes	N	lo
Pa	rt IV Escrow and Custodial Ar	•			_		n <i>i</i>							
	Complete if the organizat	ion ans	wered "Ye	s" or	n Fori	m 990, F	Part IV,	line	9, or re	eported a	n amour	nt on Fo	rm	
	990, Part X, line 21.													
1a	Is the organization an agent, truste											_	<u> </u>	_
	included on Form 990, Part X?							• • •			L	Yes	N	lo
b	If "Yes," explain the arrangement in	Part XII	I and comp	lete	the fol	lowing tal	ble:							
											Amount			
С	Beginning balance							1c						
d	Additions during the year							1d						
е	Distributions during the year				• • •			1e						
f	Ending balance							1f						
2a	Did the organization include an amo											Yes		lo
1	If "Yes," explain the arrangement in	Part XII	I. Check he	ere if	the ex	xplanatior	n has be	en pr	ovided	on Part XII			-	
Ра	rt V Endowment Funds.				_									
	Complete if the organizat						-							
		(a) Cur	rent year		(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years bacl	ĸ
1a	Beginning of year balance													
b	Contributions													
с	Net investment earnings, gains,													
	and losses													
d	Grants or scholarships													
e	Other expenditures for facilities													
	and programs													
f	Administrative expenses													
g	End of year balance													
2	Provide the estimated percentage of	of the cu	rrent vear e	end b	alance	e (line 1a	. columr	n (a))	held as					
a	Board designated or quasi-endowme		, on your c	%	ananio	o (o . g	,	. (~))						
b	Permanent endowment	%		_										
с		%												
	The percentages on lines 2a, 2b, ar	nd 2c sho	ould equal 1	00%										
3a	Are there endowment funds not in the	he posse	ession of th	e or	ganiza	tion that	are hel	d and	d admin	istered for	the			
	organization by:											`	res No	ο
	(i) Unrelated organizations											3a(i)		
	(ii) Related organizations											3a(ii)		
b	If "Yes" on line 3a(ii), are the related											3b		
4	Describe in Part XIII the intended us	0			•									
-	rt VI Land, Buildings, and Equi	ipment.												_
	Complete if the organiza	<u>tion ans</u>				1				1				
	Description of property		(a) Cost or (invest)		basis	(b) Cost	or other ba other)	asis		cumulated eciation	(d	I) Book val	ue	
1a	Land		()			- /							
b	Buildings	F												
c	Leasehold improvements						37,81	14.		7,886.		2	.9,928	3.
d	Equipment	F					105,25			51,761.			3,489	_
м Р	Other													
Tota	I. Add lines 1a through 1e. (Column		equal Forn	n 990	, Part	X. colum	n (B), lir	ne 10	c.)			8	3,417	7.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Schedule D	(Form	990)	2020
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Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 411,725. FUNDS RECEIVED IN ADVANCE (2) (3) DEFERRED RENT OBLIGATION 9,363. (4)(5) (6)(7)(8) (9) 421,088. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . Х

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Rete Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total revenue, gains, and other support per audited financial statements	. 1	2,254,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	0.	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	13,954.
3	Subtract line 2e from line 1	3	2,240,868.
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 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	-	2,240,868.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	5,200,624.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	0.	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	3.	
e	Add lines 2a through 2d	2e	58,243.
3	Subtract line 2e from line 1	3	5,142,381.
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 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	• • • •	5,142,381.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		ine 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		

SEE PAGE 5

JSA 0E1271 1.000 1634OM L161 11/30/2021 9:38:52 AM V 20-7.6F Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 JUSTLEADERSHIPUSA, INC.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

JLUSA IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF JLUSA'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON JLUSA'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XII, LINE 2D

DURING THE YEAR JLUSA REFUNDED \$36,193 OF GRANT AMOUNTS.

SCHEDULE G (Form 990 or 990-E2		upplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the									
Department of the Treasur		organization entered n Attach Go to www.irs.gov/Form	to Form 990) or Form 99	0-EZ.		Open to Public Inspection				
Name of the organization						Employer identificat					
JUSTLEADERSHIP	-					90-1019268					
	ing Activities. Com 0-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.				
	er the organization rai	ised funds through		•							
a Mail solic		е			non-government g						
	nd email solicitations	f			government grant	S					
c Phone so		g		cial fundra	ising events						
	solicitations										
or key employ b If "Yes," list th	zation have a written o ees listed in Form 990 e 10 highest paid ind at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be				
	ddress of individual (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No							
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total 3 List all states registration or	in which the organiza licensing.	ation is registered c	or licensed	to solicit	contributions or	has been notified	I it is exempt from				

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

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 324496

JUSTLEADERSHIPUSA, INC.

Page 2

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contributi			
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	56,181.			56,181.
<u> </u>	2 3	Less: Contributions Gross income (line 1 minus line 2)				56,181.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa		Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered	ımn (d)	<u></u>	56,181. reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	2
	7	Direct expense summary. Add lin	es 2 through 5 in colur	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u></u>	
9 a k	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts gar iduct gaming activities	in each of these state		Yes No
10a k		Were any of the organization's gaming If "Yes," explain:				Yes No

Schedule G (Form 990 or 990-EZ) 2020

JUSTLEADERSHIPUSA, INC.

Sched	dule G (Form 990 or 990-EZ) 2020			Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	a		%
b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a			
	records:			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives gar	ning		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and	d the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proce			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organiz	zations		
	or spent in the organization's own exempt activities during the tax year > \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	i informa	tion	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2020

		nts, and Ir	Assistance t ndividuals ir wered "Yes" on F	n the United	d States		20 20
		-	ttach to Form 990		, 1116 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the l		, ,		Inspection
Name of the organization	F 00	to www.n3.gov	n onnisso for the r	atest miormation		Employer identificati	
JUSTLEADERSHIPUSA, INC.						90-101926	
Part I General Information on Grants an	d Assistanc	e				50 101920	<u> </u>
1 Does the organization maintain records to s			arante or accieta	and the grantoos	' aligibility for the grapt	ar assistance and	
the selection criteria used to award the gran							X Yes No
 2 Describe in Part IV the organization's proce 							
					1 4 16 41 1	<i></i>	
Part II Grants and Other Assistance to		-					es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BREAKING BARRIERS MENTORING							
P.O. BOX 259173 MADISON, WI 53725	35-2489606	501(C)(3)	69,998.		FMV		ADVOCACY NATIONAL -
(2) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS							
23564 CALABASAS ROAD CALABASAS, CA 91302	95-4116679	501(C)(3)	90,000.		FMV		JUSTICELA CAMPAGIN S
(3) COLLEGE AND COMMUNITY FELLOWSHIP							
475 RIVERSIDE DRIVE NEW YORK, NY 10115	31-1720017	501(C)(3)	32,500.		FMV		BASEBUILDING AND ADV
(4) DETROIT JUSTICE CENTER							
1420 WASHINGTON BLVD #220 DETROIT, MI 48226	82-2295339	501(C)(3)	20,000.		FMV		BASE BUILDING & MOBI
(5) DIRECT ACTION FOR RIGHTS AND EQUITY							
340 LOCKWOOD STREET PROVIDENCE, RI 02907	05-0422763	501(C)(3)	28,000.		FMV		BASEBUILDING AND ADV
(6) MICHIGAN COUNCIL ON CRIME AND DELINQUENCY (
1679 BROADWAY STREET ANN ARBOR, MI 48105	38-2108273	501(C)(3)	20,000.		FMV		WORKINGFUTURE CAMPAG
(7) REENTRY CAMPUS							
1 EMPIRE STREET PROVIDENCE, RI 02903	82-2962618	501(C)(3)	15,000.		FMV		WORKINGFUTURE CAMPAG
(8) COMMUNITY PARTNERS FOR GENDER JUSTICE LA							
P.O. BOX 741265 LOS ANGELES, CA 90074	95-4302067	501(C)(3)	30,000.		FMV		BASEBUILDING AND ADV
(9) KODI FOUNDATION	_						
6959 WEST IRMA LANE GLENDALE, AZ 85308	85-2402659	501(C)(3)	5,435.		FMV		COVID-19 HOUSING REG
(10) NEW HOPE CHRISTIAN MINISTRIES							
8455 WESTCHESTER AVE BOISE, ID 83704	13-4273671	501(C)(3)	5,435.		FMV		COVID-19 HOUSING REG
(11) REACHING AND EDUCATING FOR COMMUNITY HOPE F	_						
745 HEATHER LANE JACKSON, MS 39206	84-1709644	501(C)(3)	5,435.		FMV		COVID-19 HOUSING REG
(12) RECONNECT, INC.	_						
1941 SOUTH 42ND STREET OMAHA, NE 68105	45-3965591		5,435.		FMV		COVID-19 HOUSING REG
2 Enter total number of section 501(c)(3) and	-	-				•••••	
3 Enter total number of other organizations lis						<u> </u>	hedule I (Form 990) 2020

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

SCHEDULE I (Form 990)				Assistance t Individuals in	•	•		<u>OMB No. 1545-0047</u> എ ററ
· ,			•	wered "Yes" on F				2020
	· · · r		-	tach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization			<u>v</u>				Employer identificati	on number
JUSTLEADERSHIPU	JSA, INC.						90-101926	8
Part I General I	nformation on Grants and	d Assistanc	е					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the grants	s or assistance, and	
•	eria used to award the grant			•				X Yes No
	IV the organization's proced							
	nd Other Assistance to D ne 21, for any recipient th		-					es" on Form 990,
		1				· · · · · · · · · · · · · · · · · · ·		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TIDES ADVOCACY								
PO BOX 29229 SAN	FRANCISCO, CA 94129	94-3153687	501(C)(4)	50,000.		FMV		JUSTICELA CAMPAGIN S
(2) YOUTH JUSTICE COA	LITION							
7625 SOUTH CENTRA	L AVENUE LA, CA 90001	83-0466818	501(C)(3)	40,000.		FMV		JUSTICELA CAMPAGIN S
_(3)		_						
(4)		_						
(5)		_						
(6)								
(7)								
(8)								
(9)		-						
(10)								
(11)								
(12)								
2 Enter total numb	or of postion $E(1/2)/2$			tod in the line 4 tot				13.
	er of section 501(c)(3) and (•	•					13.
	er of other organizations list on Act Notice, see the Instructi							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
L .					
5					
3					
7					

SCHEDULE I, LINE 2

JUSTLEADERSHIPUSA MAINTAINS CONTRACTS WITH PUBLIC CHARITIES AND CIVIC

LEAGUES. GRANT AGREEMENTS ARE SIGNED AND PROGRAM REPORTS ARE REVIEWED

PRIOR TO RELEASING ADDITIONAL FUNDS.

SCH	EDULE J	Comper	sation Information	0	MB No. '	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	<u>K</u> U	ZU)
	nent of the Treasury		Attach to Form 990. 990 for instructions and the latest information.		pen to		
	Revenue Service of the organization			Employer identification	Inspe n numbe		n
JUST	, TLEADERSHI	PUSA, INC.		90-1019268			
Part		s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to			
-	explain				1b		
2	•		to reimbursing or allowing expenses				
		stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line	2		
					2		-
3			on used to establish the compensation of at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	Ē Š	nsation committee	Written employment contract				
	· ·	dent compensation consultant	Compensation survey or study				
		00 of other organizations	X Approval by the board or compensa	tion committee			
4	During the ye	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to				
•		or a related organization:	ayment?		4a		X
a b			Ital nonqualified retirement plan?		4a 4b		X
			sed compensation arrangement?		4c		X
Ŭ	-		rovide the applicable amounts for each it				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5-9.				
5	-		ion A, line 1a, did the organization pa	y or accrue any			
		n contingent on the revenues of:					
а	The organizat	ion?			5a		X
b	-	-			5b		X
		e 5a or 5b, describe in Part III.					
6			ion A, line 1a, did the organization pa	y or accrue any			
		n contingent on the net earnings of:					
					6a		X
b	-	rganization? e 6a or 6b, describe in Part III.		• • • • • • • • • •	6b		X
-				ida ann a dùrad			
7			on A, line 1a, did the organization prov lescribe in Part III		7		Х
8			paid or accrued pursuant to a contract the		<u> </u>		<u> </u>
-			Regulations section 53.4958-4(a)(3)?				
		-			8		Х
9			low the rebuttable presumption proced				
		•	<u> </u>		9		
For Pa		ction Act Notice, see the Instructions for F			ule J (Fo	orm 99	0) 2020

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

Schedule J (Form 990) 2020

Page **2**

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

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

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

		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DEANNA HOSKINS	(i)	193,043.	0.	0.	6,017.	13,521.	212,581.	0
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	
DAONESE JOHNSON-COLON	(i)	150,727.	0.	0.	4,517.	1,331.	156,575.	
VICE PRESIDENT-OPERATIONS/COO 2	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

JSA

Page 3

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHE	DULE L	Tra	insactio	ns Wi	th Interes	sted	Persons		L	OME	3 No. 1	545-004	47	
(Form	990 or 990-EZ)	Complete if the o	rganization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.							^{a,} 20 20				
	nent of the Treasury Revenue Service	►Go to	Att	ach to For	m 990 or Form	990-EZ					pen To specti	Public on	;	
	f the organization							Employer			numbe	er		
	LEADERSHIPUSA								1019					
Part		efit Transactions the organization a									line 4	0b.		
1 (a) Name of disqualified person		(b) Relatio		en disqualified pers nization	son and	(c) De	scription	of trans	action			Corrected		
(1)														
(2)													_	
(3)													_	
(4)													_	
(5)													_	
(6)	F . (. Change in a summer of the						4						
	Enter the amount				•	•		•						
	under section 495									• <u>\$</u> _				
3	Enter the amount	of tax, if any, on li	ne 2, above,	reimburse	ed by the orga	nizatio	n		•••	►\$_				
Devt														
Part		d/or From Interes the organization a			m 000-E7 P	art V li	ing 382 or Form 0	00 Part	N/ lir	no 26.	or if t	ho		
		reported an amo						50, F an	. IV, III	16 20,	Unit			
	e.gaa.ter													
(a) №	lame of interested perso		(c) Purpose of (d) Loan to or (e) Original Ioan from the principal amount		(f) Balance due	(g) In default? (h) Approve by board of								
יידי א	FACHMENT 1	with organization	Ioan	organization		Iouni					nittee?	agreer	agreement:	
AI	IACHMENI I			-	_					~				
(4)				To Fror	n			Yes	No	Yes	No	Yes	No	
(1)														
(2)														
(3)														
(4) (5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(10) Total							\$ 75,00	n					L	
Part	Crante or Ar	ssistance Benefit	ing Interact		<u></u>		ψ , 5, 00	••						
ran		the organization a				/ line 2	7							
(a) N	Jame of interested perso				ount of assistance	1	(d) Type of assistance		(e)	Purpo	se of as	sistance	<u>.</u>	
()	F		the organization				(,,		(-)					
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

Page 2

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?	
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Provide additional information for responses to questions on Schedule L (see instructions).

324496

ATTACHMENT 1

Schedule L (Form 990 or 990-EZ) 2020

Part IVBusiness Transactions Involving Interested Persons.Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	lame of interested person(b) Relationship between interested person and the organization		(d) Description of transaction	organi	naring of ization's nues?	
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

art V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II

NAME	GLEN E	. MARTIN
RELATIONSHIP WITH ORGANIZATION	FORMER	PRESIDENT
PURPOSE OF LOAN	RECOVE	RY OF FUNDS
LOAN TO OR FROM THE ORG.?	то	X FROM
ORIGINAL PRINCIPAL AMOUNT		225,000.
BALANCE DUE		75,000.
IN DEFAULT?	YES	X NO
APPROVED BY BOARD OR COMMITTEE	X YES	NO
WRITTEN AGREEMENT?	X YES	NO

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization JUSTLEADERSHIPUSA,

INC.

Employer identification number

FORM 990, PART I, PRIOR YEAR AND PART X, BEGINNING YEAR JLUSA FILED AN AMENDED 2019 RETURN WHICH THEREBY AFFECTED THE OPENING BALANCES IN THE 2020 RETURN.

FORM 990, PART III, LINE 4D- OTHER PROGRAM SERIVCES: JLUSA OFFERS COMMUNITY PARTNERS THE OPTION OF A 3- OR 6-MONTH POST-TRAINING ENGAGEMENT TO RECEIVE CAPACITY BUILDING SUPPORT AND TECHNICAL ASSISTANCE WITH STRATEGICALLY DESIGNING AND BUILDING THEIR GRASSROOT CAMPAIGNS AND/OR COALITIONS. JLUSA ALSO WORKS PARTNERS ON SECOND CHANCE ACT GRANTEES' REENTRY PROGRAMS TO BUILD CAPACITY, ELIMINATE BARRIERS, AND LAY A FOUNDATION FOR SUSTAINABLE AND FEASIBLE PATHWAYS FOR SUCCESSFUL REENTRY.

FORM 990, PART VI, SECTION B, LINE 11B THE PRESIDENT AND THE FULL BOARD REVIEW THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C AT THE FIRST MEETING OF EACH CALENDAR YEAR THE BOARD MEMBERS ARE REQUIRED TO READ AND SIGN A NEW CONFLICT-OF-INTEREST POLICY. OFFICERS ARE REQUIRED TO SIGN A CONFLICT-OF-INTEREST ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A

THE PRESIDENT'S COMPENSATION PACKAGE WAS REVIEWED BY THE BOARD, USING

Employer identification number 90-1019268

RELEVANT COMPENSATION SURVEY DATA FROM SIMILAR SIZED NON-PROFIT ORGANIZATIONS TO DETERMINE THE APPROPRIATE COMPENSATION PACKAGE.

FORM PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT-OF-INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART X, LINE 5

A FORMER OFFICER IS MAKING SCHEDULED PAYMENTS IN ACCORDANCE WITH A SIGNED AGREEMENT.

FORM 990, PART XI, LINE 9

JSA

DURING THE YEAR JLUSA REFUNDED \$36,193 OF GRANT AMOUNTS.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ADVOCACY JLUSA HAS LAUNCHED A RANGE OF REGIONAL, STATE, AND LOCAL ADVOCACY CAMPAIGNS DESIGNED TO DRAMATICALLY REDUCE INCARCERATED AND CORRECTIONAL POPULATIONS IN U.S. JAILS AND PRISONS. OUR CAMPAIGNS INCLUDE: #CLOSERIKERS WHICH PROMPTED NYC TO AGREE TO CLOSE THE JAILS COMPLEX WITHIN 10 YEARS; #BUILDCOMMUNITIES WHICH ADVOCATES THE REINVESTMENT OF COST SAVINGS BACK INTO COMMUNITY-BASED PROGRAMS; AND #FREENEWYORK WHICH WAS SUCCESSFUL IN SECURING REFORMS IN NEW YORK STATE'S BAIL, DISCOVERY, AND SPEEDY TRIAL LAWS. BUILDING ON THE SUCCESSES OF OUR NEW YORK CAMPAIGNS, WE LAUNCHED OUR JOINED BOLD CAMPAIGNS THAT ARE FOCUSED ON DECARCERATION AND JAIL CLOSURES AND LED BY DIRECTLY-IMPACTED COMMUNITY MEMBERS IN PHILADELPHIA (#CLOSETHECREEK), MILWAUKEE

Employer identification number 90-1019268

ATTACHMENT 1 (CONT'D)

(#CLOSEMSDF), AND LOS ANGELES (#JUSTICELA). THE #WORKINGFUTURE CAMPAIGN IS A STATE-BASED ECONOMIC JUSTICE CAMPAIGN FOCUSED ON ELIMINATING THE BARRIERS TO EMPLOYMENT FOR PEOPLE WITH A CRIMINAL RECORD.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

LEADERSHIP: JLUSA PROVIDES THREE LEADERSHIP TRAINING PROGRAMS FOR INDIVIDUALS THAT HAVE TRADITIONALLY BEEN EXCLUDED FROM POWER AND WANT OPPORTUNITIES TO BE ACTIVE CHANGE AGENTS IN DISMANTLING SYSTEMIC OPPRESSION: 1) EMERGING LEADERS (EL) IS AN INTENSIVE COMMUNITY-FOCUSED TWO-DAY TRAINING SPECIFICALLY DESIGNED FOR EMERGING LEADERS ORGANIZING IN COMMUNITIES MOST IMPACTED BY MARGINALIZATION AND INCARCERATION. EL BUILDS COMMUNITY POWER AND COALITIONS SO THAT EMERGING LEADERS HAVE THE KNOWLEDGE, SKILLS, AND RESOURCES TO IDENTIFY, ORGANIZE AND ADVOCATE FOR THE CHANGE THEY SEEK IN THEIR COMMUNITY; 2) LEADING WITH CONVICTION (LWC) IS A 12-MONTH, COHORT-BASED ADVANCED LEADERSHIP TRAINING, COACHING, AND MENTORING PROGRAM FOR DIRECTLY IMPACTED INDIVIDUALS WHO ARE ALREADY ENGAGED IN TRANSFORMATIVE CHANGE. UNLIKE TRADITIONAL LEADERSHIP DEVELOPMENT PROGRAMS, LWC IS SPECIFICALLY DESIGNED TO EMBRACE LEADERS' INDIVIDUALIZED LEADERSHIP CHALLENGES AND STRENGTHS, AND SHARPEN THEIR LEADERSHIP BEHAVIORS; 3) LEADERSHIP IN ACTION PROGRAM (LAP) IS THE ACTIVATION OF AND INVESTMENT IN OUR 1,000+ ALUMNI NETWORK ACROSS 45 STATES PLUS D.C. TO DRIVE POLICY

324496

JSA

Schedule O (Form 990 or 990-EZ) 2020 Vame of the organization	Page 2
JUSTLEADERSHIPUSA, INC.	90-1019268
	ATTACHMENT 2 (CONT'D)
REFORM AND COMMUNITY REINVESTMENT STRATEGIES NATIONWIDE THROUGH	
MULTICHANNEL ADVOCACY CAMPAIGNS. JLUSA'S ALUMNI LEADERS HAVE BEEN	
DRIVING THE #JUSTUS CAMPAIGN, LAUNCHED TO ADDRESS POLICY MAKERS'	
LACK OF CARE AND ATTENTION TO PROTECT PEOPLE IN PRISONS AND JAILS	
DURING THE COVID-19 CRISIS.	
	ATTACHMENT 3
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	
DESCRIPTION GRANTS	EXPENSES REVENUE

TECHNICAL ASSISTANCE: (SEE SCHEDULE O)

TOTALS

	ATTACHMENT 4		
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION	
PARK & PUBLIC AFFIARS 116 NASSAU ST. SUITE 509 NEW YORK, NY 10038	LOBBYING CONSULTANT	109,250.	
DAVID MENSAH 2541 CALIFORNIA ST. APT 7 SAN FRANCISCO, CA 94115	TRAINING CONSULTANT	116,960.	
SOZE PRODUCTIONS INC. WASHINGTON STREET, #300 BROOKLYN, NY 11201	OUTREACH	374,333.	
FISCAL MANAGEMENT ASSOCIATES LLC 600 THIRD AVENUE, 3RD FL NEW YORK, NY 10016	ACCOUNTING	135,442.	

324496

250,123.

250,123.

Schedule O (Form 990 or 990-EZ) 2020				Page 2		
Name of the organization			Employer identific	Employer identification number		
JUSTLEADERSHIPUSA, INC.			90-1019	90-1019268		
		-	ATTACHMENT	TACHMENT 5		
FORM 990, PART IX - OTHER FEES						
	(A)	(B)	(C)	(D)		
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING		
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES		
CONSULTING AND OTHER FEES	1,241,488.	1,129,106.	42,732.	69,650.		

1,241,488.

1,129,106.

42,732.

TOTALS

324496

69,650.