Extension Granted Until 11/15/2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A F	or the	2021 calendar year, or tax year beginning and e	ending		
B Ch ap	neck if plicable:	C Name of organization		D Employer identific	cation number
	Address change Name	Measures for oustice institute		45-21194	21
	change	Doing business as	Doom/ouito		
	Initial return	Number and street (or 1.0. box in main is not convered to street days	Room/suite	646-337-	
	Final return/ termin-	421 University Ave		G Gross receipts \$	9,014,420.
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		H(a) Is this a group re	
	return	ROCHESCEL, NI 14007		for subordinates	? Yes X No
_	tion	F Name and address of principal officer. This		H(b) Are all subordinates in	ncluded? Yes No
-		same as C above	or 527		list. See instructions
1 1	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c e: ▶ measuresforjustice.org	02.	H(c) Group exemption	
JV	vebsite	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: DE
		Summary			
	1 E	Briefly describe the organization's mission or most significant activities: To Co	ollect	data to me	asure the
Activities & Governance	1	performance of local criminal justice sys	stems.		
naı	2 (Check this box if the organization discontinued its operations or dispose	sed of more	e than 25% of its net a	ssets.
ver	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ö	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	57
vitie	6	Total number of volunteers (estimate if necessary)		6	7
cti	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11			AND THE SECOND CONTRACTOR OF THE SECOND CONTRA
			-	Prior Year	8,935,776.
e		Contributions and grants (Part VIII, line 1h)		7,583,035.	
enn		Program service revenue (Part VIII, line 2g)			Wall facilities
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,446.	
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,920.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,590,401.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,498,517	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	40	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 354,5	40.	1,455,414.	1,640,963.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,953,931	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,636,470.	
- 8		Revenue less expenses. Subtract line 18 from line 12	B	eginning of Current Year	End of Year
Net Assets or Fund Balances				10,767,043.	
SSe	20	Total assets (Part X, line 16)		1,113,527	
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		9,653,516	11,701,948.
	art II	Signature Block			
Line	or none	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of r	my knowledge and belief, it is
true	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	
uuu	, 001100	an		Oct	9 2020
Cia	n	Signature of officer		Date	
Sig		Amy Bach, President/Executive Directo	r		
He	C	Type or print name and title			OTIN .
_		Print/Type preparer's name Preparer's signature August 1	land	Date Check if	PTIN
Pai	d	Michael D. Desmond Michael D. Desm	nond	10/14/22 self-empl	
	parer	Firm's name Heveron & Company CPAs, PLLC		Firm's EIN	27-1895149
	Only	Firm's address 260 Plymouth Avenue South			
		Rochester, NY 14608		Phone no. 5	85-232-2956
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

2021.04030 Measures for Justice Instit MFJ

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	77	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	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			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Α
8		8		X
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in 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,			1700
	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	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			50.000
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			2000
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	500000		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		v
100000	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		- 11
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1.4	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
350	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

r ai	Checkist of Required Contained Contained			
	AT ARR A LANGE TO THE PART OF		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	2.2		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7
	Schedule J	23	X	
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
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	25b		х
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		PILE	138
20	instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			160350
	"Yes," complete Schedule L, Part IV	28c		X
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 conservation			
	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	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
	Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	304		- 21
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
36	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
30	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	******		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			100
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-	18	
_	(gambling) winnings to prize winners?	1c	X	- Janear
		For	m 990	1/202

Measures for Justice Institute
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

rai	Statements Regarding Other into I mings and Tax Compilation (continues)				Yes	No
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- [ALE!	162	140
	filed for the calendar year ending with or within the year covered by this return	2a	57			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	ccoun	ts (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
C	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	ne orga	anization solicit			77
	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 contribut	tions o	r gifts			
	were not tax deductible?			6b	17-545	
7	Organizations that may receive deductible contributions under section 170(c).	nuicos r	provided to the payor?	70	10000	X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	i vices p	novided to the payor:	7a 7b		- 21
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	unea	7c		Х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		10	16100	
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		et?	7e		Х
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution.	ract?		7f		Х
f	If the organization received a contribution of qualified intellectual property, did the organization file Fi	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			Y	110	William
а	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:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				P. Barri
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders	11a		188		OT 12
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1,025,00	55			70
	amounts due or received from them.)	11b			149	17
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ĺ	12a	19.83	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			130	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			104	f. 140	1000
1000	Note: See the instructions for additional information the organization must report on Schedule O.					la v
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				18
	organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	100		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule.	ule O		14b		
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration	n or			
15	excess parachute payment(s) during the year?	100,000		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		X
16	If "Yes," complete Form 4720, Schedule O.				1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<u> </u>		17		
	If "Yes," complete Form 6069.					
_	II 165, Complete Form 0005.			For	m 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	N
1a	Enter the number of voting members of the governing body at the end of the tax year	8			
	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	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		V22+21		
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
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		2
6	Did the organization have members or stockholders?		6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				-
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Maria	**	
а	The governing body?		8a	X	71
b	Each committee with authority to act on behalf of the governing body?		8b		2
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		Σ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	and the second s	Γ	40-	Yes	N
	Did the organization have local chapters, branches, or affiliates?		10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	me	11a	Λ	-
b				v	100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b			12b	X	\vdash
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40-	v	
	on Schedule O how this was done		12c	X	\vdash
13	Did the organization have a written whistleblower policy?		13		\vdash
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			91	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-	х	
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Δ	
	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		160	3100	2
	taxable entity during the year?		16a		1
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		404	aller.	
	exempt status with respect to such arrangements?		16b		
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NY, CA, MA, WA	24/-1/21		· · · · · · ·	labl
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50)1(C)(3)	s only) avai	aDI
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain on Schedule O)	D	J.E.	00:-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	icy, an	d fina	ncial	
	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 - 646-337-8993				
	421 University Ave, Rochester, NY 14607			990	

Form 990 (2021) 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) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Amy Bach	40.00							220 270	0	10 014
President/Executive Director	40.00	X		X	-			229,270.	0.	12,214.
(2) Samantha Silver	40.00					v		191,340.	0.	16,568.
Chief of Strategy & Operations	40.00				-	X		191,340.	0.	10,500.
(3) Andrew Branch	40.00		10			Х		175,964.	0.	20,493.
Director of Product Engineering	40.00					Λ		1/3,304.	0.	20,495.
(4) Jill Wesley						x		169,964.	0.	22,023.
Vice President of People and Interna	40.00					Λ		100,004.	0.	22,025.
(5) Gipsy Escobar Director of Product Strategy	40.00					x		164,509.	0.	22,625.
(6) Sheila Herbert	40.00					21		101/3031		22/0201
Chief Product Officer	40.00					х		168,840.	0.	16,235.
(7) Richard Morello	0.40					-				
Treasurer		X		X		11		0.	0.	0.
(8) Edwin Schallert	0.40									
Secretary		X		X				0.	0.	0.
(9) Rosemary Barkett	0.20									
Director		X						0.	0.	0.
(10) Justin Erlich	0.20								550	
Director		X						0.	0.	0.
(11) Kirsten Levingston	0.20									
Director		X						0.	0.	0.
(12) Jim Kohlenberger	0.20									
Director		X						0.	0.	0.
(13) Ayanna Clunis	0.20									
Director		X						0.	0.	0.
										F 000 (0001)

Form 990 (2021)

hours for related organization (w271099-NEC) 1099-NEC) 1099-NEC 109-NEC 1099-NEC 1099-NEC		(A) Name and title	(B) Average hours per week (list any	box	not cl	Pos heck ss pe	more rson	than of is both or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esti amo	rated unt of ther ensat	of
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ You are compensation from the organization ▶ You are compensation list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation of services TriNet 1 Park Place, Suite 600, Dublin, CA 94568 Payroll services Compensation from the organizations of services Communications 144 Communications			related organizations below	Individual trustee or direc	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/		/	orgar and	relate	on ed
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Your compensation Image: It "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Your compensation from the organization You compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation for services FriNet 1 Park Place, Suite 600, Dublin, CA 94568 Payroll services 484 Communications 144															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Your compensation from the organization You compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation for services FriNet 1 Park Place, Suite 600, Dublin, CA 94568 Payroll services 484 Communications 144											ur italeh	+			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Younger											i i				
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Your compensation Image: It "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A)												+			
d Total (add lines 1b and 1c)		Subtotal										-	110	,15	0 .
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (B) (C) Compensor TriNet 1 Park Place, Suite 600, Dublin, CA 94568 Payroll services 484 #551, Atlanta, GA 30327 Communications 144	1000	Total (add lines 1b and 1c)					****			1,099,887.	(110	,15	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) (C) Compensation of services TriNet 1 Park Place, Suite 600, Dublin, CA 94568 Payroll services 484 HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Communications 144	2			nose	liste	ed a	bov	e) wh	no re	eceived more than \$100	OUU of reportable				1
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address TriNet 1 Park Place, Suite 600, Dublin, CA 94568 Payroll services 484 HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Communications 144	3	Did the organization list any former of	ficer, director, trust	ee,	key e	emp	loye	e, or	high	hest compensated emp	loyee on	Γ	,	es	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address TriNet 1 Park Place, Suite 600, Dublin, CA 94568 HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Communications 144	4	For any individual listed on line 1a, is t	he sum of reportab	le c	omp	ensa	ation	n and	oth	ner compensation from t				x	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address TriNet 1 Park Place, Suite 600, Dublin, CA 94568 HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Communications 144	5	Did any person listed on line 1a receiv	e or accrue compe	nsat	tion f	rom	any	y unr	elate	ed organization or indivi	dual for services				Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address TriNet 1 Park Place, Suite 600, Dublin, CA 94568 HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Communications (B) (C) Compensation of services 484 Communications			est compensated in	dep	ende	ent c	ont	racto	ors th	hat received more than	\$100,000 of comp	ensa	tion fro	m	
Name and business address TriNet 1 Park Place, Suite 600, Dublin, CA 94568 HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Description of services Compensations Communications Communications Communications	-3	the organization. Report compensation	n for the calendar y												
1 Park Place, Suite 600, Dublin, CA 94568 Payroll services 484, HL Strategy, 1266 West Paces Ferry Road #551, Atlanta, GA 30327 Communications 144		Name and bus							_	Description of s	ervices	Co			1
#551, Atlanta, GA 30327 Communications 144	1 Park Place, Suite 600, Dublin, CA 94568								I	Payroll serv	ices		484	,6:	L7.
Total number of independent contractors (including but not limited to those listed above) who received more than					1 -				(Communicatio:	ns		144	, 0	00
Total number of independent contractors (including but not limited to those listed above) who received more than															
\$100,000 of compensation from the organization	2			not I	imite	ed to	the	se li	sted	above) who received m	ore than			lo ii	

Form	990 ((2021) Mea	sures fo	r Justice	Institute		45-2119	421 Page 9
	t VII							
		Check if Schedule O	contains a respon	nse or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
so so		= 1	1					
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	estandares una la companya de la companya del companya del companya de la company					
ي ق		E - desista a seconda						
fts,	C							
ig ig	d			753,480				
Sir	е	Government grants (contr		755,400				
utic	f	5.5 40		0 102 206				
5		similar amounts not included	8000	8,182,296				
Pu	g	Noncash contributions included in	1 Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8,935,776.			
OB	h	Total. Add lines 1a-1f		Business Code				
		Drogram Corri	GO FOOS	518210	47,900.	47,900.		
Program Service Revenue		Program Servi			47,500.	41,300.		
ne ne	b):=						
m S	С							
gra Re	d			-				
Pro	e	All other program consists	rovonuo	_	170			
_	1	All other program service Total. Add lines 2a-2f			47,900.			
_	3	Investment income (include			2,75000			
	3	other similar amounts)	50		3,513.			3,513.
	4							
	5	Royalties		46				
	J	noyamos	(i) Real	(ii) Personal				E STATE OF THE STA
	6 a	Gross rents	6a					
		Less: rental expenses	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss)	,	>				
	11 355	Gross amount from sales of	(i) Securiti	the second secon		Mary Street, S		
	1 a	assets other than inventory	7a					
	h	Less: cost or other basis	10					
e l		and sales expenses	7b					
evenue	c	: Gain or (loss)	7c					
		Net gain or (loss)						
Other R		Gross income from fundraisi			TURN DOMEST			
ot l			of					
		contributions reported on						
		Part IV, line 18		8a				
	b	Less: direct expenses		8b			Land September 1	
	c	Net income or (loss) from	fundraising ever	nts				
		Gross income from gamir						The latest the second
		Part IV, line 19		9a				
	b	Less: direct expenses		9b	THE VEHICLES			Me La Serie
	c	Net income or (loss) from	gaming activities	s				
	10 a	Gross sales of inventory,	less returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b			1.24 3.15	
200		Net income or (loss) from		ry				
10				Business Code				
e son	11 a	Other Income		900099	27,231	. 27,231.		
ane	k							
Miscellaneous Revenue								
Mis		d All other revenue						
~	6	e Total. Add lines 11a-11d	***************************************	>	27,231	•		0.510

3,513. Form **990** (2021)

12 Total revenue. See instructions ...

	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D) Fundraising
Do n 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	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,		407 646	04 140	70 600
	trustees, and key employees	241,484.	137,646.	24,148.	79,690.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		2 222 555	024 540	106 01E
7	Other salaries and wages	4,343,940.	3,982,577.	234,548.	126,815.
8	Pension plan accruals and contributions (include	64 640	54 040	2 607	2 001
	section 401(k) and 403(b) employer contributions)	61,618.	54,840.	3,697.	3,081.
9	Other employee benefits	326,587.	290,646.	25,618.	
10	Payroll taxes	351,396.	316,585.	19,903.	14,908.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	00.010		20 012	
C	Accounting	28,812.		28,812.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	242 224	601 037	100 001	82,146.
	column (A), amount, list line 11g expenses on Sch O.)	813,884.	601,937.	129,801.	11,875
12	Advertising and promotion	185,834.	173,959.	1 602	504.
13	Office expenses	14,974.	12,777.	1,693.	
14	Information technology	206,054.	199,214.	3,120.	3,720.
15	Royalties	400 650	171 604	10 000	8,147.
16	Occupancy	190,679.	171,624.	10,908.	0,147
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.000	10 455	4.47	5,301
19	Conferences, conventions, and meetings	18,223.	12,475.	447.	5,301
20	Interest				
21	Payments to affiliates	405 000	114 056	7 025	6,008
22	Depreciation, depletion, and amortization	127,999.	114,956.	7,035. 5,433.	1,213
23	Insurance	31,610.	24,964.	5,433.	1,213
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.)				
_	Data Acquisition	20,090.	20,090.		
a b	Data Acquisition				
c d					
	All other expenses	2,804.	1,007.		809
25	Total functional expenses. Add lines 1 through 24e	6,965,988.	6,115,297.		354,540
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,703,163.	1	3,676,762
	2	Savings and temporary cash investments			7,435,178.	2	7,406,314
	3	Pledges and grants receivable, net			25,000.	3	567,826
	4	Accounts receivable, net				4	4,711
	5	Loans and other receivables from any curren	t or former off	icer, director,			
		trustee, key employee, creator or founder, su	ibstantial cont	tributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disq	ualified persor	ns (as defined			
		under section 4958(f)(1)), and persons descr		6			
2	7	Notes and loans receivable, net		7	8		
233613	8	Inventories for sale or use			16	8	
č	9	Prepaid expenses and deferred charges			39,769.	9	47,152
		Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		834,340.			
	b	Less: accumulated depreciation		414,168.	464,340.	10c	420,172
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			99,593.	15	86,804
	16	Total assets. Add lines 1 through 15 (must e			10,767,043.	16	12,209,741
	17	Accounts payable and accrued expenses			511,427.	17	507,793
	18	Grants payable			18		
	19	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 f					
LIGOLITICS	1	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				22	
ī	23	Secured mortgages and notes payable to un	related third p	parties		23	
	24	Unsecured notes and loans payable to unrel		September 2004 (2004) And Control of Management	602,100.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			1,113,527.	26	507,793
		Organizations that follow FASB ASC 958,					
2		and complete lines 27, 28, 32, and 33.					
0	27	Net assets without donor restrictions		L	6,184,315.	27	9,295,840
9	28	Net assets with donor restrictions			3,469,201.	28	2,406,108
2		Organizations that do not follow FASB AS	C 958, check	here			
2		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fur	nds			29	
200	30	Paid-in or capital surplus, or land, building, o				30	
S I	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund balances	32	Total net assets or fund balances			9,653,516.	32	11,701,948
_	33	Total liabilities and net assets/fund balances			10,767,043.	33	12,209,741

Form 990 (2021)

orm	Measures for Justice Institute	45-23	119421	Pag	ge 12
Pai	rt XI 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	9,014		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,965		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,048		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,653	, 5	16.
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	11,701	.,9	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				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 Schedul			X	
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 reviewe	d 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 separa	te basis,	110		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		19.74		1111
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		-555	
	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 Sc	hedule O.	2003		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			0.00000
	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	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization 45-2119421 Measures for Justice Institute Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization lister (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization in your governing documer (described on lines 1-10 support (see instructions) support (see instructions) organization No Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	4					
	include any "unusual grants.")	9549138.	4130350.	4246282.	7583035.	8935776.	34444581.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				-1		
3	The value of services or facilities						
~	furnished by a governmental unit to						
	the organization without charge			15.6			
1	Total. Add lines 1 through 3	9549138.	4130350.	4246282.	7583035.	8935776.	34444581.
	The portion of total contributions						
5	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,						
	The state of the s						3798824.
0	column (f) Public support. Subtract line 5 from line 4.						30645757.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		9549138.	4130350.	4246282.	7583035.	8935776	34444581.
	Amounts from line 4	7347130.	4130330.	12102021	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 202	1 401	2,523.	4,446.	3,513.	13,185.
	and income from similar sources	1,302.	1,401.	4,545.	4,440.	3,313	15,105.
9	Net income from unrelated business						
	activities, whether or not the				10		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		40 005	26 222	2 000	27 221	07 614
	assets (Explain in Part VI.)	7,360.	13,295.	36,808.	2,920.	27,231	
11	Total support. Add lines 7 through 10						34545380.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	47,900.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. \Box
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				00 51
	Public support percentage for 2021 (14	88.71 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	79.62 %
168	a 33 1/3% support test - 2021. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	oox and
	stop here. The organization qualifies	as a publicly supp	orted organization	F			
	33 1/3% support test - 2020. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check	this box
	and ston here. The organization qual	lifies as a publicly s	supported organiz	ation			
17:	a 10% -facts-and-circumstances tes	t - 2021. If the ord	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the fact	ts-and-circumstance	es test, check this	s box and stop he	re. Explain in Part	VI how the organ	ization
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
	10% -facts-and-circumstances tes	t - 2020. If the ord	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
1	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test T	he organization or	alifies as a publicl	ly supported organ	ization	
40	Private foundation. If the organization	on did not check a	box on line 13 16	a. 16b. 17a. or 17	b, check this box a	and see instruction	ons ▶
18	Private foundation. If the organization	on all flot check a	DOX OIT INTO TO, TO	.,,,		Schedule /	A (Form 990) 2021

Schedule A (Form 990) 2021 Measures for Justice Institute
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 qu	ualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support		The base of the same of				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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)	tion
14	First 5 years. If the Form 990 is for the						tion,
_	check this box and stop here						
	ction C. Computation of Publi			. (6)		45	%
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Par	ne Percentage	· · · · · · · · · · · · · · · · · · ·		10	70
Se	ction D. Computation of Inves	of (line 10s self	me /f divided by	line 13 column (f))	17	%
17	Investment income percentage for 20. Investment income percentage from 2	21 (line 10c, colu	Part III, line 17	line 13, coldinii (i)	/		%
18	a 33 1/3% support tests - 2021. If the	organization did	not check the hox	on line 14 and lit	ne 15 is more than		17 is not
19	more than 33 1/3%, check this box ar	organization did	e organization qua	lifies as a publicly	supported organiz	zation	>
	b 33 1/3% support tests - 2020. If the	organization did	not check a box o	n line 14 or line 19	9a, and line 16 is m	nore than 33 1/3%	
	line 18 is not more than 33 1/3%, che	ck this hay and	stop here. The ora	anization qualifies	as a publicly supr	orted organization	>
00	m : If the experimetic	n did not check	a box on line 14. 1	9a. or 19b. check	this box and see in	nstructions	▶ □
132	023 01-04-22	ald flot offoot f				Schedule	A (Form 990) 2021

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.)

0	A	AII	Cumpartina	Organizations
Section	A.	AII	Supporting	Organizations

- 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
2		
3a		4
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Sch

Part	Supporting Organizations (continued)			Various and
10			Yes	No
11 H	Has the organization accepted a gift or contribution from any of the following persons?			
a /	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	120 JON		
	11c below, the governing body of a supported organization?	11a		
b /	A family member of a person described on line 11a above?	11b		1000
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	-		
(detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		Vac	No
	of one of	11.00	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		
	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2.5	1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1		
Sect	ion 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		10000	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	13/33/37		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).		To a second	
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	ons).	_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		100	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described on 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01	1100	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	154		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	30		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Ju		-

Schedule A (Form 990) 2021

instructions)

Schedule A (Form 990) 2021

Part VI. See instructions.

Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

and 4c.

Excess distributions carryover to 2022. Add lines 3j

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

	501(c)(4), (5), or (6) organiza	tions, complete Fait III.		Empl	oyer identification number
Name of org		a for Tustics To	atituto	Linpi	45-2119421
Dout I A	Measure	s for Justice Inganization is exempt und	er section 501/c	or is a section 527 o	
Part I-A	Complete ii the ort	Junization is exempt und		,	
1 Provide	a description of the organiz	zation's direct and indirect politic	al campaign activities	in Part IV.	
2 Politica	al campaign activity expendit	tures		▶\$	
3 Volunte	eer hours for political campa	ign activities			
1000					
Part I-B	Complete if the org	ganization is exempt und	ler section 501(c)(3).	
1 Enter t	he amount of any excise tax	incurred by the organization und	der section 4955	- \$	
2 Enter t	he amount of any excise tax	incurred by organization manag	ers under section 495	5	Yes No
		on 4955 tax, did it file Form 4720			
					Yes INO
b If "Yes	," describe in Part IV.	i-stien is evenuet une	lor section 501/c	except section 501/	(c)(3)
		ganization is exempt und			C)(O).
1 Enter t	he amount directly expende	d by the filing organization for se	ction 527 exempt fun	ction activities	
2 Enter t	he amount of the filing organ	nization's funds contributed to ot	ther organizations for	section 527	
exemp	t function activities			Ψ	
3 Total e	xempt function expenditure	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
line 17	b				Yes No
4 Did the	filing organization file Form	1120-POL for this year?	UNIX of all appation FO7 s	valitical organizations to which	
5 Enter t	he names, addresses and e	mployer identification number (El ation listed, enter the amount pai	id from the filing organ	nization's funds. Also enter th	ne amount of political
made	payments. For each organiza	ation listed, enter the amount pair romptly and directly delivered to	a separate political or	nanization such as a separa	ate segregated fund or a
contric	al action committee (PAC) If	additional space is needed, prov	vide information in Par	t IV.	
Politica			(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIV	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
		Y X 111			

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

	omplete if the orgar ection 501(h)).	nization is e	cempt under section	501(c)(3) and file	ea Form 5/68 (el	ection under
Check >	if the filing organization	n belongs to an	affiliated group (and list in F	Part IV each affiliated	group member's name	e, address, EIN,
Olleck -	expenses, and share of	of excess lobby	ng expenditures).			
Check ▶ □			and "limited control" provi	sions apply.		
Ondok P	Limits	on Lobbying E			(a) Filing organization's totals	(b) Affiliated group totals
1a Total Johny	ing expenditures to influer	nce public opini	on (grassroots lobbying)		689.	
h Total lobby	ing expenditures to influer	nce a legislative	body (direct lobbying)			
					689.	
and the second s					6,965,299.	
			I 1d)		6,965,988.	
f Lobbying n	ontaxable amount. Enter t	the amount from	the following table in both	columns.	498,299.	
	nt on line 1e, column (a) or (l		lobbying nontaxable amou			
Not over \$5	Company of the Compan	-	of the amount on line 1e.			
	,000 but not over \$1,000,0		0,000 plus 15% of the exces			
	0,000 but not over \$1,500	100 Sept. 1.00	5,000 plus 10% of the exces			
	0,000 but not over \$17,00		5,000 plus 5% of the excess			
Over \$1,50			00,000.			
Over \$17,0	000,000	1 41,	00,000			
a Grassroots	nontaxable amount (ente	r 25% of line 1f			124,575.	
	ne 1g from line 1a. If zero o				0.	
					0.	
i If there is a	an amount other than zero	on either line 1	or line 1i, did the organizat	ion file Form 4720		
	ection 4911 tax for this ye					Yes No
		4-Year	Averaging Period Under S in 501(h) election do not h parate instructions for line	Section 501(h) ave to complete all		elow.
		Lobbying E	penditures During 4-Year	Averaging Period		
	endar year rear beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying r	nontaxable amount	435,62	4. 434,329.	467,484.	498,299.	1,835,736
	ceiling amount ine 2a, column(e))					2,753,604
c Total lobby	ying expenditures	1,43	9. 2,430.	1,137.	689.	5,695
d Graceroots	s nontaxable amount	108,90	6. 108,582.	116,871.	124,575.	458,934
e Grassroots	s ceiling amount ine 2d, column (e))					688,401
	s lobbying expenditures	1,43	9. 2,430.	1,137.	689	5,695

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 Measures for Justice Institute 45-211942

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)).

Yes" response on lines 1a through 1i below, provide in Part IV a detailed description ying activity. In the year, did the filing organization attempt to influence foreign, national, state, or legislation, including any attempt to influence public opinion on a legislative matter ferendum, through the use of: Interes? In the third provided in the provided in expenses reported on lines 1c through 1i)? In the third provided in the provided in	Yes	No	Amor	unt
legislation, including any attempt to influence public opinion on a legislative matter ferendum, through the use of: inteers? staff or management (include compensation in expenses reported on lines 1c through 1i)? is advertisements? ings to members, legislators, or the public? ications, or published or broadcast statements?				
staff or management (include compensation in expenses reported on lines 1c through 1i)? ia advertisements? ngs to members, legislators, or the public? ications, or published or broadcast statements?			ittaa.	
ngs to members, legislators, or the public? ications, or published or broadcast statements?				
ications, or published or broadcast statements?				
its to other organizations for lobbying purposes?				
et contact with legislators, their staffs, government officials, or a legislative body?				
es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	100000000000000000000000000000000000000	THE PARTY		
		-2862.01		
				10
e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	on 501(c)(5) or sec	ction	
	011 00 1(0)(0), 01 300	50011	
501(C)(b).			Yes	No
		1		
e substantially all (90% or more) dues received nondeductible by members?				
the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
the organization agree to carry over lobbying and political campaign activity expenditures from tr	on 501(c)	5) or se	ction	
answered "Yes."	1000	1.1		o 0, 1
	Cal			
		22		
regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
itices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
enditure next year?			_	
able amount of lobbying and political expenditures. See instructions		5		
Supplemental Information			nd 2 (See	
ie descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1 a	nd 2 (See	
ns); and Part II-B, line 1. Also, complete this part for any additional information.				
	Add lines 1c through 1i he activities in line 1 cause the organization to be not described in section 501(c)(3)? es," enter the amount of any tax incurred under section 4912 es," enter the amount of any tax incurred by organization managers under section 4912 es," enter the amount of any tax incurred by organization managers under section 4912 es filing organization incurred a section 4912 tax, did it file Form 4720 for this year? A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Esubstantially all (90% or more) dues received nondeductible by members? The organization make only in-house lobbying expenditures of \$2,000 or less? The organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Es, assessments and similar amounts from members sion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). The regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? The organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions Supplemental Information	Add lines 1c through 1i he activities in line 1 cause the organization to be not described in section 501(c)(3)? se, "enter the amount of any tax incurred under section 4912 ses," enter the amount of any tax incurred by organization managers under section 4912 ses," enter the amount of any tax incurred by organization managers under section 4912 ses," enter the amount of any tax incurred by organization managers under section 4912 ses," enter the amount of any tax incurred by organization managers under section 4912 A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the prior year. Solution of the organization is exempt under section 501(c)(4), section 501(c)(5) Sol1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." solution answered "Yes." solution (Solution) and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). server from last year legate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues tices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess is the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions Supplemental Information e 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-B efficiency is part II-A (affiliated group list); Part II-B efficiency is part II-A (affiliated group list); Part II-B efficiency is part II-A (affiliated group list); Part II-B efficiency is part II-A (affiliated group list); Part II-B efficiency is part II-A (affiliated group list); Part II-B efficiency is part II-B effic	r activities? Add lines 1c through 1i he activities in line 1 cause the organization to be not described in section 501(c)(3)? as," enter the amount of any tax incurred under section 4912 as," enter the amount of any tax incurred by organization managers under section 4912 as," enter the amount of any tax incurred by organization managers under section 4912 as," enter the amount of any tax incurred by organization managers under section 4912 as," enter the amount of any tax incurred by organization managers under section 4912 as," enter the amount of any tax incurred by organization managers under section 4912 as," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). as substantially all (90% or more) dues received nondeductible by members? a he organization make only in-house lobbying expenditures of \$2,000 or less? be organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." as, assessments and similar amounts from members ion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures exponents and the section 527(f) tax was paid). and the section 527(f) tax was paid). are regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political enditure next year? able amount of lobbying and political expenditures. See instructions 5 Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 as	r activities? L Add lines 1c through 1i he activities in line 1 cause the organization to be not described in section 501(c)(3)? as," enter the amount of any tax incurred under section 4912 se," enter the amount of any tax incurred by organization managers under section 4912 se, "enter the amount of any tax incurred by organization managers under section 4912 so filing organization incurred a section 4912 tax, did it file Form 4720 for this year? A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes." s. assessments and similar amounts from members ion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). enty ear yover from last year 2a yover from last year 2b and the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year? able amount of lobbying and political expenditures. See instructions Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See

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

Employer identification number

Open to Public Inspection

Name of the organization 45-2119421 Measures for Justice Institute

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	d Funds or Other Similar Funds o	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	I well	
	Aggregate value of contributions to (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
5	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 ad	dvisors in writing that grant funds can be us	sed only
0	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		
Par		anization answered "Yes" on Form 990, Pa	rt 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, recreated		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
1000	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	i)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	i - tion is accounting for consequation assements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	5.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
9794	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		🕨 🕏
h	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

132051 10-28-21

	rt III Organizations Maintaining C					ets(contin		age Z
3	Using the organization's acquisition, accession							
•	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	e		3-1-3				
C	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they further	the organization's e	xempt purpose in P	art XIII.		
5	During the year, did the organization solicit or							
5	to be sold to raise funds rather than to be ma					Yes		No
Par	rt IV Escrow and Custodial Arrang					V, line 9, or	6	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia		diary for contributio	ns or other assets n	ot included			
	on Form 990, Part X?					Yes		No
h	b If "Yes," explain the arrangement in Part XIII and complete the following table:							
							t	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year				15-6000 Page 1500			
f	Ending balance							
	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four	years	back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е								
C	and programs							
4	Administrative expenses							
-	End of year balance							
g 2	Provide the estimated percentage of the curr	ent year end haland	re (line 1a, column ((a)) held as:				
a	Board designated or quasi-endowment		%	۵,, ۵۰.				
b	Permanent endowment	%						
	Si. 1	%						
С	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse		ation that are held	and administered fo	r the organization			
Sa	by:	SSIOTI OF THE OF GATHE	ation that are more		,		Yes	No
						3a(i)		
	(i) Unrelated organizations (ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza					C1112765		
4	Describe in Part XIII the intended uses of the			*				
Par	rt VI Land, Buildings, and Equipm		SWITIGHT IGHGS.					
ı aı	Complete if the organization answered		0, Part IV, line 11a.	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o	96 Service 220 Communication and		Accumulated	(d) Boo	k valu	е
	Description of property	basis (investr		1-1	depreciation	(-)		
_	Laud							
11400	Land							
b	Buildings		71	08,555.	297,597.	41	0,9	58.
C	Leasehold improvements	COLD .		25,785.	116,571.		9,2	
	Equipment		1.	23,703.	110/3/11		- / -	
е	Other		t V salumn (D) line	100)		42	0 1	72.

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or end-of-year market value
	(=)	
Financial derivatives Closely held equity interests		
NOTE: 100 NOTE:		
Other		
(A)		3
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(b) Motified St. Falledation, Control of the Contro
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15. (b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)	escription	(b) Book value
(9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	rescription	(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability.	rescription	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability	rescription	(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	rescription	(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	rescription	(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	rescription	(b) Book value
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(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	rescription	(b) Book value
(9) Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	rescription	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	rescription	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	rescription	(b) Book value

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 ... Schedule D (Form 990) 2021

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Measures for Justice Institute

Employer identification number 45-2119421

Pa	rt 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.			15
	First-class or charter travel Housing allowance or residence for personal use		198	
	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,	135 6		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		1	
·	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		7	
	establish compensation of the CEO/Executive Director, but explain in Part III.			18
	Compensation committee X Written employment contract			W.E.
	Independent compensation consultant Compensation survey or study	175		1
	Form 990 of other organizations X Approval by the board or compensation committee	e		
	Tomi 550 of other organizations			1
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:			-
а	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
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		1	
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			1
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:			122.20
а	The organization?	6a	_	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	1978		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1 4 1 2		
	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	181		
U(\$7.00	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		
		hedule J (For	m 990) 202

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

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

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.

			compensation	compensation	other deferred	benefits	(D)-(i)(B)	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
TO ED TOWN	9	229.270.	0.	0	0.	12,214.	241,484.	0.
(1) Amy bacin	1	0	0	0	0	0	.0	
FIGSIDEST DATE OF THE PROPERTY (2) Gamenthe Gilver	8	191,340.	0	0.	1,960.	14,608.	207,908.	
4		4	0	0.	0	0		
strategy a	8	175,964.	0	0	3,519.	16,974.	196,457.	0
(3) Aller Branch	1		0	0		0	.0	
Director of Fronce Engineering	8	169.964.	0	0	2,721.	19,302.	191,987	
	(ii)	0	0	0		0.	.0	
(E) Givey Recober	8	164,509.	0	0	3,323.	19,302.	187,134.	
	1	4	0	0	0	0	.0	
DIJECTOI OF FLOWER STREETS	8	168.840.	0	0	3,377.	12,858	. 185,075.	
(b) Shella nelberc	1	4	0.	0	0	0	.0	
culei Product Officer	9							
	3							
	9							
	3							
	100							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(E)							
	(i)							
	(II)							
	(i)							
	(ii)							
	(1)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							

Part III Supplemental Information

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.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Measures for Justice Institute

Employer identification number 45-2119421

Form 990, Part III, Line 4a, Program Service Accomplishments:
Solution: A world in which the criminal justice system is fully
transparent, accessible, and accountable.
To get there, Measures for Justice helps make criminal justice data:
- easier to get,
- easier to understand,
- easier to use.
Measures for Justice does this by providing data tools and services
that help communities drive the change they want to see. Some of these
include:
Commons - a platform that allows the public, police, prosecutors,
courts to work together to make criminal justice performance data
available as the basis for informed decision-making. As part of this
process, Commons provides communities with a unique opportunity to set
and track criminal justice policy goals.
Data Portal - one of the largest bodies of standardized, accurate, and
coherent county-level criminal justice data in the country. The Portal
allows users to compare the performance of counties within and across
states across a series of measures from arrest to post-conviction. The
Portal includes a growing number of states, counties and 45 million
<u>criminal justice cases - which allows users to generate full county</u> LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021
132211 11-11-21

Name of the organization Measures for Justice Institute	Employer identification number 45-2119421
reports and state overviews.	
LOPOLOD GIAN DOGGO COLLEGIO	
Data Assessment Tools - tools that help agencies gauge an	d improve the
quality of their data in preparation for greater transpar	
Consulting - We work with agencies/offices/courts to help	them improve
how they collect and standardize their data based on a se	ries of best
practices and model legislation.	
Research - We conduct original research on data trends an	d policies to
help stakeholders make smart choices	<u> </u>
This program is funded by contributions.	
Form 990, Part VI, Section A, line 8b:	
There are no other committees with authority to act on be	half of the
governing body.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is reviewed and approved by the President/Ex	ecutive Director
working with the outside accountants. A complete copy is	then sent to the
full board for review. Any feedback is considered by the	
President/Executive Director and bookkeepers who jointly	make the final
decision before filing.	
Form 990, Part VI, Section B, Line 12c:	
The Organization provides each officer and director with	the conflict of
interest policy when they are elected or appointed. The p	oolicy is also Schedule O (Form 990) 202
132212 11-11-21	JUNEAU 0 (1 JIM 330) 202

Measures for Justice Institute

Employer identification number 45-2119421

reviewed annually. If a potential conflict with any officer or director arises, the Organization follows the conflict of interest policy and documents that process in the meeting minutes.

Form 990, Part VI, Section B, Line 15:

The Organization follows a consistent process to ensure equity in its hiring procedures. Each candidate goes through three rounds of interviews and completes a work product exercise so that the Organization can further evaluate the candidate's skills. Lastly, interviews with references are conducted to further evaluate the candidate. Depending on the level of the position, the process also includes members of the Board and the outside advisory groups interviewing candidates. All salaries are benchmarked to the market. The Board reviews and approves the Executive Director/CEO, the Chief of Strategy & Operations, the Chief Product Officer, and the VP of People & Internal Operations salaries annually.

It is the policy of Measures for Justice to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, Measures for Justice will provide reasonable accommodations for qualified individuals with disabilities.

Form 990, 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.

Schedule O (Form 990) 2021	Page 2 Employer identification number
Name of the organization Measures for Justice Institute	45-2119421
Management and general expenses	10,531.
Fundraising expenses	0.
Total expenses	10,531.
Recruitment:	
Program service expenses	94,016.
Management and general expenses	232.
Fundraising expenses	55,060.
Total expenses	149,308.
Other Professional Fees:	
Program service expenses	83,190.
Management and general expenses	1,700.
Fundraising expenses	26,362.
Total expenses	111,252.
Contracted Services:	
Program service expenses	81,896.
Management and general expenses	
Fundraising expenses	0
Total expenses	21 225
Total Other Fees on Form 990, Part IX, line 11g, Col A	

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