Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change ALLIANCE FOR JUSTICE ACTION CAMPAIGN Name change 52-2330508 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202-464-7381 11 DUPONT CIRCLE, NW 500 400,558. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20036-1206 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RAKIM BROOKS Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: $\boxed{}$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) () ◀ (inse<u>rt no.)</u> 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: AFJACTIONCAMPAIGN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other -L Year of formation: 2002 M State of legal domicile: DC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 210,025. 400,464.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 160. 94. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 210,185. 400,558. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 116,863. 17,447. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 269,776. 59,200. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 76,647. 386,639. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -176,454. 323,911. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** $\overline{}$ 300,397. 594,256. 20 Total assets (Part X, line 16) 80,761. 50,709. 21 Total liabilities (Part X, line 26) 219,636. 543,547. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RAKIM BROOKS, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Trush Laguelin, CPA Print/Type preparer's name 11/13/22 if self-employed KRISTIN A. JACQUELIN, CPA P01325865 Paid Firm's name CALIBRE CPA GROUP', PLLC Firm's EIN ► 47-0900880 Preparer Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WEST Use Only Phone no. 202-331-9880 BETHESDA, MD 20814

X Yes

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

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,069 • including grants of \$) (Revenue \$)
iu	EDUCATION: AFJAC CREATED NEW RESOURCES TO HELP COALITIONMEMBERS WITH DIFFERENT TAX STATUSES UNDERSTAND HOW THEY CAN WORK TOGETHER WITHOUT
	JEOPARDIZING THEIR 501(C)(3) PARTNERS. THESE RESOURCES WERE POSTED ON AFJAC'S WEBSITE, SHARED WITH FUNDERS, AND DISSEMINATED AT CONFERENCES
	AND COALITION TRAININGS.
4b	(Code:) (Expenses \$ 2,687. including grants of \$) (Revenue \$)
	PARTISAN WORK: AFJAC ENCOURAGES VOTERS TO HOLD SENATORS AND THE PRESIDENT ACCOUNTABLE FOR THEIR SUPPORT OF FEDERAL JUDICIAL NOMINEES
	THAT WOULD TAKE AWAY CORE CONSTITUTIONAL RIGHTS AND FAVOR THE INTERESTS
	OF CORPORATIONS OVER ORDINARY PEOPLE.
4c	(Code:) (Expenses \$ 8,180. including grants of \$) (Revenue \$)
	LOBBYING: AFJAC MOTIVATED AND ORGANIZED GRASSROOTS ADVOCATES TO OPPOSE TRUMP'S JUDICIAL NOMINEES THROUGH THE USE OF RAPID RESPONSE EMAIL,
	SOCIAL MEDIA, AND RALLIES. AFJAC PLAYED A KEY ROLE IN OPPOSING THE
	CONFIRMATION OF BRETT KAVANAUGH TO THE SUPREME COURT BY WORKING WITH
	STATE-BASED AND NATIONAL COALITIONS, CO-ORGANIZING A NATIONAL
	#BELIEVESURVIVORS DAY OF ACTION, RAPID RESPONSE EMAIL, AND LEADING
	RALLIES PRIOR TO THE CONFIRMATION VOTE.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 14 , 936 . Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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	X	
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			١,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	v	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
al	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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			٦,,
	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,"			٦,,
	complete Schedule G, Part III	19	<u> </u>	X
	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		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_ v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Pai	t IV Checklist of Required Schedules (continued)			<u> </u>
	(outstander)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24.2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
ZTa	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240	\vdash	
C		24c		
اء	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		-	
		24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	\vdash	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b	-	X
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%	_		37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			37
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	\vdash	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	\vdash	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\vdash	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		I	
	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	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	36	\vdash	
37				х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	-	
38		38	x	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	<u>1</u> 30	41	
	Check if Schedule O contains a response or note to any line in this Part V			
	2 Seriosaste d'actionne a respense of flote to drift fine it dire i		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
b		-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c		
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Form 990 (2021)

ALLIANCE FOR JUSTICE ACTION CAMPAIGN
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		$oxed{oxed}$
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		<u> </u>
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	_	X
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		Х
	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		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		$oxed{oxed}$
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ldash
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\vdash
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-110		\vdash
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	.0		
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.	.0		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	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	_		
0	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳		21
7a		7-		x
	more members of the governing body?	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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 on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 202-464-7381			
	11 DUPONT CIRCLE, N.W, SUITE 500, WASHINGTON, DC 20036			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) (D) (F) (B) (E) Position Name and title Reportable Reportable Estimated Average (do not check more than one box, unless person is both an compensation compensation amount of hours per officer and a director/trustee) week from from related other (list any the organizations compensation (W-2/1099-MISC/ hours for organization from the (W-2/1099-MISC/ 1099-NEC) related organization organizations stitutional tr 1099-NEC) and related below organizations line) 5.00 (1) NAN ARON PRESIDENT 40.00 X X 0. 204,384. 10,491. (2) RAKIM BROOKS 5.00 PRESIDENT 40.00 X X 0. 82,751 2,629. (3) JAMES WEILL 1.00 X CHAIR OF THE BOARD X 0 0. 0. (4) CLAY HILES 1.00 2.00 X 0. BOARD MEMEBER 0. 0. (5) CAROL LESLIE HAMILTON 1.00 2.00 BOARD MEMERER X 0. 0. 0.

Part VII Section A. Officers, Directors, Trus	tees, Key Emr	<u>oloy</u>	ees,	and	<u>iH b</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		າ than⊸	one	Reportable	Reportable	э	Es	stimate	∍d
	hours per	box,	, unle	ss per	rson i	is botl	h an	compensation	compensati	on	an	nount	of
	week	-	cer ar	nd a d	irecto	or/trus	itee)	from	from relate	d		other	
	(list any	director						the	organization			pensa	
	hours for	or dii	, e			ated		organization	(W-2/1099-MI			om the	
	related organizations	ıstee	truste		س ا	bens		(W-2/1099-MISC/	1099-NEC)		anizat	
	below	Ja tri	iona		ploye	L com		1099-NEC)				d re <mark>l</mark> ate anizatie	
	line)	Individual trustee or	Institutional trustee	Officer	cey employee	Highest compensated employee	Former				orga	ıııızatı	2118
	1,	=	=	0	<u> </u>	王志	<u> </u>				\vdash		
		Ш	L		L	L	L				<u> </u>		
		П	Г		Т	Т	Т						
		H	H	H	H	⊬	H				<u> </u>		
		Н	\vdash	\vdash	\vdash	\vdash	\vdash						
		Н	L		L	┞	L				<u> </u>		
		\Box											
	 	Н			\vdash	\vdash							
							L		005.1	2 -		2 4	
1b Subtotal								0.	287,1		<u> </u>	3,1	
c Total from continuation sheets to Part VI								0.	000 1	0.	1		0.
d Total (add lines 1b and 1c)								0.	287,1		<u> </u>	3,1	<u> 20.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			0
compensation from the organization		_										Yes	No
3 Did the organization list any former officer,							_	•	•				
line 1a? If "Yes," complete Schedule J for s											3	\blacksquare	X
4 For any individual listed on line 1a, is the su												х	
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a					-			-			5		Х
rendered to the organization? If "Yes." com	<u>piete Scheaule</u>	<u> 3 J T C</u>	or st	<u>ICN Į</u>	<u>oers</u>	<u>son</u>					_ 5 _		
1 Complete this table for your five highest co										pensa	tion fro	m	
the organization. Report compensation for (A)	ine calendar ye	al e	nun	ig w	illi C	JI WI	11111	(B)	ear.		(C)	
Name and business	address	NO	INC	3			\dashv	Description of s	ervices	С	Compe	nsatio	n
							\exists						
		_					\dashv			\vdash			
							_			<u> </u>			
2 Total number of independent contractors (ii		ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	1at1011					,							

		2021) ALLIANCE FOR JUSTICE	ACTION CAMP	AIGN	52-2330	508 Page 9
Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any lin				
			(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					business revenue	
						sections 512 - 514
S S	1 a	Federated campaigns 1a				
an	b	Membership dues 1b	1			
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c	1			
fts	4	Related organizations 1d 375,000.	1			
ig ig		Government grants (contributions) 1e	1 1			
Sin	4	, ,	1 1			
utio	Т	All other contributions, gifts, grants, and				
들됨		similar amounts not included above 1f 25,464.	1			
ont	g	Noncash contributions included in lines 1a-1f	100 161			
<u>0</u> g	h	Total. Add lines 1a-1f	400,464.			
		Business Code				
မွ	2 a					
ه خَ	b					
Se	С					
am	d					
Program Service Revenue	е					
Pro	f	All other program service revenue				
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
	3		94.			94.
		other similar amounts)	7=•			74.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a					
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a	1			
	b	Less: cost or other basis	1			
<u>o</u>	_	and sales expenses 7b				
evenue	_	Gain or (loss) 7c	1			
e		Net gain or (loss)				
Other Re		Gross income from fundraising events (not				
the	8 а					
0		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	С	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 199a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances 10a				
	h	Less: cost of goods sold 10b	1 1			
-	С	Net income or (loss) from sales of inventory Business Code				
<u>s</u>						
901 Pe 01	11 a		 			
lan, epi	b		 			
Miscellaneous Revenue	С					
Mis	d	All other revenue	<u> </u>			
_	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	400,558.	0.	0.	94.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	X
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	12,591.	586.	12,005.	
	Pension plan accruals and contributions (include		<u>, </u>		
	section 401(k) and 403(b) employer contributions)	733.	34.	699.	
	Other employee benefits	2,612.	121.	2,491.	
	Payroll taxes	1,511.	70.	1,441.	
	Fees for services (nonemployees):				
	Management	100	0	٥٦	
	Legal	103.	8.	95.	
	Accounting	7,492.	53.	7,439.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	32,899.	10,436.	22,463.	
	column (A), amount, list line 11g expenses on Sch O.)	34,099.	10,430.	22,403.	
	Advertising and promotion	6,164.	109.	6,055.	
	Office expenses	266.	23.	243.	
	Information technology	200.	25.	243.	
	Royalties	4,658.	744.	3,914.	
	Occupancy	40.	3.	37.	
	Travel Payments of travel or entertainment expenses	40.	J •	37.	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	3,071.	2,538.	533.	
	Interest	-, -, -,	_,	3337	
	Payments to affiliates				
	Depreciation, depletion, and amortization	4,380.	193.	4,187.	
	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	EQUIPMENT RENTAL	127.	18.	109.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	76,647.	14,936.	61,711.	0.
	Joint costs. Complete this line only if the organization		l		
	reported in column (B) joint costs from a combined		l		
	educational campaign and fundraising solicitation.		l		
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			295,996.	1	580,886.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	13,370.
	5	Loans and other receivables from any curren	t or former offic	er, director,			
		trustee, key employee, creator or founder, su	bstantial contril	butor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	ualified persons	(as defined			
		under section 4958(f)(1)), and persons descri				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0.1	8	
۷	9				21.	9	
	10a	Land, buildings, and equipment: cost or other		01 000			
		basis. Complete Part VI of Schedule D	10a	21,900.	4 200		0
		Less: accumulated depreciation		21,900.	4,380.	-	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			300,397.	15	594,256.
	16 17	Total assets. Add lines 1 through 15 (must end accounts payable and accrued expenses			510.	16 17	14,746.
	'' 18				510.	18	14,740
	19	Grants payable Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
pil		controlled entity or family member of any of t				22	
Li	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,		Г			
		parties, and other liabilities not included on li	nes 17-24). Con	nplete Part X			
		of Schedule D			80,251.	25	35,963.
	26	Total liabilities. Add lines 17 through 25			80,761.	26	50,709.
		Organizations that follow FASB ASC 958, or	check here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			63,589.	27	395,680.
l Ba	28	Net assets with donor restrictions			156,047.	28	147,867.
nuc		Organizations that do not follow FASB AS6	C 958, check h	ere 🕨 📖			
r F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			210 626	31	E/12 E/17
Š	32	Total net assets or fund balances			219,636. 300,397.	32	543,547. 594,256.
	33	Total liabilities and net assets/fund balances			300,337.	33	Form 990 (2021)

Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40	0,5	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	9,6	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	54	3,5 ₁	<u>47.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2021)

132012 12-09-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2021

OMB No. 1545-0047

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

Employer identification number

52-2330508

Organization type (check one): Filers of: Section: X 501(c)(4) (enter number) organization Form 990 or 990-EZ 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 X 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), 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), 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Name of organization

Employer identification number

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

52-2330508

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution				
1	N/A	\$ 375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution				
2	N/A	\$ 25,000.	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				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZI P + 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.)				

Name of organization Employer identification number

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

52-2330508

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
102/52 11-11-		\$	Schedule B (Form 990) (2021)

Employer identification number

Name of organization

ALLIANCE FOR JUSTICE ACTION CAMPAIGN 52-2330508 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	e of organization			Em	ployer identification number
	ALLIANC	E FOR JUSTICE ACT	ION CAMPAIGN	1	52-2330508
Pa	rt I-A Complete if the org	janization is exempt under	section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$2,687.
Pa	rt I-B Complete if the org	janization is exempt under	section 501(c)(3)),	
	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization managers	s under section 4955	>	\$
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt under	section 501(c), e	except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt functio	n activities	\$
	Enter the amount of the filing organ		3		
	exempt function activities				\$
	Total exempt function expenditures				
	line 17b				
5	Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were pro- political action committee (PAC). If	nployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s	of all section 527 polit from the filing organiza separate political organ	ical organizations to whi tion's funds. Also enter t iization, such as a separa	ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021 Part II-A Complete if the org	ALLIANCE F	OR JUSTICE A	CTION CAMPAI	IGN 52-2 d Form 5768 (el	2330508 Page 2 ection under
section 501(h)). A Check if the filing organize expenses, and sha	ation belongs to an a	ffiliated group (and list i	n Part IV each affiliated		
Lim	its on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to infl b Total lobbying expenditures to infl c Total lobbying expenditures (add I d Other exempt purpose expenditure e Total exempt purpose expenditure f Lobbying nontaxable amount. Ent 	uence a legislative b ines 1a and 1b) es as (add lines 1c and	ody (direct lobbying)			
If the amount on line 1e, column (a) of Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17 Over \$17,000,000	or (b) is: The I 20% (0,000 \$100 500,000 \$175 ,000,000 \$225	obbying nontaxable and of the amount on line 1e 000 plus 15% of the exception of the except	nount is: cess over \$500,000. cess over \$1,000,000.		
g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this	ro or less, enter -0- o or less, enter -0- ero on either line 1h	or line 1i, did the organiz			Yes No
(Some organizations t	4-Year <i>I</i> that made a section	overaging Period Under 501(h) election do not arate instructions for li	have to complete all o	of the five columns b	
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amountb Lobbying ceiling amount(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					_
(.5570 01 [1110 24, 00[41111 (0])					+

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

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

Foro	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)
	e lobbying activity.		-		-
		Yes	No	Amo	ount
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 referendum, through the use of:				
а	Volunteers?	\square		-	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\square			
С	Media advertisements?	\square			
	Mailings to members, legislators, or the public?	\square			
	Publications, or published or broadcast statements?	\square			
f	Grants to other organizations for lobbying purposes?	\square			
g		\square			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\square			
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			- 4.1	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				0 in
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	No" OR	(b) Part	III-A, IIne	3, IS
_				Т	
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2		al			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year			 	
С	Total			+	
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditure next year? Taxable amount of lobbying and political expenditures, See instructions		4		
5 Par			5		
_		list\. Dort II /	A lines 1	and 0 (Coo	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-7	A, lines 1	and ∠ (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information. $\mathbf{RT} \mathbf{I} - \mathbf{A}$, $\mathbf{LINE} 1$:				
FAI	TI-A, DINE I.				
Δ Fr.	AC ENGAGED IN COMMUNICATIONS THAT ENCOURAGED VOTERS	то но	מ.דו	יאיב יירי איי	!
Arc	AC ENGAGED IN COMMONICATIONS THAT ENCOURAGED VOTERS	10 110	ינל טווי	MAIONE	,
ANI	THE PRESIDENT ACCOUNTABLE FOR THEIR SUPPORT OF JUD	TCTAT.	NOMIN	IEES	
THI	AT WOULD TAKE AWAY CORE CONSTITUTIONAL RIGHTS AND WO	ULD FA	VOR 1	HE	
INT	ERESTS OF CORPORATIONS OVER ORDINARY PEOPLE.				

Schedule C (Form 990) 2021

Schedule C	(Form 990) 2021	ALLIANCE FO	R JUSTICE	ACTION	CAMPAIGN	52-2330508	Page 4
Part IV	Supplemental Info	ALLIANCE FO ormation (continued)					
		,					
•							
					_		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public

Open to Public Inspection

Name of the organization

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

Employer identification number 52-2330508

Pai			nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	pose conferring
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservat	on of a historically important land area
	Protection of natural habitat	Preservat	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	y the organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handless, the second of the sec	ling of violations, and enforcing con-	servation easements during the year
	Does each conservation easement reported on line 2(d) above		4.70/L\/4\/D\/3\
8		·	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	ote to the organization's infancial st	atements that describes the
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures.	r Other Similar Assets.
	Complete if the organization answered "Yes" on Form	·	
1a	If the organization elected, as permitted under FASB ASC 958		ent and balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	· ·	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, o	r Other S	Similar Asse	ets (continued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	make sigr	nificant use of i	ts
	collection items (check all that apply):			•				
а	Public exhibition	C	ı 🔲 ı	Loan or exc	hange progra	am		
b	Scholarly research	E			0 1 0			
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explai	n how th	ev further th	ne organizatio	n's exemp	t purpose in Pa	art XIII.
5	During the year, did the organization solicit or	·		-	•			
	to be sold to raise funds rather than to be main							Yes No
Pai	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Part			3			,	, ,
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for c	ontribution	s or other ass	sets not inc	uded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII ar							
	, ,	·	J					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 amount on For						?	Yes No
	If "Yes," explain the arrangement in Part XIII. C					-		
	t V Endowment Funds. Complete if							
		(a) Current year		rior year	(c) Two year		I) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	nt vear end balanc	e (line 1a	. column (a)) held as:			•
а	Board designated or quasi-endowment	=	%	,	,,			
b	Permanent endowment							
	Term endowment							
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.						
За	Are there endowment funds not in the possess	•	ation that	are held a	nd administer	ed for the	organization	
	by:	3					3	Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	red on So	chedule R?				3b
4	Describe in Part XIII the intended uses of the o							
Pai	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990), Part I V	, l ine 11a. S	See Form 990	, Part X, I ir	ne 10.	
	Description of property	(a) Cost or o			t or other (other)		cumulated eciation	(d) Book value
1a	Land							
	Buildings							
С	Leasehold improvements			2	1,900.	2	21,900.	0.
d	Equipment							
e	Other							
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990. Part	X. colum	n (B). line 1	Oc.)			0.

I	Part VII	Investm	nents -	Other	Securities.
ı					

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)		i	
(B)		i	
(C)		1	
(D)		1	
(E)			
(F)			
(G)			
(H)	 	 	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	1		
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)	(1)	,	
(2)	 		
(3)			
	 		
(4)	+	 	
(5)	 	1	
(6)	 	1	
(7)			
(8)		<u> </u>	
(9)	 		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Con Form 000 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
	Description		(b) DOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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			
(2) DUE TO AFFILIATE			35,963
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			_
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)		35,963
2. Liability for uncertain tax positions. In Part XIII. provide	•	the organization's financial statements 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 ... X

Schedule D (Form 990) 2021

4c

Sche	dule D (Form 990) 2021 ALLIANCE FOR JUSTICE ACTION	CAMPAIGN	24-	2330300 Page •
Pai	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	400,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	400,558.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	400,558.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per R	Returr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	76,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	76,647.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_		
2	Investment expenses not included on Form 990. Part VIII. line 7h	42		

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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

PART X, LINE 2:

THE CAMPAIGN ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED UNDER A PRESCRIBED THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CAMPAIGN PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2021, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2021, STATUTE OF LIMITATIONS FOR TAX YEARS 2017 THROUGH 2020 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE STATE AND LOCAL JURISDICTIONS IN WHICH THE CAMPAIGN FILES RETURNS.

Schedule D (Form 990) 2021

Schedule D (Form 99	90) 2021	ALLI	ANCE	FOR	JUSTICE	ACTION	CAMPAIGN	52-2330508	Page 5
Schedule D (Form 99) Part XIII Supp	lemental Inforr	nation	(continue	ed)					
·	·								

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

Employer identification number 52-2330508

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	-1.0		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
	tradices, and officers, moldaring the OLO/Exceditive birector, regarding the terms effected of fine 14:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
0	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year did any payon listed on Farm 000 Port VII Costian A line to with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			7.7
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

Page 2

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

Schedule J (Form 990) 2021

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NAN ARON	≘	1	0		(0		0
PRESIDENT	▤	174,387.	0	29,997.	9,999.	492.	214,875.	0
	Ξ							
	▤							
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	<u> </u>							

Schedule J (Form 990) 2021

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. Part III Supplemental Information

										School of the Oct of t

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

Employer identification number 52-2330508

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ALLIANCE FOR JUSTICE ACTION CAMPAIGN (AFJAC) PROMOTES A NATIONAL

CONVERSATION ABOUT THE IMPORTANCE OF THE COURTS WITH A GOAL OF

ADVANCING CORE CONSTITUTIONAL VALUES, PRESERVING HUMAN RIGHTS, SECURING

UNFETTERED ACCESS TO THE JUDICIAL SYSTEM, AND GUARANTEEING THE

EVEN-HANDED ADMINISTRATION OF JUSTICE FOR ALL. AFJAC ALSO SERVES AS THE

NATION'S LEADING RESOURCE ON THE LEGAL FRAMEWORK FOR 501(C)(4)

NONPROFIT ADVOCACY EFFORTS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT, DIRECTOR OF

OUTREACH, SENIOR COUNSEL AND THE VICE PRESIDENT OF PROGRAMS AND OPERATIONS.

A COPY OF THE REVIEWED FORM 990 WILL BE PROVIDED TO THE AFJAC'S GOVERNING

BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

STAFF AND BOARD MEMBERS ARE REMINDED ANNUALLY TO AHDERE TO THE CONFLICT OF

INTEREST POLICY. THE BOARD IS ALSO REQUIRED ANNUALLY TO SIGN AND COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE.

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

THE PRESIDENT'S SALARY IS REVIEWED BY A COMMITTEE OF AFJ, A RELATED

ORGANIZATION, AS CONVENED BY AFJ'S BOARD CHAIR BIANNUALLY, AND THAT

COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE AND DETERMINES THE

PRESIDENT'S SALARY. THE BOARD ALSO DETERMINES WHETHER A SALARY INCREASE IS

WARRANTED AND THE AMOUNT OF THE SALARY INCREASE, BASED ON COMPARABLES.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the proprieties	Page 2
Name of the organization ALLIANCE FOR JUSTICE ACTION CAMPAIGN	Employer identification number 52-2330508
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. T	THE FINANCIAL
STATEMENTS ARE ALSO AVAILABLE ONLINE AT GUDIESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	10,436.
MANAGEMENT AND GENERAL EXPENSES	22,463.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,899.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	32,899.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED	

SCHEDULE R (Form 990)

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▼ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

ALLIANCE FOR JUSTICE ACTION CAMPAIGN

2021

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 52-2330508

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2021 Ŷ × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Total income **Exempt Code** DISTRICT OF COLUMBIA 501 (C) (3) section **©** Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity JUDICIAL ADVOCACY For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) ALLIANCE FOR JUSTICE - 52-1009973 Name, address, and EIN of related organization of disregarded entity 11 DUPONT CIRCLE, NW, SUITE 500 WASHINGTON, DC 20036 Part II

52-2330508

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(j) (k) General or Percentage managing ownership partner?		
(j) General or managing partner? Yes No		
Code V.UBI Gamount in box 20 of Schedule K-1 (Form 1065)		
rtionate		
(h Dispropo allocat Yes		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

ı		اہ ا						ı			ı			ı	
(i) Section 512(b)(13)	ontrolled entity?	Yes No						\vdash			_			_	
2	ō d	Ye						H							
(h) Percentage	/nershi														
Per	ő	_						H			L			L	
(g) Share of	f-year	213													
(g Sha	o-pua	920													
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(f) of tot	ome														
(f) Share of total	.ii														
								H							
(e) Type of entity	p, S _C	uenn													
Type	ος ()	5													
Olling								Г							
(d) contro	entity														
(d) (d) Direct controlling	_														
) micile	e or	try)									Г			Г	
(c) Legal dom	(state or foreign	cour													
ctivity															
(b) Primary activity															
Prii															
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 	uc														
(a) Name, address, and EIN	anizatic														
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Schedule R (Form 990) 2021

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				7	Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ted organizations listed i	n Parts II-IV?	+	ť	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>1</u> a		\bowtie
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10 7	×	
				1d		×
e Loans or loan quarantees by related organization(s)				- 1 1		$ _{\bowtie}$
					H	
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				Ę		$ _{\bowtie}$
				÷		$ _{\bowtie}$
				Ŧ		: _×
J Lease of facilities, equipment, of other assets to related organization(s)				+	+	٩l
k Lease of facilities. equipment. or other assets from related organization(s)				÷		×
	170±i0¤(e)			Ŧ		×
Performance of services of membership of transfer and applications for	ization(s)			 - -		; _≻
III Periorniance di services di membership di infiniasning solicitations by ferateu diganization(s)	(s)			+	+	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			Ę.	<u></u>	-
o Sharing of paid employees with related organization(s)				9	$ \mathbf{x} $	- 1
p Reimbursement paid to related organization(s) for expenses				10	$_{\bowtie}$	-
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		\bowtie
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	o must complete this	line, including covered r	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) ALLIANCE FOR JUSTICE	0	43,048.	ACTUAL EXPENSES			
(2) ALLIANCE FOR JUSTICE	บ	375,000.	CASH			
(3)						
(4)						
(5)						
(0)						

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Schedule R (Form 990) 2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(j) (k) General of Percentage managing ownership Yes No				
(j) General or F managing partner? Yes No				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Are all arthers sec. 501 (c) (3) 0.05.?				
(d) Predominant income (related, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Schedule R (Form 990) 2021

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