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## 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 ſ 9 **Open to Public** . Inspection

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.

ΑΙ	For th	e 2019 calendar year, or tax year beginning and	l ending	_			
B	Check if applicat	le: C Name of organization		D Employer identification number			
	Address change TAHIRIH JUSTICE CENTER						
					76		
	Initia returi	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number				
	Final returi	6402 ARLINGTON BOULEVARD	(571) 282	2-6161			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,396,653.		
					eturn		
	Appli tion pend	F Name and address of principal officer: LATLI MILLER-MORO		for subordinates	? Yes X No		
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in			
		tempt status: $X = 501(c)(3) = 501(c)( ) < (insert no.) = 4947(a)(1)$	or 527		list. (see instructions)		
		ite: WWW.TAHIRIH.ORG		H(c) Group exemption			
	<sup>-</sup> orm c <b>art l</b>	f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1997 N	State of legal domicile: VA		
F	1	Summary	DOMINO				
e	1	Briefly describe the organization's mission or most significant activities: <u>PROT</u> WOMEN AND GIRLS WHO REFUSE TO BE VICTIMS			IMMIGRANT		
Governance		Check this box $\blacktriangleright$ if the organization discontinued its operations or dispo					
/err	2			1 1	21		
<u></u>	4	Number of voting members of the governing body (Part VI, line 1a)			21		
		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			125		
ties	6	Total number of volunteers (estimate if necessary)			2100		
Activities &	7 2				0.		
A	'a	Net unrelated business taxable income from Form 990-T, line 39			0.		
			·····	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		10,260,266.	10,531,197.		
nue	9	Program service revenue (Part VIII, line 2g)		400.	1,700.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,382.	90,833.		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-22,418.	-389,883.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,272,630.	10,233,847.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		441,296.	399,574.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,693,676.	8,503,645.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		25,311.	4,500.		
adx	. b	Total fundraising expenses (Part IX, column (D), line 25)  1,633,0	93.				
Ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,482,938.	1,967,878.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,643,221.	10,875,597.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,629,409.	-641,750.		
S OF			Be	ginning of Current Year	End of Year		
Assets	20	Total assets (Part X, line 16)	······	9,145,336.	8,664,562.		
Net As	-	Total liabilities (Part X, line 26)		600,437.	761,413.		
		Net assets or fund balances. Subtract line 21 from line 20		8,544,899.	7,903,149.		

Part II Signature block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	LAYLI MILLER-MURO, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Date	e Check PTIN
Paid	FRANK H. SMITH Frank H. Smith 11.	/10/20 self-employed P00639053
Preparer	Firm's name MARCUM LLP	Firm's EIN ▶ 11–1986323
Use Only	Firm's address 🖕 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. $(202)$ 227 – 4000
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2019)
	*** ELECTRONICALLY FILED ON 11/10/20	20 *** <b>COPY</b>

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	1990 (2019) TAHIRIH JUSTICE (			54-1858176	Page
Pa	rt III Statement of Program Service Accompl				X
-	Check if Schedule O contains a response or note to a	any line in this Part III			<b>\</b>
1	Briefly describe the organization's mission: TAHIRIH JUSTICE CENTER (TAHIR]	гн) та а мал	TONAL NON-DROFT		ON
	THAT PROTECTS COURAGEOUS IMMIC				011
	VICTIMS OF VIOLENCE. WE ELEVAT				
	AND CONGRESS TO CREATE A WORLI			OY EQUALITY.	
2	Did the organization undertake any significant program ser	vices during the year w	hich were not listed on the		
				Yes	XNC
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant	changes in how it con	ducts, any program services?	Yes	XNC
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplishme			• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to	c report the amount of	grants and allocations to othe	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.				
4a			399,574.) (Rever		700.
	IN 2019, TAHIRIH PROVIDED FREE				
	AND GIRLS AND 1,582 OF THEIR H				
	FAMILY MEMBERS WITH VITAL SOCI				
	FOOD AND CLOTHING, AND HEALTHO	<u>CARE; MOBILI</u>	ZED 2,750 ATTOR	NEYS FROM 47	3
	TOP LAW FIRMS IN OUR PRO BONO	NETWORK TO	LEVERAGE DONATE	D RESOURCES .	AND
	MAXIMIZE OUR CAPACITY. DURING	2019, TAHIF	IH ESTIMATED TH	AT IT RECEIV	ED
	APPROXIMATELY 36,000 HOURS OF	DONATED PRO	FESSIONAL SERVI	CES FROM	
	ATTORNEYS, LEGAL ASSISTANTS AN	ID OTHER PRO	FESSIONALS. THE	VALUE OF TH	E
	CONTRIBUTED SERVICES TOTALED	16,685,173	OF WHICH \$16,40	1,375 WERE	
	PROGRAM RELATED.				
	TAHIRIH'S OUTREACH PROGRAMS PH	<b>NOVIDE THOUS</b>	SANDS OF FRONTLI	NE	
4b	(Code:) (Expenses \$	including grants of \$	) (Rever	nue \$	
4c	(Code:) (Expenses \$	including grants of \$	) (Rever	nue\$	
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$		) (Revenue \$	)	
4e	Total program service expenses ► 7,361	,502.			00
					<b>90</b> (201
32002	2 01-20-20 SEE SC.	HEDULE O FO	R CONTINUATION (S	5) -	
					<u>)</u> P)
ΤI	10 150872 TAHIRIH	Z013.0200	0 TAHIRIH JUSTIC	E CENTER -	THAT

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	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 Revenue Procedure 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			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			x
9	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	8		
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> </u>		
-	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			
	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			
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	090	<u> </u> (2019)
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	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	· · · · · · · · · · · · · · · · · · ·			
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	051		x
06	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	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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 X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.0		x
25 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 335		
	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			<u> </u>
•••	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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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 1a 41	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2019) TAHIRIH JUSTICE CENTER 54-1858	176	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 125			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		77	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	X
	If "Yes," complete Form 4720, Schedule O.	_	000	(0010)

Form **990** (2019)

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Form 990 (	2019)
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## TAHIRIH JUSTICE CENTER

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1 000 (		
Part VI	Governance, Management, and Disclosure For each "Yes" response	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	21		
	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		21		
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		Z
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			2
6			X	+-
-				
1a		7a	x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>1a</u>	- 23	
D		76	x	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	-	
8			X	
	The governing body?		X	
-	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Ι.
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
-			Yes	<u> </u> N
	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	X	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	' <u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done			
3	Did the organization have a written whistleblower policy?		Х	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	. 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	. 16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, I	C,FL	,GA	,н
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(			
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and 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			
	MICHELE PEREZ - (571) 282-6161			
	6402 ARLINGTON BOULEVARD, NO. 300, FALLS CHURCH, VA 22042			

Form 990 (	2019)
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1			, 			_			-
	Dart VII	Co	mnonestia	n of Officare	Directore	Truetooe	Kov Employees	Highoet	Companestad
	Γαιτνι	00	mpensauo			, musices,	Key Employees,	riigiiest	Compensated
			-	-	-	-	• • • •	•	•
		Em	nlavaaa a	nd Indonond	ant Cantra	otoro			
			ipiovees, a	nd Independ		<b>ULUI 3</b>			

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 instructions for definition of "key employee."

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

		l	mzu			ipen	our			(5)
(A)	(B)			(C Posi	ز) ition			(D)	(E)	(F)
Name and title	Average		not cl	heck r	more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week	or					,	from the	from related organizations	other
	(list any hours for	lirect						organization	(W-2/1099-MISC)	compensation from the
	related	e or (	stee			sated		(W-2/1099-MISC)	(W 2/1000 10100)	organization
	organizations	ruste	al trus		yee	mper				and related
	below	ndividual trustee or director	nstitutional trustee	-	Key employee	Highest compensated employee	'n			organizations
	line)	ndivi	n stit	Officer	key e	Highe	Former			0
(1) LAYLI MILLER-MURO	40.00		_							
CHIEF EXECUTIVE OFFICER				х				180,756.	0.	14,972.
(2) ARCHI PYATI	40.00									
CHIEF OF POLICY						X		142,881.	Ο.	17,740.
(3) VIRGINIA ST. JOHN	40.00									
COO - UNTIL 12/2019						Х		143,321.	0.	15,828.
(4) RENA CUTLIP-MASON	40.00									
CHIEF OF PROGRAMS						Х		137,195.	0.	18,690.
(5) ANNE CHANDLER	40.00									
EXECUTIVE DIRECTOR-HOUSTON						Х		129,273.	0.	12,398.
(6) MORGAN WEIBEL	40.00									
EXECUTIVE DIRECTOR-SAN FRANCISCO						Х		123,734.	0.	12,121.
(7) DOUGLAS HENCK	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) PAYAM ZAMANI	1.50									
VICE CHAIR		Х		Х				0.	0.	0.
(9) MARIA A. CESTONE	1.50									
SECRETARY		Х		Х				0.	0.	0.
(10) MATTHEW DOWELL	1.50									
TREASURER		Х		Х				0.	0.	0.
(11) RAFA ABDALLA	1.00									
MEMBER		Х						0.	0.	0.
(12) KATHERINE ASHLEY	1.00									
MEMBER		Х						0.	0.	0.
(13) BRIGIDA BENITEZ	1.00									
MEMBER		Х						0.	0.	0.
(14) TARA HOGAN CHARLES	1.00									
MEMBER		Х						0.	0.	0.
(15) MARJORIE DE LA CRUZ	1.00									
MEMBER		Х						0.	0.	0.
(16) GUITTY EJTEMAI	1.00									
MEMBER - UNTIL 03/2019		Х						0.	0.	0.
(17) FOUZIA HILLALZAI	1.00									
MEMBER		Х						0.	0.	0.
932007 01-20-20				_	_					Form <b>990</b> (2019)

7 2019.05000 TAHIRIH JUSTICE CENTER

Form 990 (2019) TAHIRIH J	USTICE	CE	INT	ER					54-1858	8176	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee				than o s both	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	an	(F) stimated nount c other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensat om the anizatio d relate anizatio	e on ed
(18) SHABNAM MOGHARABI	1.00	.,,							0			0
MEMBER (19) MICHELLE MONTES	1.00	Х						0.	0.			0.
MEMBER - UNTIL 03/2019	1.00	х						0.	0.			0.
(20) ROSITA NAJMI MEMBER	1.00	x						0.	0.			0.
(21) SOULA PROXENOS	1.00											
MEMBER		х						0.	0.			0.
(22) PAUL SALVATY	1.00								•			•
MEMBER (23) OLGA SANCHEZ	1.00	Х						0.	0.			0.
MEMBER	1.00	x						0.	0.			0.
(24) JAMES J. SANDMAN	1.00											<u> </u>
MEMBER		х						0.	0.			0.
(25) SHIRA SAPERSTEIN MEMBER	1.00	x						0.	0.			0.
(26) HOMA SABET TAVANGAR	1.00	-										
MEMBER		Х						0.	0.		1 1 1	0.
1b Subtotal								857,160.	0.	9	1,74	<u>19.</u> 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								857,160.	0.	9	91,749.	
2 Total number of individuals (including but no							o re	· · · ·			_/ / _	
compensation from the organization												11
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			•	•					•			v
<ul><li>line 1a? If "Yes," complete Schedule J for su</li><li>For any individual listed on line 1a, is the su</li></ul>										3	_	<u> </u>
and related organizations greater than \$150										4	x	
5 Did any person listed on line 1a receive or a	,											
rendered to the organization? If "Yes," com	plete Schedule	e J fe	or sı	ich p	bers	on .				5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest cor the organization. Report compensation for t</li> </ol>	•	•							•	ation fro	om	
(A) Name and business			ONE	0				(B) Description of s		(C Compe		 າ
2 Total number of independent contractors (in	•	ot lir	nited	d to t	-		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz SEE PART VII, SECTION		IN	UA	TIC	0 ON		HE	ETS		Form	<b>990</b> (2	2019)

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Form 990 TAHIRIH									54-185	8176		
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employees (continued)				
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated		
	hours	(check all that apply)					ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				b b b b b b b b b b b b b b b b b b b		organization	(W-2/1099-MISC)	from the		
	hours for	or dir	e.			ated e		(W-2/1099-MISC)		organization		
	related	stee	truste		Ð	pens				and related		
	organizations	lal tru	onal		plo ye	com				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former					
	line)	lnc	- Se	9H	Ke	Ξ	Foi					
(27) KELLY MAHON TULLIER	1.00											
MEMBER		Х						0.	0.	0.		
(28) MEHRNAZ VAHID	1.00											
MEMBER		X						0.	0.	0.		
(29) RISHI VARMA	1.00											
MEMBER		х						0.	0.	0.		
		1										
		ł										
			<u> </u>									
		1										
		1										
		1										
			<u> </u>									
					-							
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .					

932201 04-01-19

	<u>1 990 (</u>		RIH JUSTI	CE CENTER	R		54-1858	176 Page <b>9</b>
Pa	rt VII	Statement of Reve	enue					
		Check if Schedule O co	ontains a response o	or note to any lin		(B)		
					( <b>A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1 a	Federated campaigns	1a	95,426.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		-				
¶a B	с	Fundraising events	<u>1c</u> 1,	950,305.				
Sifts Jar /	d	Related organizations	1d					
imi) imi	е	Government grants (contrib	outions) <b>1e 2,</b>	659,110.				
er S	f	All other contributions, gifts, gr						
-tpu		similar amounts not included al		826,356.				
ont	g	Noncash contributions included in line		33,403.	10531197.			
0 0	n	Total. Add lines 1a-1f		Business Code	10551197.			
0	29	HONORARIUM		900099	1,700.	1,700.		
vice	b			500055				
Ser	c							
am eve	d							
Program Service Revenue	е							
Ϋ́	f	All other program service re						
	g	Total. Add lines 2a-2f			1,700.			
	3	Investment income (includin			91,538.			91,538.
	4	other similar amounts)			91,550.			91,550.
	4 5	Royalties						
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b		6b					
	с	Rental income or (loss)	6c					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		· · ·	7a 4655000.					
Ð	d	Less: cost or other basis and sales expenses	7ь4655705.					
venue	<u>د</u>		$\frac{76}{7c} = -705$ .					
		Net gain or (loss)	•		-705.			-705.
Other Re		Gross income from fundraising						
<u></u>			305. of					
		contributions reported on lir	· ·					
		Part IV, line 18		103,500.				
		Less: direct expenses		505,533.	402 022			-402,033.
		Net income or (loss) from fu Gross income from gaming		▶	-402,033.			-402,033.
	яa	Part IV, line 19						
	b		9b					
		Net income or (loss) from ga	······	<b>&gt;</b>				
		Gross sales of inventory, les						
		and allowances	<u>10a</u>					
	b	Less: cost of goods sold		1,568.				
	С	Net income or (loss) from sa	ales of inventory		485.			485.
sr		סדפאחדפ		Business Code	11,314.			11,314.
Miscellaneous Revenue	11 a ⊾	REBATES OTHER INCOME		900099 900099	11,314.			11,314.
ellaneo: evenue	а 2	REIMBURSEMENTS		900099	160.			160.
isce Be	d	All other revenue			1001			
Σ	e	Total. Add lines 11a-11d		<b>&gt;</b>	11,665.			
	12	Total revenue. See instructions			10233847.	1,700.	0.	-299,050.
93200	9 01-20-	-20						Form <b>990</b> (2019)

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10 2019.05000 TAHIRIH JUSTICE CENTER COPY

#### Form 990 (2019)

TAHIRIH JUSTICE CENTER Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	(		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	352,228.	352,228.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	47,346.	47,346.		
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,		40.000		
	trustees, and key employees	195,728.	48,933.	48,933.	97,862
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,662,799.	4,558,612.	1,085,012.	1,019,175.
8	Pension plan accruals and contributions (include		045 044		4
	section 401(k) and 403(b) employer contributions)	305,498.	215,269.	<u>42,321.</u> 159,363.	<u>47,908</u> . <u>132,931</u> .
9	Other employee benefits	854,678.	562,384.		132,931.
10	Payroll taxes	484,942.	335,380.	68,733.	80,829.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	43,466.	30,060.	6,161.	7,245.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4,500.			4,500.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	208,230.	127,849.	34,149.	46,232.
12	Advertising and promotion				
13	Office expenses	162,120.	109,059.	26,775.	26,286.
14	Information technology	236,858.	159,339.	39,117.	38,402.
15	Royalties				
16	Occupancy	474,729.	319,360.	78,401.	76,968.
17	Travel	164,084.	90,776.	58,401.	14,907.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	165,944.	165,944.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,732.	34,129.	8,378.	8,225.
23	Insurance	26,178.	20,260.	4,357.	1,561.
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.)				
а	TRAINING	264,563.	69,556.	192,665.	2,342.
b	SUBSCRIP., DUES, FEES	99,795.	67,134.	16,481.	16,180.
с	MISCELLANEOUS EXPENSE	38,931.	26,190.	6,429.	6,312.
d	RECRUITING	18,079.	12,162.	2,986.	2,931.
е	All other expenses	14,169.	9,532.	2,340.	2,297
25	Total functional expenses. Add lines 1 through 24e	10,875,597.	7,361,502.	1,881,002.	1,633,093
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Filling SOP 98-2 (ASC 958-720)				

932010 01-20-20



12561110 150872 TAHIRIH

33

Total liabilities and net assets/fund balances

#### TAHIRIH JUSTICE CENTER

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,094,245. 739,712. 1 1 Cash - non-interest-bearing 4,696,522. 4,179,922. 2 Savings and temporary cash investments 2 2,913,125. 3,335,169. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 2,424. 2,424. 8 Inventories for sale or use 8 228,478. 169,944. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 452,042. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 275,937. 138,870. 176,105. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 62,695. 70,263. Other assets. See Part IV, line 11 15 15 8,664,562. 9,145,336. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 534,450. 712,293. Accounts payable and accrued expenses 17 17 18 18 Grants payable 5,619. 49,120. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 60,368. of Schedule D 25 600,437. 761,413. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,692,470. Net assets without donor restrictions 27 5,313,782. 27 2,852,429. Net assets with donor restrictions 2,589,367. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 8,544,899. 7,903,149. Total net assets or fund balances 32 32 9,145,336. 8,664,562. 33

Form 990 (2019)

_	1990 (2019) TAHIRIH JUSTICE CENTER	54-18	858176	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,233				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,875				
3	Revenue less expenses. Subtract line 2 from line 1	3	-641				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,544	.,8	99.		
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	7,903	3,14	<u>49.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		<u>3a</u>	X	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X			
				nnn			

Form **990** (2019)

932012 01-20-20



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Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	e of	the	organizatio

Nam	ne of t	the organization							identification number			
Do	~+ I		RIH JUSTIC						4-1858176			
	rtl	Reason for Public (					e instructions	S				
The	organ	ization is not a private found										
1		A church, convention of ch					1)(A)(i).					
2	$\square$	A school described in sect										
3		A hospital or a cooperative										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5				llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	Δ 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). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support t	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3). (	Check the box in			
		_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), t	pically by	giving			
		the supported organization			majority o	of the direc	ctors or truste	es of the su	ipporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	g organization operated	in connec <sup>-</sup>	tion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness			
		_ requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information			(iv) is the ora	anization listed						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Tota	l											
I HA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-E7	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019			

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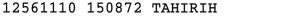
#### Schedule A (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4501142.	6783347.	8364293.	10260266.	10223936.	40132984.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
U	furnished by a governmental unit to						
	the organization without charge						
		4501142.	6783347.	8361293	10260266.	10223936	10132981
	Total. Add lines 1 through 3	4501142.	0703347.	0504255.	10200200.		40132304.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3707557.
	Public support. Subtract line 5 from line 4.						36425427.
Sec	ction B. Total Support					<b>.</b>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4501142.	6783347.	8364293.	10260266.	<u>10223936.</u>	40132984.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,326.	4,891.	15,713.	34,108.	91,538.	149,576.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	883.			881.	191.	1,955.
11	<b>Total support.</b> Add lines 7 through 10						40284515.
	Gross receipts from related activities,	etc. (see instructio	ns)				,073,995.
	First five years. If the Form 990 is for	`	,	tourth or fifth ta	ax vear as a section		,,
10	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	90.42 %
	Public support percentage from 2018	,		<i>())</i>		15	86.76 %
	<b>33 1/3% support test - 2019.</b> If the c					· · · ·	
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2018. If the c		-		lino 15 is 22 1/20/		······································
U							
47-	and <b>stop here.</b> The organization qual				10 10 10b		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•	C C	
	meets the "facts-and-circumstances"	•		<b>,</b>	•		
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets th						e 、
	organization meets the "facts-and-circ		•	-			
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	) or 990-F7) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				ļ		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> 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 in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
$a_{a}$						
assets (Explain in Part VI.)			1	1		
13 Total support. (Add lines 9, 10c, 11, and 12.)	41		al facilità a Cfila da			zation.
<ol> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for</li> </ol>	•					·
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> </ul>						·
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> </ul>	c Support Per	rcentage	· · · ·		· · · ·	
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (line)</li> </ul>	<b>c Support Pei</b> ne 8, column (f), c	rcentage livided by line 13,	column (f))		15	
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (lii</li> <li>16 Public support percentage from 2018</li> </ul>	<b>c Support Pei</b> ne 8, column (f), c Schedule A, Part	r <b>centage</b> livided by line 13, III, line 15	· · · ·		· · · ·	·
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (lii</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Invest</li> </ul>	c Support Per ne 8, column (f), c Schedule A, Part tment Income	rcentage livided by line 13, III, line 15 Percentage	column (f))		15 16	<b>&gt;</b>
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (lii</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Invess</li> <li>17 Investment income percentage for 20</li> </ul>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colu	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by l	column (f)) ne 13, column (f))		15 16 17	
<ol> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2019 (lii</li> <li>Public support percentage from 2018</li> <li>Section D. Computation of Inves</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 2</li> </ol>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colur 2018 Schedule A,	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17	column (f)) ne 13, column (f))		15           16           17           18	
<ol> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2019 (lii</li> <li>Public support percentage from 2018</li> <li>Section D. Computation of Investing</li> <li>Investment income percentage for 20</li> <li>Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2019. If the</li> </ol>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colu 2018 Schedule A, organization did r	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than (	15           16           17           18           33 1/3%, and line	
<ol> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2019 (lii</li> <li>Public support percentage from 2018</li> <li>Section D. Computation of Investigation of Investment income percentage for 20</li> <li>Investment income percentage from 2</li> </ol>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colui 2018 Schedule A, organization did r d stop here. The	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization qual	ne 13, column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 supported organiza	15           16           17           18           33 1/3%, and line ation	17 is not
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (li</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Invest</li> <li>17 Investment income percentage for 20</li> <li>18 Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the</li> </ul>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colur 2018 Schedule A, organization did r d stop here. The organization did r	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or	ne 13, column (f)) non line 14, and line fies as a publicly s I line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	15           16           17           18           33 1/3%, and line ation           ore than 33 1/3%,	17 is not
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (li</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Invest</li> <li>17 Investment income percentage for 20</li> <li>18 Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, check</li> </ul>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colur 2018 Schedule A, organization did r d stop here. The organization did r ck this box and st	rcentage livided by line 13, lll, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or top here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s I line 14 or line 19a Inization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is ma as a publicly support	15           16           17           18           33 1/3%, and line ation           ore than 33 1/3%, orted organizatior	17 is not and 
<ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2019 (li</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Invest</li> <li>17 Investment income percentage for 20</li> <li>18 Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the</li> </ul>	c Support Per ne 8, column (f), c Schedule A, Part tment Income 19 (line 10c, colur 2018 Schedule A, organization did r d stop here. The organization did r ck this box and st	rcentage livided by line 13, lll, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or top here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s I line 14 or line 19a Inization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly supported organization of the supported organization of the support of the support of the support	15       16       17       18       33 1/3%, and line ation       ore than 33 1/3%, orted organizatior structions	17 is not and 

#### Schedule A (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19

# 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990 EZ) 2019 TAHIRIH JUSTICE CENTER Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
ŭ	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, tructors, or membership of one or more supported organizations have the newer to		163	
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions		
2	Activities Test. Answer (a) and (b) below.	uotionis	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in <b>Part VI identify</b>			
	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			
		2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
U U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u>^-</u>		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u></u>		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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#### Schedule A (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrate	d Type III supporting orga	inization (see

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19



#### Schedule A (Form 990 or 990 EZ) 2019 TAHIRIH JUSTICE CENTER

	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
-	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	I.	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19



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

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

# ADMINISTRATION FEE 2015 AMOUNT: \$ 883. OTHER INCOME 881. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 191. Schedule A (Form 990 or 990-EZ) 2019 932028 09-25-19 21 CQ

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#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

#### Schedule of Contributors

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

OMB No. 1545-0047

## 2019

Employer identification number

4-1858176	
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TAHIRIH	JUSTICE	CENTER

5						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

TAHIRIH JUSTICE CENTER

54-1858176

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$ <u>1,026,529.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>		\$371,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$ <u>365,908.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

TAHIRIH JUSTICE CENTER

Name of organization

Employer identification number

54-1858176

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 265,405. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 245,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 3

2019.05000 TAHIRIH JUSTICE CENTER

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

TAHIRIH JUSTICE CENTER

54-1858176

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-06-19		\$	990, 990-EZ, or 990-PF) (20

Page 4

lame of organiz	zation		Employer identificatio			
	JUSTICE CENTER			54-1858176		
fro	m any one contributor. Complete columns (a)	through (e) and the following charitable, etc., contributions of \$1,0	ine entry. For ora	c)(7), (8), or (10) that total more than \$1,000 for the ye anizations year. (Enter this info. once.)  \$		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	of aift			
	Transferee's name, address, ar		-	ationship of transferor to transferee		
3454 11-06-19				Schedule B (Form 990, 990-EZ, or 990-PF) (20		

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#### SCHEDULE C

#### (Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

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

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.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

Nan	ame of organization					Employer identification number			
		JUSTICE CENTER				54-18583	176		
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 52	27 orga	anization.		_	
1	Provide a description of the organiz	ation's direct and indirect political	campaign activities in	Part IV.					
2	Political campaign activity expenditu	ures	-		▶\$				
3	Volunteer hours for political campaig	gn activities			_				
Pa	Part I-B Complete if the organization is exempt under section 501(c)(3).								
1	Enter the amount of any excise tax incurred by the organization under section 4955								
2									
3	3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					Yes	No.	)	
4a	4a Was a correction made?					Yes	No No	)	
b	If "Yes " describe in Part IV								
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 5	501(c)(	3).			
1	Enter the amount directly expended	l by the filing organization for section	on 527 exempt functio	on activities	. ► 💲 _				
2	Enter the amount of the filing organ	ization's funds contributed to othe	organizations for sec	tion 527					
	exempt function activities				▶\$_				
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,						
	line 17b				▶\$_				
4	Did the filing organization file Form						No.	)	
5							ation		
	made payments. For each organizat	tion listed, enter the amount paid fr	om the filing organiza	tion's funds. Also en	iter the a	amount of polition	cal		
	contributions received that were pro	omptly and directly delivered to a s	eparate political organ	ization, such as a se	eparate	segregated fund	l or a		
	political action committee (PAC). If a	additional space is needed, provide	e information in Part IV	/.					
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid f	from	(e) Amount of	f political		
				filing organizatio		contributions re		ł	
				funds. If none, ente	er -0	promptly and delivered to a			

	funds. If none, enter -0	promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	TAHIRI	H JUS	TICE CENTER		54-1	858176 Page 2		
Part II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under		
section 501(h)).								
A Check 🕨 📃 if the filing organiza	A Check <b>b</b> if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
expenses, and shar	e of excess	s lobbying e	expenditures).					
B Check 🕨 📃 if the filing organiza	tion checke	ed box A ar	nd "limited control" pro	visions apply.				
		ying Exper eans amou	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals		
<b>1a</b> Total lobbying expenditures to influ	ience nubli	c oninion (c	arassroots lobbying)		2,897.			
<b>b</b> Total lobbying expenditures to influ			, , , ,		40,856.			
c Total lobbying expenditures (add lin					43,753.			
d Other exempt purpose expenditure					10,827,345.			
e Total exempt purpose expenditures					10,871,098.			
f Lobbying nontaxable amount. Enter	•				693,555.			
If the amount on line 1e, column (a) o			bying nontaxable amo					
Not over \$500,000	. (2)		the amount on line 1e.					
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exce	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce					
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces					
Over \$17,000,000		\$1,000,0						
	I							
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			173,389.			
<b>h</b> Subtract line 1g from line 1a. If zero	o or less, ei	nter -0-			0.			
i Subtract line 1f from line 1c. If zero	o or less, er	ter -0-			0.			
j If there is an amount other than zer	ro on either	line 1h or l	ine 1i, did the organiza	tion file Form 4720				
reporting section 4911 tax for this	year?					Yes No		
(Some organizations th	nat made a	section 50	eraging Period Under D1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.		
	Lobb	ying Exper	nditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	<b>(e)</b> Total		
2a Lobbying nontaxable amount	403	8,498.	498,636.	580,148.	693,555.	2,175,837.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						3,263,756.		
c Total lobbying expenditures	1	.,736.	43,296.	30,820.	43,753.	119,605.		
d Grassroots nontaxable amount	100	),875.	124,659.	145,037.	173,389.	543,960.		
e Grassroots rionaxable amount (150% of line 2d, column (e))		,				815,940.		
f Grassroots lobbving expenditures		195.	1,914.	2,189.	2,897.	7,195.		

Schedule C (Form 990 or 990-EZ) 2019

#### 54-1858176 Page 3

### Schedule C (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER 54-18581 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the	o lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR (t	o) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 ai	nd 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D	

Name of the organization

#### (Form 990)

#### **Supplemental Financial Statements**

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



Employer identification number

Department of the Treasury Internal Revenue Service

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

TAHIRIH JUSTICE CENTER 54-1858176 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019 932051 10-02-19 31 2019.05000 TAHIRIH JUSTICE CENTER 12561110 150872 TAHIRIH

Sche		JUSTICE C					5	4-18	58176	- Pa	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histe	orical Tre	easures, or	<sup>·</sup> Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make sig	nificant us	se of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 t	Loan or exc	hange progra	ım					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, his	storical trea	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered "	Yes" on F	Form 990,	Part IV, I	ine 9, or		
			lion for a	oostribution	a ar athar asa	ata nat in	aludad				
1a	Is the organization an agent, trustee, custodia								Vee		
L	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the lo	nowing t	able.					Amount		
	Paginning balance						10		Amount		
с А	Additions during the year						1c 1d				
u o	Additions during the year						1e				
f	Ending balance						16 1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						,				]
Par							).				_
	· · · · ·	(a) Current year		rior year	(c) Two year		<b>d)</b> Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	ent year end balanc	e (line 1g	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administer	ed for the	organizat	ion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	cumulated reciation	d I	(d) Booł	value	е
1a	Land		,		. ,						
b	Buildings										
	Leasehold improvements			8	7,967.				87	7,90	67.
d	Equipment				1,021.		52,66	5.		3,3	
	Other				3,054.		23,27			$\frac{7}{78}$	
	. Add lines 1a through 1e. (Column (d) must ed		X colum							5,10	
		<u>,</u>		<u> </u>				Schedule	D (Form	-	



Schedule D (Form 990) 2019	TAHIRIH	JUSTICE	CENTER
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#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	. 🕨
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, lin	ie 25
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

X

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932053 10-02-19

(6) (7) (8)

Sche	edule D (Form 990) 2019 TAHIRIH JUSTICE CENTER	54-	1858176 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	27,424,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 2b 16,685,	609.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 505,	533.	
е		2e	17,191,142.
3	Subtract line <b>2e</b> from line <b>1</b>		10,233,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		10,233,847.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	28,066,739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 16,685,	609.	
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 505,	533.	
е	Add lines <b>2a</b> through <b>2d</b>	2e	17,191,142.
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,875,597.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line</i> 18.)		10,875,597.
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part	X, line 2; Part XI,

PART X, LINE 2:

TAHIRIH EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

DECEMBER 31, 2019 AND 2018, AND DETERMINED THAT THERE WERE NO MATTERS THAT

WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN

EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSES

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSES

12561110 150872 TAHIRIH



505,533.

505,533.

Part All Supplemental Information (continued)		
932055 10-02-19		Schedule D (Form 990) 2019
	<u> </u>	

SCHEDULE G	Suppleme	ntal Informat	ion Regarding	Fund	raisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization a organization ente	or if the	2019					
Department of the Treasury			ttach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov	/Form990 for instr	uction	s and	the latest informati	on.	Employer id	Inspection entification number
		JUSTICE	CENTER					54-1858	
	ing Activities.		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
1 Indicate whether the			any of the followin	g activ	ities. (	Check all that apply.			
a 🔄 Mail solicitat					0	overnment grants			
	email solicitations					nment grants			
c Phone solicit d In-person so			g 🔄 Special	Tunara	lising	events			
2 a Did the organization		r oral agreement	with any individual	(incluc	ling of	ficers, directors, trus	tees.	or	
•		•		•	•	undraising services?	,	🗌 Ye	s 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le	•		(fundraisers) pursu	ant to	agreer	ments under which th	he fur	ndraiser is to b	e
				(iii)	Did		(v)	Amount paid	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (or retained fundraiser listed in col. (	or retained by) fundraiser	y) to (or retained by)
				Yes	No	-			
3 List all states in whi	ch the organizatio			contrib	utions	or has been notified	l it is e	exempt from r	egistration
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ce, see the Instr	uctions for Form 9	990 or	990-E	Z	Sche	dule G (Form	990 or 990-EZ) 2019
								•	•

932081 09-11-19

#### Schedule G (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GREATER DC		0	(add col. (a) through
			GALA (event type)	HOUSTON GALA (event type)	(total number)	col. <b>(c)</b> )
P			(event type)	(event type)	(total humber)	
neverue	1	Gross receipts	784,505.	676,542.	592,758.	2,053,805
	2	Less: Contributions	752,855.	635,842.	561,608.	1,950,305
	3	Gross income (line 1 minus line 2)	. 31,650.	40,700.	31,150.	103,500
	4	Cash prizes				
	5	Noncash prizes	14,550.		15,000.	29,550
Sel Ises	6	Rent/facility costs	30,000.	48,006.	62,135.	140,141
DILECT EXPENSES	7	Food and beverages	50,000.	60,000.	71,000.	181,000
5	8	Entertainment				
		Other direct expenses		40,275.	67,565.	154,842
		Direct expense summary. Add lines 4 throu				505,533
						-402,033
a	rt I	II Gaming. Complete if the organizatio	n answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
1)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
heveriue			( <b>u</b> ) Billigo	bingo/progressive bingo		col. (a) through col. (a
	1	Gross revenue				
200	2	Cash prizes	-			
xhell	3	Noncash prizes	-			
DILECT EXPENSES	4	Rent/facility costs				
	5	Other direct expenses				
	5	Other direct expenses	Yes %	└── Yes %	Yes %	
		Other direct expenses Volunteer labor		└────────────────────────────────────	Yes %	
-	6	Volunteer labor	No		No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throu	gh 5 in column (d)	No	<u>No</u>	
	6 7	Volunteer labor	gh 5 in column (d)	No	<u>No</u>	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	gh 5 in column (d)	No	<u>No</u>	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con-	gh 5 in column (d)	No	No ►	Yes N
a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No ►	Yes N
ab	6 7 8 Is t If "I	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con- the organization licensed to conduct gaming No," explain:	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No ►	
ab	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throu <u>Net gaming income summary. Subtract line</u> ter the state(s) in which the organization con- he organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	states?	No ►	
ab	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con- he organization licensed to conduct gaming No," explain:	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2019 TAHIRIH JUSTICE CENTER	54-1	858176	Page 3
_	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? $$		Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320	83 09-11-19 Schedule	G (Forn	1 990 or 990	-EZ) 2019
	38	- (- 5.11		

38 2019.05000 TAHIRIH JUSTICE CENTER COPY

932084 04-01-19		Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
,	Compl	2019					
Department of the Treasury	Comp	ete il une el guilladio	Attach to For		,		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	USTICE CE	NTER					Employer identification number $54 - 1858176$
Part I General Information on Grants and	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO PROVIDE RELATED CIVIL
DOLORES STREET COMMUNITY SERVICE							LEGAL SERVICES TO CLIENTS
938 VALENCIA STREET							REFERRED BY TAHIRIH UNDER
SAN FRANCISCO, CA 94110	94-2919302	501(C)(3)	88,215.	0.			A FEDERAL GRANT
							TO PROVIDE RELATED CIVIL
LEGAL AID BUREAU, INC.							LEGAL SERVICES TO CLIENTS
500 EAST LEXINGTON STREET							REFERRED BY TAHIRIH UNDER
BALTIMORE, MD 21202	52-0591621	501(C)(3)	18,115.	0.			A FEDERAL GRANT
							TO PROVIDE RELATED CIVIL
LEGAL SERVICES OF NORTHERN							LEGAL SERVICES TO CLIENTS
VIRGINIA - 4080 CHAIN BRIDGE RD							REFERRED BY TAHIRIH UNDER
FIRST FLOOR - FAIRFAX, VA 22030	54-1137931	501(C)(3)	138,717.	0.			A FEDERAL GRANT
							TO PROVIDE RELATED CIVIL
LONE STAR LEGAL AID							LEGAL SERVICES TO CLIENTS
1415 FANNIN STREET							REFERRED BY TAHIRIH UNDER
HOUSTON, TX 77002	74-1537787	501(C)(3)	36,787.	0.			A FEDERAL GRANT
							TO PROVIDE RELATED CIVIL
NORTHERN VIRGINIA FAMILY SERVICE							LEGAL SERVICES TO CLIENTS
10455 WHITE GRANITE DRIVE, #100	54 0504055						REFERRED BY TAHIRIH UNDER
OAKTON, VA 22121	54-0791977	501(C)(3)	70,394.	0.			A FEDERAL GRANT
<b>9</b> Enter total number of eaction $501/(-1/2)$		ropizationo liatod is th					▶ 5.
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>							

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

TAHIRIH JUSTICE CENTER

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
FOOD	50	10,296.	0.						
RENT	20	15,712.	0.						
TRANSPORTATION	40	4,310.	0.						
CASE FILING FEES	15	3,589.	0.						
OTHER	50	13,439.							
Part IV Supplemental Information. Provide the information red PART I, LINE 2:	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
TAHIRIH CONSIDERS THE MONITORING O	F SUB REC	IPIENTS AS	A CRITICA	L ELEMENT OF					
GRANT SUCCESS. ALL SUB RECIPIENTS	FUNDED BY	U.S. FEDE	RAL AGENCI	ES MUST					
FOLLOW THE OFFICE OF MANAGEMENT AN	D BUDGET	(OMB) SUPE	RCIRCULAR	GUIDELINES.					
TAHIRIH HAS ESTABLISHED A SUB-RECI	PIENT MON	ITORING PF	OGRAM THAT	INCLUDES					
PERIODIC RISK ASSESSMENT AND REVIE	W OF GRAN	T PROCEDUF	ES. EACH S	UBCONTRACT					
INCLUDES CLEAR WORK PLANS THAT OUT	LINE THE	GRANT GOAL	S, AND TER	MS AND					
CONDITIONS REQUIRED IN GRANTS AWAR	D DOCUMEN	TS, AS WEI	L AS PROVI	SIONS TO					
ENSURE ACCOUNTABILITY AND APPROPRIATE USE OF FUNDS. ONCE A SUBCONTRACT IS									

Schedule I (Form 990) Part IV Supplement	TAHIRIH	JUSTICE CE	NTER		54-1858176	Page <b>2</b>
Part IV Supplement	al information					
SIGNED, DESIGNA	TED TAHIRIH	STAFF MONI	FOR THE	SUB-RECIPIENT'S	S ACTIVITIES	
WITHIN PROGRAM	GOALS; ENSUR	E RESULTS 7	THROUGH	PERFORMANCE MON	NITORING;	
MONITOR THE FIN	ANCIAL STATU	S OF SUB-RI	ECIPIENT	S; AND ENSURE	THE	
SUB-RECIPIENTS	OBLIGATE, EX	PEND, AND U	JSE GRAN	T FUNDS WITHIN	MANDATORY	
REQUIREMENTS IN	COMPLIANCE	WITH OMB GU	JIDELINE	S.		
932291 04-01-19					Schedule I (F	orm 990)
			42		<u> </u>	עסי

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	2019				
•		Compensated Employees		ZU	19	J		
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
	e of the organization		Employer	identificatio	on nui	mber		
		TAHIRIH JUSTICE CENTER	54-1	85817	6			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for person	nal use					
	Travel for com	panions Payments for business use of personal res	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	S					
	Discretionary s	spending account Personal services (such as maid, chauffeu	ır, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision 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,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if an	y, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.						
	X Compensation	committee Written employment contract						
	X Independent c	ompensation consultant II Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
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 re	lated organization:						
а		e payment or change-of-control payment?				X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
с		ceive payment from, an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	_							
_	•	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the re					v		
a	Ine organization?			<u>5a</u>		X X		
b		ation?		5b				
~		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
_	contingent on the n	0		0-		v		
						X X		
b		ation?		<u>6b</u>				
-		r 6b, describe in Part III.						
1		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x		
0		es 5 and 6? If "Yes," describe in Part III		7				
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				x		
0				8				
9		d the organization also follow the rebuttable presumption procedure described in		9				
ΙНΔ		53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	2019		

932111 10-21-19



## 54-1858176

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) LAYLI MILLER-MURO	(i)	180,756.	0.	0.	9,038.	5,934.	195,728.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ARCHI PYATI	(i)	142,881.	0.	0.	7,144.	10,596.	160,621.	0.
CHIEF OF POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VIRGINIA ST. JOHN	(i)	143,321.	0.	0.	7,166.	8,662.	159,149.	0.
COO - UNTIL 12/2019	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RENA CUTLIP-MASON	(i)	137,195.	0.	0.	6,860.	11,830.	155,885.	0.
CHIEF OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

### Part III Supplemental Information

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

Schedule J (Form 990) 2019

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2019
Open to Public

54-1858176

Name of the organization		
	тантоти	TITOMT

Employer identification number

TAHIRIH	JUSTICE	CENTER

Par	ti Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Work	s of art							
2		rical treasures							
3		onal interests							
4		publications							
5		nd household goods							
6		other vehicles							
7		planes							
8		l property							
9		- Publicly traded		3	33,403.	FMV			
9 10		- Closely held stock			55,405.				
11		- Partnership, LLC, or							
		ests							
12		- Miscellaneous							
13		onservation contribution -							
	Historic st	ructures							
14		conservation contribution - Other $\dots$							
15	Real estat	e - Residential							
16	Real estat	e - Commercial							
17	Real estat	e - Other							
18	Collectible	s							
19	Food inver	ntory							
20	Drugs and	medical supplies							
21	Taxidermy								
22	Historical	artifacts							
23	Scientific s	specimens							
24	Archeolog	ical artifacts							
25	Other 🕨	( )							
26	Other 🕨	( )							
27	Other 🕨	( )							
28	Other 🕨	( )							
29	Number of	Forms 8283 received by the organ	ization during	g the tax year for co	ontributions				
	for which t	he organization completed Form 8	283, Part IV, [	Donee Acknowledg	jement				
							<u> </u>	Yes	No
30a	During the	year, did the organization receive l	oy contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold	for at least three years from the da	te of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt pu	rposes for the entire holding period	1?				30a		<u>X</u>
b	lf "Yes," d	escribe the arrangement in Part II.							
31	Does the o	organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	X	
32a	Does the o	organization hire or use third parties	s or related or	ganizations to solid	cit, process, or sell noncash				
	contributio						32a		X
		escribe in Part II.							
33	If the orga	nization didn't report an amount in	column (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describe ir	n Part II.							

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

Schedule M (Form 990) 2019

932141 09-27-19



**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED DECEMBER 31, 2019.

SCHEDULE M, LINE 32B:

TAHIRIH MAY ELECT TO REFUSE OR RETURN GIFTS OF CASH, SECURITIES, REAL

ESTATE OR OTHER ITEMS OF VALUE IF THERE IS A REASON TO BELIEVE THAT

SUCH GIFTS ARE INCOMPATIBLE WITH THE MISSION OF THE ORGANIZATION;

CONFLICT WITH ITS CORE VALUES; OR WOULD CREATE A FINANCIAL,

ADMINISTRATIVE, OR PROGRAMMATIC BURDEN. THE CHIEF EXECUTIVE OFFICER

MUST REFER SUCH QUESTIONABLE GIFTS TO THE EXECUTIVE COMMITTEE OR BOARD

OF DIRECTORS FOR GUIDANCE ON A CASE-BY-CASE BASIS. TAHIRIH MAY ELECT TO

REFUSE GIFTS OF ANY TYPE IF THE POTENTIAL GIFT POSES A CONFLICT OF

INTEREST, INCLUDING BUT NOT LIMITED TO REAL CONFLICTS OF INTEREST,

APPEARANCES OF CONFLICTS OF INTEREST, OR PERCEIVED CONFLICTS OF

INTEREST. THE EXECUTIVE COMMITTEE MAY BE CONVENED AND ASKED TO PROVIDE

GUIDANCE TO THE CHIEF EXECUTIVE OFFICER AND BOARD OF DIRECTORS

REGARDING NON-TYPICAL DONATIONS.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



54-1858176

TAHIRIH JUSTICE CENTER

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONALS AND COMMUNITY MEMBERS WITH AN UNDERSTANDING OF UNIQUE

OBSTACLES THAT IMMIGRANT WOMEN AND GIRLS FACE IN THE WAKE OF VIOLENCE,

AS WELL AS THE ESSENTIAL TOOLS NEEDED TO HELP. IN 2019 TAHIRIH TRAINED

AND EDUCATED 13,747 PROFESSIONALS AND COMMUNITY MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS CONSIST OF ONE CLASS OF FIVE PERMANENT MEMBERS. ANY INDIVIDUAL IS

ELIGIBLE TO BE ELECTED A MEMBER OF THE CORPORATION. THE TERM OF MEMBERSHIP

SHALL BE FOR LIFE OR UNTIL A MEMBER'S TERM EXPIRES THROUGH DEATH

RESIGNATION, BANKRUPTCY OR REMOVAL IN ACCORDANCE WITH THE PROVISIONS OF

THESE BYLAWS. NO MEMBER MAY TRANSFER A MEMBERSHIP OR ANY RIGHT ARISING FROM

IT.

FORM 990, PART VI, SECTION A, LINE 7A:

UPON RECEIVING RECOMMENDATIONS BY THE BOARD OF DIRECTORS, THE FIVE

PERMANENT MEMBERS ELECT THE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS

AND REMOVE EXISTING MEMBERS OF THE BOARD OF DIRECTORS. ADDITIONALLY, BOARD

MEMBERS CAN RECOMMEND CHANGES TO THE BYLAWS AND ARTICLES OF INCORPORATION,

AND PERMANENT MEMBERS APPROVE THESE CHANGES.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS SHALL HAVE THE POWER AND AUTHORITY TO ALTER THE NUMBER OF DIRECTORS

COMPRISING THE BOARD OF DIRECTORS, AMEND THE BYLAWS, AND, SUBJECT TO

APPLICABLE LAWS AND AS LIMITED BY THE BYLAWS, AMEND THE ARTICLES OF

INCORPORATION.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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 932211
 09-06-19

TAHIRIH JUSTICE CENTER

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

THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND AUDIT COMMITTEE, WHICH COMPRISES FOUR BOARD MEMBERS, PERFORM A THOROUGH REVIEW OF THE DRAFT FEDERAL FORM 990. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, EVERY BOARD MEMBER RECEIVES A COPY OF THE COMPLETE DRAFT FEDERAL FORM 990 AND HAS AN OPPORTUNITY TO REVIEW THE DRAFT FEDERAL FORM 990 WITH SUFFICIENT TIME TO ANSWER QUESTIONS AND PROVIDE COMMENTS.

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

ALL BOARD MEMBERS, INCLUDING OFFICERS, ARE REQUIRED TO DISCLOSE CONFLICTS ANNUALLY. DISCLOSED AFFILIATIONS AND CONFLICTS ARE REVIEWED BY THE CHIEF EXECUTIVE OFFICER, WHO HAS SIGNATURE AUTHORITY ON PROPOSED TRANSACTIONS. IN THE EVENT OF A POTENTIAL CONFLICT, THE CHIEF EXECUTIVE OFFICER WOULD CONSULT WITH THE BOARD CHAIR TO DETERMINE APPROPRIATE NEXT STEPS.

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

BOARD MEMBERS RECEIVE NO COMPENSATION FOR THEIR SERVICES. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ESTABLISHES THE CHIEF EXECUTIVE OFFICER'S SALARY AND ALSO VOTES ON A SALARY INCREASE OF THE CHIEF EXECUTIVE OFFICER ANNUALLY. ON OCCASION, THE EXECUTIVE COMMITTEE USES NON-PROFIT SALARY SURVEYS AND OTHER RELEVANT INDUSTRY BENCHMARKS TO SUBSTANTIATE THE SALARY. THE BOARD OF DIRECTORS ALSO CONDUCTS A 360 DEGREE ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OFFICER, SOLICITING FEEDBACK FROM ALL STAFF AND SEVERAL OUTSIDE REVIEWERS. THE BOARD OF DIRECTORS COMPLETED THIS PROCESS MOST RECENTLY IN NOVEMBER 2017. SALARIES OF OTHER KEY EMPLOYEES ARE DETERMINED AT TIME OF HIRE BASED ON MARKET CONDITIONS AND PERIODICALLY REVIEWED AGAINST MARKET BENCHMARKS. ANNUAL INCREASES ARE BASED ON LENGTH OF 922212 09-06-19 20 49

12561110 150872 TAHIRIH

2019.05000 TAHIRIH JUSTICE CENTER

Schedule O (Form 990 or 990-EZ) (2019) Page 2												
Name of the organization										Employer identification number		
TAHIRIH JUSTICE CENTER										54-1858176		
SERVICE	AT	TAHIRIH	WITH	FINAL	APPROVAL	BY	THE	CHIEF	EXECUT	IVE	OFFICER	BASED

ON THE BOARD-APPROVED BUDGET. A COMPREHENSIVE COMPENSATION SURVEY OF ALL

EMPLOYEES WAS LAST COMPLETED IN DECEMBER 2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS

MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND THE BOARD OF DIRECTORS' CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA TAHIRIH'S WEBSITE AND THE ANNUAL REPORT.