

February 6, 2025

Mobilization for Justice, Inc. 100 William Street 6th FI New York, NY 10038

Dear Tiffany,

Enclosed are the following income tax returns prepared on behalf of Mobilization for Justice, Inc. for the year ended June 30, 2024.

2023 990 - Return of Organization Exempt from Income Tax

2023 8879-TE - IRS E-file Signature Authorization Form

2023 Schedule A - Public Charity Status and Public Support

2023 Schedule B - Schedule of Contributors

2023 Schedule C - Political Campaign and Lobbying Activities

2023 Schedule D - Supplemental Financial Statements

2023 Schedule J - Compensation Information

2023 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

For any tax technology issues related to Box, SafeSend, Taxccess, Tax Caddy or Withum Experience, please call 1-800-952-3323.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

WithumSmith+Brown, PC

Enclosures



Mobilization for Justice, Inc. Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2024

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

Attn: WithumSmith+Brown, PC Fax to: 732-321-2002 James Mulroy

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2025. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07/01/2023 and ending 06/30/2024

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN MOBILIZATION FOR JUSTICE, INC. 13-2622748 Name and title of officer or person subject to tax TIFFANY LISTON, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 2 6 4 3 4 as my signature X I authorize WITHUMSMITH+BROWN, PC to enter my PIN **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |2|2|3|4|6|4|2|2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A F	or th	e 2023 cal	endar year, or tax year beginning	07/01/2023	and ending			06/30/2	2024	
_			C Name of organization				D Em	ployer identifi	cation n	umber
B	heck if a	applicable:	MOBILIZATION FOR JUST	CICE, INC.						
	Addre	ss change	Doing business as				13-	-2622748	3	
	Name	change	Number and street (or P.O. box if ma	il is not delivered to street address)		Room/suit		ephone numbe		
	Initial	Ü	100 WILLIAM STREET 67	ч гт.			(2	12)417-3	3700	
	→	eturn/terminated	City or town, state or province, coun					oss receipts \$	3700	
	Amend	ded return	NEW YORK, NY 10038	3 1 1 3 1				•	020 1	77
	Applic	ation pending	F Name and address of principal officer	" TEENNY I TOTON			H(a) Is this a group		938,4 Yes	X No
					10020		subordinates?	<u> </u>	_	
_	_		100 WILLIAM STREET 6T				H(b) Are all subordi	_	Yes	No
		empt status:	== 00 + (0)(0) 1 + (1) (a)(1) or !	527		ch a list. See instr	uctions.	
_	Webs	••••	W.MOBILIZATIONFORJUST				H(c) Group exem			
		of organization		Association Other	L Ye	ar of formation	on: 1968 M :	State of legal	domicile:	NY
P	art I	Summ	ary							
	1	Briefly des	scribe the organization's mission or	most significant activities: M	FJ OFFERS	FREE L	EGAL ASS	ISTANCE	TO L	<u> - WC</u>
e		INCOME	NEW YORKERS THROUGHO	UT NEW YORK CITY T	O RESOLVE	LEGAL	PROBLEMS			
nan		ON A W	IDE RANGE OF CIVIL IS	SUES.						
Governance	2	Check this	s box if the organization of	iscontinued its operations of	or disposed o	f more th	an 25% of	its net ass	ets.	
9	3	Number of	f voting members of the governing	body (Part VI, line 1a)				3		38
م س	4		f independent voting members of tl					4		38
Activities &	5		ber of individuals employed in cale					5		180
ξΞ	6		ber of volunteers (estimate if necess					6		151
Ac	7a		elated business revenue from Part VI					7a	-	
			ated business taxable income from F					7b		
	<u> </u>		Alou buomboo tanabio moomo mom	000 1,1 a.e.,			Prior Year		urrent Y	ear
	8	Contributi	ons and grants (Part VIII, line 1h)				24,520,69			,958.
Revenue	9									,691.
Ver			service revenue (Part VIII, line 2g)				516,17			
Re	10		nt income (Part VIII, column (A), line				155,44			,612.
	11		enue (Part VIII, column (A), lines 5,				32,98			,216.
	12		nue - add lines 8 through 11 (must				25,225,30		0,938	
	13		d similar amounts paid (Part IX, colu					ONE		NONE
	14		aid to or for members (Part IX, colur					ONE		NONE
es	15		other compensation, employee bene				19,836,11		<u>7,705</u>	<u>,637.</u>
Expenses	16 a	Profession	nal fundraising fees (Part IX, column				NO	ONE		NONE
Ϋ́	b		lraising expenses (Part IX, column (I			_				
_	17		enses (Part IX, column (A), lines 11				3,640,56	6.	<u>4,327</u>	,819.
	18	Total expe	enses. Add lines 13-17 (must equal	Part IX, column (A), line 25)			23,476,68		2,033	,456.
	19	Revenue I	ess expenses. Subtract line 18 from	line 12			1,748,62	<u> </u>	1,094	,979.
Net Assets or Fund Balances						Beginn	ing of Current Y	/ear E	nd of Yea	ar
sets	20	Total asse	ts (Part X, line 16)				27,499,90)5. 2!	5,367	,101.
AB	21	Total liabil	lities (Part X, line 26)				17,787,28	30. 10	6,732	,572.
ξĒ	22	Net assets	s or fund balances. Subtract line 21	from line 20			9,712,62	25.	8,634	,529.
Pa	rt II	Signat	ture Block							
Und	der pe	nalties of pe	rjury, I declare that I have examined this	s return, including accompanying	schedules and st	atements, ar	nd to the best of	my knowled	ge and b	elief, it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	of which prepare	r has any kno	owledge.			
Sig		Signature of	of officer				Date			
He	re									
		Type or prir	nt name and title							
			preparer's name	Preparer's signature	Date		Ohaali	if PTIN		
Paic	t	1				06/2025	Check self-employe	¹ "	2/51/	
Pre	parer	JAMES	MULROY	JAMES MULROY	02/	06/2025		1 2 0 0 0 1	24514	
Use	Only			•			Firm's EIN	22-202		
N 4 -	. 41	Firm's add		D 14TH FL EAST BRUNSWICK,			Phone no.	732-82		
			iss this return with the preparer		IONS					No No
For	rape	rwork Red	uction Act Notice, see the separate	e instructions.				F ^c	orm 991	0 (2023)

Page 2 Form 990 (2023)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the services accomplishments for each of its three largest program services.	red b
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 11,755,971. including grants of \$) (Revenue \$ 89,989.)	
	HOUSING:	
	MOBILIZATION FOR JUSTICE WORKS TO PRESERVE AFFORDABLE HOUSING FOR	
	LOW-INCOME NEW YORKERS AND PREVENT HOMELESSNESS BY PROVIDING	
	ADVICE, COUNSEL AND REPRESENTATION TO RESIDENTS ON A WIDE RANGE OF	
	HOUSING ISSUES, INCLUDING TO PREVENT EVICTIONS, OBTAIN REPAIRS,	
	DEFEND SUCCESSION RIGHTS, CONTEST INCORRECT RENTS AND CHALLENGE	
	LANDLORD HARASSMENT, AMONG OTHER ISSUES. WE ALSO HELP PEOPLE	
	PRESERVE THEIR HOMES BY REPRESENTING THEM IN FORECLOSURE ACTIONS.	
	TREBUNYE THEIR HOMES BY REFRESENTING THEM IN PORDERSONS ACTIONS.	
4b	(Code:) (Expenses \$ 3,341,299. including grants of \$) (Revenue \$ 67,272.)	
	DISABILITY AND AGING RIGHTS:	
	MOBILIZATION FOR JUSTICE PROVIDES CIVIL LEGAL SERVICES FOR PEOPLE	
	WITH MENTAL ILLNESS LIVING IN THE COMMUNITY, INCLUDING THOSE	
	LIVING IN ADULT HOMES AND FOR SENIORS LIVING IN NURSING HOMES. WE	
	ALSO WORK ON TRANSPORTATION ACCESSIBILITY.	
	THE WORLD ON THE WOLD ON THE PROPERTY OF THE P	
_	(O. I	
4c	(Code:) (Expenses \$2,607,845. including grants of \$) (Revenue \$5,000.)	
	ECONOMIC JUSTICE: MFJ'S ECONOMIC JUSTICE PRACTICE AREA WORKS TO	
	ENSURE THAT LOW-INCOME NEW YORKERS CAN ACCESS PUBLIC BENEFITS	
	(SUCH AS DISABILITY BENEFITS, SNAP [SUPPLEMENTAL NUTRITION	
	ASSISTANCE PROGRAM], AND HEALTH INSURANCE); ENSURE PEOPLE GET THE	
	WAGES TO WHICH THEY ARE ENTITLED AND GET UNEMPLOYMENT BENEFITS AND	
	WORKERS COMPENSATION WHERE APPROPRIATE, AND FORMERLY INCARCERATED	
	PEOPLE GET LICENSES SO THEY CAN SUCCESSFULLY REENTER THE	
	WORKFORCE. WE WORK WITH PEOPLE TO AVOID CRIPPLING DEBT, AND	
	CHALLENGE PREDATORY AND DECEPTIVE LENDING PRACTICES. BECAUSE	
	RESOLVING IMMIGRATION PROBLEMS IS OFTEN KEY TO ENSURING ECONOMIC	
	STABILITY, WE ALSO PROVIDE LEGAL SERVICES IN THIS AREA.	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 2,306,738. including grants of \$) (Revenue \$ 279,430.)	
46	Total program service expenses 20, 011, 853	

4e Total p JSA 3E1020 2.000 Form **990** (2023) Form 990 (2023)

Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total 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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.		
	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		3.5
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ŋ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		v
0.7		20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29		29		Λ
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27		30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	. op o genning (gennemig) minimige to prize minimie. The first first first first first first first first		44	

Form 990 (2023) Page 5

Par	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 180			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
9	sponsoring organization have excess business holdings at any time during the year?			21
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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.)			
12 a	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			
	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			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	יידי		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			2.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			_
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

MOBILIZATION FOR JUSTICE, INC. Form 990 (2023) Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"IVO
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction	
Check if Schedule O contains a response or note to any line in this Part VI	X

Saat	ion A. Coverning Rody and Management			Λ
Sect	ion A. Governing Body and Management		Yes	No
	4. 20		162	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain on Schedule O.			
	Effect the number of voting members included on line 14, above, who are independent.	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	X	
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?			
D		7b		Х
8	stockholders, or persons other than the governing body?			- 21
0	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01-		
Soct	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY,	- /		04()
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	l (sec	tion 5	01(c)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40		f !o+= -		. د الم
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ıııtel	esi p	ынсу,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	lc		
20	LINDSAY BASCOM 100 WILLIAM ST 6TH FL NEW YORK, NY 10038	i o .		

212-417-3741

Form **990** (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	Po (do not chect box, unless pofficer and a			is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) TIFFANY LISTON	35.00									
EXECUTIVE DIRECTOR	NONE			x				232,994.	NONE	50,332.
(2) ANNE ELISE BROWN	35.00			Λ				232,994.	NOINE	30,332.
DEPUTY DIRECTOR FOR LEGAL PRAC	NONE			x				201,039.	NONE	27,804.
(3) MONTEL CHERRY	35.00			21				201,039.	INOINE	27,001.
DEPUTY DIRECTOR OF DIVERSITY	NONE	-		Х				178,152.	NONE	33,585.
(4) LINDSAY BASCOM	35.00			21				170,132.	110111	33,303.
CHIEF FISCAL OFFICER	NONE	-		x				172,231.	NONE	37,280.
(5) KEVIN M. CREMIN	35.00							2,2,2321	110112	37,2001
DIRECTOR OF LITIGATION	NONE			Х				171,423.	NONE	33,060.
(6) TODD SILVERBLATT	35.00									33,333
SUPERVISING ATTORNEY	NONE					X		176,313.	NONE	24,379.
(7) ERIC ALTERMAN	35.00							,		,
CHIEF DEVELOPMENT OFFICER	NONE					X		150,494.	NONE	38,538.
(8) CAROLYN E. COFFEY	35.00									
DIRECTOR OF LITIGATION	NONE			Х				157,119.	NONE	31,048.
(9) RICHARD KAHN	35.00									
MANAGING ATTORNEY	NONE			Х				155,357.	NONE	32,289.
(10) MICHAEL LITROWNIK	35.00									
SPECIAL LITIGATION SUPERVISOR	NONE					X		150,379.	NONE	30,511.
(11) BERNADETTE JENTSCH	35.00									
SUPERVISING ATTORNEY	NONE					X		142,530.	NONE	37,871.
(12) DONNA CHIU	1.00									
MANAGING ATTORNEY	NONE					Х		148,329.	NONE	27,615.
(13) DAVID EPSTEIN	35.00									
DIRECTOR OF HR&TALENT STRATEGY	NONE			Х				163,616.	NONE	11,177.
(14) ALAN J. SINSHEIMER	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE

Form **990** (2023)

Page 8 Form 990 (2023)

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) ARIANA J. TADLER	1.00									
	OARD MEMBER	NONE	X						NONE	NONE	NONE
) ARNOLD STEPHENS	1.00									
	OARD MEMBER	NONE	X						NONE	NONE	NONE
) BRUCE E. KAYLE	1.00	37						NONE	NONTE	NIONIE
	ARD MEMBER	NONE	X						NONE	NONE	NONE
	BRUCE L. STEIN REASURER	1.00 NONE	X		Х				NONE	NONE	NONE
	CHRISTOPHER J. MEADE	1.00			Λ				NOINE	NONE	NONE
	OARD MEMBER	NONE	X						NONE	NONE	NONE
) DAVID CHATTERJEE	1.00	1 21						110111	110111	IVOIVI
	OARD MEMBER	NONE	X						NONE	NONE	NONE
	.) DAVID G. KEYKO	1.00							1,01,12	110112	
	ARD MEMBER	NONE	X						NONE	NONE	NONE
(22) DAVID MOY	1.00									
BC	DARD MEMBER	NONE	Х						NONE	NONE	NONE
(23) DEIRDRE N. HYKAL	1.00									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NONE
(_24) DOLORES PEREZ-HARVIN	1.00									
BC	ARD MEMBER	NONE	X						NONE	NONE	NONE
(_25) ELAINE P. GOLIN	1.00									
BC	ARD MEMBER	NONE	X						NONE	NONE	NONE
	Sub-total							>	2,199,976.	NONE	415,489.
	Total from continuation sheets to Part VII, So	-							NONE		NONE
	I Total (add lines 1b and 1c)				• •	<u></u>		<u> </u>	2,199,976.	NONE	415,489.
2	Total number of individuals (including but not reportable compensation from the organization		nose	liste	ed a		e) wno 47	o re	eceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5
Se	ction B. Independent Contractors										
1	Complete this table for your five highest com	noncated i	ndone	nda	nnt.		tracto	rc t	hat received more	than \$100 000 a	.f

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(26) ENID D JEAN-CLAUDE	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(27) FRANCESCA E. BRODY	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(28) JACQUELINE P. RUBIN	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(29) JAMIE MOSER	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(30) JEFFREY S. SABIN	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(31) JOSEPH M. MCLAUGHLIN	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(32) KATHLYN CARD BECKLES	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(33) LISA E. CLEARY	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(34) LISA M. SCHWEITZER	1.00									
CHAIR	NONE	X		Х				NONE	NONE	NONE
(35) LUBBIE X HARPER	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(36) MAEVE O'CONNOR	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-						* * *			
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d a	bov	e) who	re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	P It	"Yes	,"	complete Schedu	le J for such	4
										7
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

R ang Form 990 (2023)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) MARC DE LEEUW	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(38) MARK E. SEGALL	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(39) MARTIN J CRISP	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(40) MAXIM MAYER-CESIANO	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(41) MELISSA R. GOLD	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(42) PAUL S. MISHKIN	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(43) PETER DOYLE	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(44) RAMZI ABOUTAAM	1.00	-								
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(45) ROBERT I. HARWOOD	1.00	-								
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(46) RONALD J. WEISS	1.00							17017	17017	370377
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(47) SHAIMAA HUSSEIN	<u>1.00</u>	1,,						NONE	NONE	310311
BOARD MEMBER	NONE	X					_	NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, 9 d Total (add lines 1b and 1c)					· ·		> >			
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?	. If	"Yes	3,"	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
1 Complete this table for your five highest cor compensation from the organization. Report										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2023)	. 16										Page 8
Part VII Section A. Officers, Directors, Tru		y⊵n	ipio			and H	ligi	nest Compensat (D)			
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson lirect	e than or is both a	an ee)	Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount o other compensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio and related organization	on d
48) STEPHANIE SOWELL	1.00										
1ST VICE CHAIR	NONE	X		Х				NONE	NONE		NONE
49) STEPHEN SAXL	1.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
50) THOMAS E. DUNN	1.00 NONE	37						NONE	NONTE		NTONTE
BOARD MEMBER 51) WILLIAM EDWARDS	1.00	X						NONE	NONE		NONE
BOARD MEMBER	NONE	X						NONE	NONE		NONE
								1,01,1	1,01,2		
1b Sub-total											
c Total from continuation sheets to Part VII, S	ection A										
d Total (add lines 1b and 1c)							<u> </u>		*		
2 Total number of individuals (including but not reportable compensation from the organization		nose	liste	a ai	DOV	e) wno	re	ceived more than	\$100,000 of		
										Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3	X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes,	,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5	Х
Section B. Independent Contractors	,									- 1	
Complete this table for your five highest com- compensation from the organization. Report of year.											

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
e Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Total. Add lines 1a-1f	Business Code	20,156,958.			Sections 312-314
Program Service Revenue	2a b c d e f	All other program service revenue	541110	441,691.	441,691.		
	g	Total. Add lines 2a-2f		441,691.			
	3	Investment income (including dividends, other similar amounts)	interest, and proceeds	264,612. NONE			264,612.
	5 6a	Royalties	(ii) Personal	NONE			
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	E NONE				
	c d	Rental income or (loss) 6c NONI Net rental income or (loss)	1	NONE			
Revenue	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
e	d	Net gain or (loss)		NONE			
Other	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	NONE NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a b	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b	NONE NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	NONE NONE				
	b C	Net income or (loss) from sales of inventory	L	NONE			
S			Business Code				
Miscellaneous Revenue	11a b	OTHER INCOME	900099	75,216.			75,216.
Seve	С						
Mis.	d	All other revenue					
	е	Total. Add lines 11a-11d		75,216.			
	12	Total revenue. See instructions		20,938,477.	441,691.		339,828.

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 respo	· · · · · · · · · · · · · · · · · · ·			
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	САРСПЭСЭ
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,029,442.	1,214,806.	648,518.	166,118.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	27027			
_	persons described in section 4958(c)(3)(B)	NONE	11 200 600	270 210	215 624
	Other salaries and wages	11,823,453.	11,329,609.	278,210.	215,634.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	789,681.	771,526.	5,125.	13,030.
9	Other employee benefits	1,971,831.	1,949,109.	NONE	22,722.
10	Payroll taxes	1,091,230.	1,033,873.	30,212.	27,145.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	NONE			
С	Accounting	75,410.	23,775.	51,635.	
d	Lobbying	20,254.	20,254.		
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	528,154.	447,963.	75,067.	5,124.
12	Advertising and promotion	3,754.	3,439.	300.	15.
13	Office expenses	865,723.	714,317.	136,955.	14,451.
14	Information technology	283,951.	221,038.	62,913.	
15	Royalties	NONE			
16	Occupancy	1,901,079.	1,857,321.	24,438.	19,320.
17	Travel	4,534.	3,269.	1,265.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE	100	10	
22	Depreciation, depletion, and amortization	301,210.	192,692.	105,725.	2,793.
23	Insurance	159,312.	150,149.	7,017.	2,146.
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 O.)	00.000		00.000	
	BAD DEBT EXPENSES	92,839.	F0 F12	92,839.	
	LITIGATION COSTS	78,713.	78,713.		10.005
	BENEFIT COSTS	12,886.			12,886.
d					
	All other expenses	22 22 456	20 011 052	1 500 010	E01 204
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	22,033,456.	20,011,853.	1,520,219.	501,384.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
					= 000 (2222)

Form 990 (2023)

Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		x
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,701,210.	1	1,715,614.
	2	Savings and temporary cash investments	4,382,003.	2	1,553,963.
	3	Pledges and grants receivable, net	4,397,663.	3	4,265,072.
	4	Accounts receivable, net	779,851.	4	489,509.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
A	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	475,358.	9	522,276.
	10 a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 3,236,494.			
	b	Less: accumulated depreciation		10c	1,808,164.
	11	Investments - publicly traded securities SEE SCHEDULE .O	NONE		3,196,307.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	18,573.	14	7,960.
	15	Other assets. See Part IV, line 11	13,683,998.	15	11,808,236.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,499,905.	16	25,367,101.
	17	Accounts payable and accrued expenses	3,364,811.	17	3,452,267.
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE O	15,678.	19	350,357.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	47,888.	21	390,986.
s	22	Loans and other payables to any current or former officer, director,	17,000.		33073001
ī.		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		8.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE		IVOIVE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	14,358,903.	25	12,538,954.
	26	Total liabilities. Add lines 17 through 25	17,787,280.	26	16,732,572.
	20	Organizations that follow FASB ASC 958, check here	17,707,200.	20	10,732,372.
čě		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	6,607,374.	27	5,907,219.
ĕ	28	Net assets with donor restrictions	3,105,251.	28	2,727,310.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	9,712,625.	32	8,634,529.
ž	33	Total liabilities and net assets/fund balances	27,499,905.	33	25,367,101.
_			<u> </u>	- 55	Form 990 (2023)

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Part	XI Reconciliation of Net Assets					\equiv
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	0,9	38,	<u>477</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			33,	
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,0	94,	<u>979</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,7	12,	<u>625</u>
5	Net unrealized gains (losses) on investments	5			16,	<u>883</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8,6	34,	<u>529</u>
Part	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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b	X	

Form **990** (2023)

SCHEDULE A (Form 990)

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number MOBILIZATION FOR JUSTICE, INC. 13-2622748

_	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Pa								IS.
	orga	anization is not a private fou		•		•	•	
1		A church, convention of chu					70(b)(1)(A)(i).	
2	\square	A school described in secti		•				
3	\square	A hospital or a cooperative		-				
4		A medical research organiz	•	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go						
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or
		university:						
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	1 331/3 % of its
		acquired by the organizatio						Dusiliesses
11		An organization organized				•	•	
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1	or sect	ion 509(a)(2). See sec	tion 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1.	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	. supervised, or contro	olled by	its supp	orted organization(s).	typically by giving
	_	the supported organization	•	•	•		• , ,	
		supporting organization.				.,,		
b	Г	Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of	•				· · ·	
		organization(s). You must		=				9
С		Type III functionally integ	•	•	ited in co	onnectio	n with and functional	ly integrated with
·		its supported organization						.,g.a.ca,
d		Type III non-functionally		· ·				ted organization(s)
_		that is not functionally inte			-			
		requirement (see instruct	-		-		·	an attentiveness
е	Г	Check this box if the orga	•	•				I Type III
·		functionally integrated, or						., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	En	ter the number of supported						
g		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)								
(D)								
(B)								
(C)								
(-)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page 2

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,219,520.	15,853,149.	19,993,672.	23,729,958.	20,156,958.	94,953,257.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4 5	Total. Add lines 1 through 3 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	15,219,520.	15,853,149.	19,993,672.	23,729,958.	20,156,958.	94,953,257.	
6	shown on line 11, column (f)						NONE	
6	Public support. Subtract line 5 from line 4 tion B. Total Support						94,953,257.	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(e) 2023	(f) Total	
_	, , , , , ,	(a) 2019 15,219,520.	(b) 2020	(c) 2021	(d) 2022	` '	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	137,397.	30,544.	11,492.	23,729,958.	20,156,958.	94,953,257.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,573.	58,728.	27,945.	32,980.	75,216.	213,442.	
11	Total support. Add lines 7 through 10						95,766,193.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,559,266.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Supp		•					
14	Public support percentage for 2023 (lin		-			14	99.15 %	
15	Public support percentage from 2022					15	99.34 %	
	331/3% support test - 2023. If the org box and stop here. The organization qu	ıalifies as a pub	licly supported	organization			X	
		on qualifies as a	publicly suppor	ted organizatio	n			
	this box and stop here . The organization qualifies as a publicly supported organization							
18	organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see	

Page 3 Schedule A (Form 990) 2023

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6					. ,	.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	ů ,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
•	organization, check this box and stop here	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,			ımn (f))		15	%
16	Public support percentage from 2022 Sche		•			16	%
	tion D. Computation of Investment					, , ,	70
17	Investment income percentage for 2023 (lin			13 column (f))		17	%
18	Investment income percentage for 2023 (iii						
	331/3% support tests - 2023. If the or						
ıJd	17 is not more than 331/3%, check this	-					
L	331/3% support tests - 2022. If the orga	-	-	•			
b	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-			

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Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g y			
,	1		
s d			
r	2		
er	3a		
d e			
5)	3b		
	3с		
lf	4a		
n n			
	4b		
n <i>d</i> 3)			
,"	4c		
V n; n			
	5a		
y	5b		
	5c		
o d r			
	6		
r y			
Э	7		
	8		
e s	0-		
h	9a		
it	9b		
	9с		
n d			
o	10a		
	10b	CC)) 2000
aul	e A (FC	rm 990	J) 2023

Schedule A (Form 990) 2023 Page 5

Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecti	on b. Type roupporting organizations		Yes	No
	Did the countries had a complete of the countries had affine a still in their efficient countries to a complete of			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
Jecu	on 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		103	140
•	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		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the consideration of the consideration of the fifth consideration		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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		i .

Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganization	S			
1 Check here if the organization satisfied the Integral Part Test as a qua	lifying trust on	Nov. 20, 1970 (expla	in in Part VI) . See		
instructions. All other Type III non-functionally integrated supporting or	ganizations n	nust complete Section	ns A through E.		
Section A - Adjusted Net Income (A) Prior Year (B) Currer (option					
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				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	t, 4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by 0.035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1				
2 Enter 0.85 of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-function	onally integra	ited Type III supportin	g organization		
(see instructions).			J - J		

Schedule A (Form 990) 2023

Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
_ 3	Excess distributions carryover, if any, to 2023				
a					
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
Ч	Excess from 2022				

Schedule A (Form 990) 2023

Excess from 2023

Schedule A (Form 990 or 990-EZ) 2023 Part VI

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

SCHEDULE A, PART II - OTHER INCOM	Ε					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	18,573.	58,728.	27,945.	32,980.	75,216.	213,442.
TOTALS	18,573.	58,728.	27,945.	32,980.	75,216.	213,442.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization		Employer identification number
MOBILIZATION FOR J	USTICE, INC.	13-2622748
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	l 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	
Note: Only a section 501(c instructions. General Rule)(7), (8), or (10) organization can check boxes for both the Ger	neral Rule and a Special Rule. See
For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during t by or property) from any one contributor. Complete Parts I and	
contributor's tota	l contributions.	
Special Rules		
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedelived from any one contributor, during the year, total contribution ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	lule A (Form 990), Part II, line 13, 16a, or ations of the greater of (1) \$5,000; or
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 the year, total contributions of more than \$1,000 exclusively tional purposes, or for the prevention of cruelty to children or b) instead of the contributor name and address), II, and III.	for religious, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions exclusively for religious, charitable, educed more than \$1,000. If this box is checked, enter here the tor an exclusively religious, charitable, etc., purpose. Don't complies to this organization because it received nonexclusively religious, charitable, etc., purpose.	etc., purposes, but no such otal contributions that were received aplete any of the parts unless the gious, charitable, etc., contributions
_	nat isn't covered by the General Rule and/or the Special Rules	

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

Schedule B (Form 990) (2023)

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

Name of organization MOBILIZATION FOR JUSTICE, INC.

Employer identification number 13-2622748

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	NYC DEPARTMENT OF HEALTH &MENTAL HYGIENE 42-09 28TH STREET	\$1,968,915	Person X Payroll Noncash
	QUEENS, NY 11101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYC HUMAN RESOURCES ADMINISTRATION 150 GREENWICH STREET, 34TH FLOOR	\$9,806,778.	Person X Payroll Noncash (Complete Part II for
	NEW YORK, NY 10007		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYS IOLA FUND 11 EAST 44TH STREET, SUITE 1406 NEW YORK, NY 10017-0055	\$865,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NYS ATTORNEY GENERAL THE CAPITOL ALBANY, NY 12224	\$642,488.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NYS OFFICE OF COURT ADMINISTRATION 25 BEAVER STREET, 8TH FLOOR NEW YORK, NY 10004	\$3,681,166.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	· · · · · · · · · · · · · · · · · · ·		

Name of organization

MOBILIZATION FOR JUSTICE, INC.

Employer identification number

JUSTICE, INC. 13-2622748

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** MOBILIZATION FOR JUSTICE, INC. 13-2622748 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Тах)	(see separate instructions), then	1:	tun, (oco copulato in		, , (
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
	BILIZATION FOR JUSTIC				522748
Par		organization is exempt under			
1	•	ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	•			
2		xpenditures. See instructions			
	Volunteer hours for political	campaign activities. See instruction	ns		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 \$	
2		cise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		
					Yes No
	If "Yes," describe in Part IV.		(' 504()	504/ \/0	`
Par	<u> </u>	organization is exempt under).
1		xpended by the filing organization		•	
2		g organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. Ent			
4 5	Enter the names addresses	e Form 1120-POL for this year? and employer identification numb	or (FIN) of all soction	on 527 political organize	Yes No
J		s. For each organization listed, en			
		ributions received that were prom			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	, ,	, ,		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(')			-		
(2)					
(-)			-		
(3)					
(0)			-		
(4)					
,			1		
(5)					
,			1		
(6)					
			1		
			•		

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

Schedule C (Form 990) 2023

Sche	edule C (Form 990) 2023	MOBILIZATION	FOR JUSTICE, I	NC.			age 2		
Pa	rt II-A Complete if the org section 501(h)).	ganization is exe	empt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under			
Α			n affiliated group (and lobbying expenditures		ach affiliated group mem	ber's name, addı	ress,		
В	Check if the filing organiz	cation checked box	A and "limited contro	ol" provisions app	ly.				
		on Lobbying Expe			(a) Filing	(b) Affiliated			
	(The term "expendit			·	organization's totals	group totals			
	Total lobbying expenditures to i								
	Total lobbying expenditures to i								
	Total lobbying expenditures (ad	•							
	Other exempt purpose expendit			_					
	Total exempt purpose expendit	·	•						
f	Lobbying nontaxable amount. columns.	Enter the amount	from the following	table in both					
	If the amount on line 1e, column (a) or (b) is: The lobby	ring nontaxable amount	is:					
	not over \$500,000,	20% of th	e amount on line 1e.						
	over \$500,000 but not over \$1,000	,000, \$100,000	plus 15% of the excess	over \$500,000.					
	over \$1,000,000 but not over \$1,50	00,000, \$175,000	plus 10% of the excess	over \$1,000,000.					
	over \$1,500,000 but not over \$17,0	000,000, \$225,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	over \$17,000,000,		\$1,000,000.						
_			25% of line 1f)						
	•								
	Subtract line 1f from line 1c. If a								
j	If there is an amount other th			•			l		
	reporting section 4911 tax for t					Yes	No		
	(Some organizations tha	t made a section	eraging Period Unde 501(h) election do no ate instructions for	t have to comple		ins below.			
		Lobbying Exp	enditures During 4-Y	ear Averaging Pe	riod				
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

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

	(**************************************						
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	Х					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				20,	254.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х					
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					20,	254.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X				
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			L			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).						
						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				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (E) Pa	ít III-A,	line 3	3, IS	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	unts	of				
	political expenses for which the section 527(f) tax was paid).			_			
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng	4			
5	and political expenditures next year?			5			
5 Pa	rt IV Supplemental Information			<u> </u>			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aro	ın liet	·)· Part	II_Δ lis	1 20	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u gioi	ир пот	<i>)</i> , i ait	II-77, III	103 1	anu
_ (0	55 mondono16), and rath 2, mio 117 mos, 50 mptoto mio partitor any additional mioninano.						

PART II-B, LINE 1

LOBBYING FOR FUNDING CIVIL LEGAL SERVICES AND ON ISSUES AFFECTING

LOW-INCOME, DISABLED OR OTHERWISE VULNERABLE NEW YORK CITY RESIDENTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Departmer	nt of the Treasury		Attach to Form 990.				Public
	venue Service	Go to www.irs.gov/l	Form990 for instructions and the latest inform			nspecti	on
Name of th	ne organization			Employer identi	ification	number	
MOBIL	ZATION FOR	JUSTICE, INC.		13-262	22748		
Part I	Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds of	or Accounts			
		if the organization answered	"Yes" on Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) Funds	and other	r accounts	3
4 To	al number et e	ad of year		. ,			
		nd of year					
		f contributions to (during year).					
		f grants from (during year)					
		t end of year					
5 Did	I the organizati	on inform all donors and donor	advisors in writing that the assets held	d in donor advis	ed	n ر	
fun	ds are the orga	nization's property, subject to the	e organization's exclusive legal control?		∟	Yes	No
6 Did	I the organization	on inform all grantees, donors, a	and donor advisors in writing that grant	funds can be us	ed		
onl	y for charitable	purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpo	se		
						Yes	No
Part II		tion Easements					
i ait ii			"Yes" on Form 990, Part IV, line 7.				
1 Pui		_	e organization (check all that apply).				
ı Fui	<u> </u>	•		C It's C			
-		n of land for public use (for example		n of a historically			
<u> </u>	7	f natural habitat	Preservation	n of a certified hi	storic s	tructure	
		n of open space					
2 Co	mplete lines 2a	through 2d if the organization he	eld a qualified conservation contribution i	in the form of a c	onserv	<u>ration</u>	
eas	sement on the l	ast day of the tax year.		Held at	the End	d of the T	ax Year
a Tot	al number of co	onservation easements		2a			
			5	2b			
	-	-	historic structure included on line 2a	2c			
			ne 2c acquired after July 25, 2006, and				
				24			
			gister	2d			
3 Nu	mber of conse	rvation easements modified, tra	nsferred, released, extinguished, or terr	ninated by the o	rganız	ation di	uring the
tax	year						
4 Nu	mber of states	where property subject to conse	rvation easement is located				
5 Do	es the organiz	ation have a written policy reg	garding the periodic monitoring, inspec	ction, handling o	of	_	
vio	lations, and enfo	orcement of the conservation ea	sements it holds?		L	Yes	└ No
6 Stat	ff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation eas	sements	during	the year
						-	
7 Am	ount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation eas	ements	s durina	the vear
		30g,g,	g,aag or violations, and orinorollig		0	, a a g	,
8 Da	es each concor	vation easement reported on lin	e 2d above satisfy the requirements of se	action 170/b\/4\/D	Mi)		
		· · · · · · · · · · · · · · · · · · ·] 🗸	
						JYes	└ No
	•		conservation easements in its revenue a	•			ice
	•		tnote to the organization's financial state	ements that descr	ibes the	3	
org		ounting for conservation easeme					
Part II			s of Art, Historical Treasures, or Othe	er Similar Asse	∍ts		
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 8.				
la If t	he organization	elected as permitted under FA	ASB ASC 958, not to report in its reven	ue statement an	ıd halaı	nce she	et works
of	art. historical t	reasures, or other similar asse	ts held for public exhibition, education	ı. or research in	furthe	rance	of public
ser	vice, provide in	Part XIII the text of the footnote	to its financial statements that describes	these items.			•
			ASB ASC 958, to report in its revenue				
art,	historical treas	sures, or other similar assets he	ld for public exhibition, education, or re				
		ing amounts relating to these iter					
(i)	Revenue includ	ded on Form 990, Part VIII, line 1			. \$		
			rt, historical treasures, or other similar				
	_		ASB ASC 958 relating to these items:	association inhal	ioiai ge	ani, più	, , i d
					¢		
a Re	venue included	on roim 990, Part VIII, line 1			· • ——		

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

Schedule D (Form 990) 2023

Assets included in Form 990, Part X.....

Sched	dule D (Form 990) 2023 MOB	ILIZATION FOR	JUSTICE,	, INC.			13-2	2622748	Page 2	
Pa	rt III Organizations Maintainir				res, or Oth	er Similar <i>A</i>				
3	Using the organization's acquisition	<u> </u>								
	collection items (check all that apply					J				
а	Public exhibition	•	d 🗌	Loan or ex	change prog	ram				
b	Scholarly research		e 🗀	Other	0 . 0					
С	Preservation for future gener	ations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	Part IV Escrow and Custodial Arrangements									
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
12	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not									
та										
L										
D	If "Yes," explain the arrangement in Part XIII and complete the following table.									
_	Amount Seginning balance									
۲ C									47,888. 471,619.	
d										
e f		1e 128,5								
	Did the organization include an amo					al account lic	hility2	x Yes	986. No	
	If "Yes," explain the arrangement in									
	rt V Endowment Funds	T all Alli. Check II	ere ii tile ex	Diariation nas	been provide	tu iii Fait Aiii			. A	
Га	Complete if the organiza	tion answered "Ye	es" on Form	990 Part	IV line 10					
	Complete ii the organiza	(a) Current year	(b) Prior		Two years back	(d) Three y	ears hack	(e) Four y	pars hack	
	,			,	-					
1a	Beginning of year balance	427,853.	427	7,055.	426,552.	42	23,835.	4.	20,825.	
b	Contributions									
С	Net investment earnings, gains,	15 055			002		2 015		2 210	
	and losses	15,877.		L,098.	803.		3,017.		3,310.	
d	Grants or scholarships									
е	Other expenditures for facilities	200		200	200		200		200	
	and programs	300.		300.	300.		300.		300.	
f	Administrative expenses	442, 420	405	7 053	405.055	1	26. 550		02.025	
g	End of year balance									
2 a	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment100.0000 %									
b	Permanent endowment NONE %									
С	Term endowment NONE %									
	The percentages on lines 2a, 2b, and 2c should equal 100%.									
3a	Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by:									
	(i) Unrelated organizations?							3a(i)	X	
								3a(ii)	X	
b	f "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended u		tion's endow	ment funds.						
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property			(b) Cost or other		Accumulated	(d	l) Book valu	ie	
12	Land	,	tment)	(other)	0	epreciation				
b	Buildings									
	Leasehold improvements		NONE	2,607,	243 1	177,285.		1 // 20	9,958.	
	Equipment.		NONE		251.	251,045.			3,206.	

1,808,164. Schedule D (Form 990) 2023

e Other .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (F	Form 990) 2023 MOBILIZATION E	FOR JUSTICE, INC	13-26227	748 Page
Part VII	Investments - Other Securities			
	Complete if the organization answered	d "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) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) more than 15 ann 200 Part V line 40 and (D))			
Part VIII	n (b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related			
Pait VIII		d "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)				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
I alt IA		d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X,	line 15.
		escription		ook value
(1)SECUR	ITY DEPOSITS			881,497
	OF USE ASSET			926,739.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	umn (b) must equal Form 990, Part X, line 15,	col. (B))	11,8	808,236.
Part X		d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, F	Part X,
	line 25.		1=	
1. (1) Feder	ral income taxes	ption of liability	(b) Bo	ook value
_ ` ′	LIABILITY		12.6	538,954.
(3)	LIABILLII		12,3	330,934.
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

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

12,538,954.

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
1	Total revenue, gains, and other support per audited financial statements	1	20,955,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	16 003		
b			
C			
d	Column de la colum		
e		2e	16,883.
3	Subtract line 2e from line 1	3	20,938,477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a			
b	- · · · - · · · · · · · · · · · · · · ·		
C		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,938,477.
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
1	Total expenses and losses per audited financial statements	1	22,033,456.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е		2e	
3	Subtract line 2e from line 1	3	22,033,456.
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.)		
С		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,033,456.
	XIII Supplemental Information		
Provi 2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Frt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

FORM 990, SCHEDULE D, PART IV, LINE 2B

ESCROW ACCOUNT ARRANGEMENT:

ESCROW FUNDS RECEIVED ARE DEPOSITED INTO AN EXCLUSIVE CLIENT ESCROW IOLTA

ACCOUNT HELD AT TD BANK. PAYMENTS ARE MADE PURSUANT TO AN AGREEMENT AND

IN COMPLIANCE WITH ESCROW CONDITIONS. ALL SIGNORS ON THIS ACCOUNT ARE

ATTORNEYS. TWO SIGNORS ARE REQUIRED FOR ALL CHECKS.

FORM 990, SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO SUPPORT ITS FELLOWSHIPS.

FORM 990, SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO THE PROVISIONS OF SECTION501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM NEW YORK STATE INCOME TAXES UNDER APPLICABLE STATE LAW. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE STATEMENT OF ACTIVITIES. IT IS THE ORGANIZATION'S ACCOUNTING POLICY TO EVALUATE UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE ACCOUNTING PRONOUNCEMENT ON UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AT THE ORGANIZATION. THE ORGANIZATION DID NOT RECORD ANY INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIOD PRESENTED.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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

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

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

MOBILIZATION FOR JUSTICE, INC.

Employer identification number

13-2622748

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
2	explain	1b				
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
_	compensation contingent on the revenues of:	F -		37		
a	The organization?	5a 5b		X 		
b	If "Yes" on line 5a or 5b, describe in Part III.	30				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
Ū	compensation contingent on the net earnings of:					
а	The organization?	6a		Х		
	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed					
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		_X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			37		
•	in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9				
	100gaiationo occitori oc. 7000 o(o):	ı 🗗 📗				

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 a	and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TIFFANY LISTON	(i)	232,994.			17,524.	32,808.	283,326.	
1 EXECUTIVE DIRECTOR	(ii)							
ANNE ELISE BROWN	(i)	201,039.			15,277.	12,527.	228,843.	
2 DEPUTY DIRECTOR FOR LEGAL PRAC	(ii)							
CAROLYN E. COFFEY	(i)	157,119.			11,944.	19,104.	188,167.	
3 DIRECTOR OF LITIGATION	(ii)							
MONTEL CHERRY	(i)	178,152.			13,630.	19,955.	211,737.	
4 DEPUTY DIRECTOR OF DIVERSITY	(ii)							
ERIC ALTERMAN	(i)	150,494.			11,383.	27,155.	189,032.	
5 CHIEF DEVELOPMENT OFFICER	(ii)							
RICHARD KAHN	(i)	155,357.			11,870.	20,419.	187,646.	
6 MANAGING ATTORNEY	(ii)							
TODD SILVERBLATT	(i)	176,313.			13,313.	11,066.	200,692.	
7 SUPERVISING ATTORNEY	(ii)							
BERNADETTE JENTSCH	(i)	142,530.			10,737.	27,134.	180,401.	
8 SUPERVISING ATTORNEY	(ii)							
LINDSAY BASCOM	(i)	172,231.			12,917.	24,363.	209,511.	
9 CHIEF FISCAL OFFICER	(ii)							
KEVIN M. CREMIN	(i)	171,423.			13,105.	19,955.	204,483.	
10 DIRECTOR OF LITIGATION	(ii)							
MICHAEL LITROWNIK	(i)	150,379.			11,345.	19,166.	180,890.	
11 SPECIAL LITIGATION SUPERVISOR	(ii)							
DAVID EPSTEIN	(i)	163,616.			8,968.	2,209.	174,793.	
12 DIRECTOR OF HR&TALENT STRATEGY	(ii)							
DONNA CHIU	(i)	148,329.			11,008.	16,607.	175,944.	
13 MANAGING ATTORNEY	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

13-2622748

Department of the Treasury Internal Revenue Service Name of the organization

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

FORM 990, PART VI, LINE 11B

MOBILIZATION FOR JUSTICE, INC.

CERTAIN BOARD MEMBERS, THE EXECUTIVE DIRECTOR AND THE CHIEF FISCAL OFFICER REVIEW FORM 990 PRIOR TO ITS FILING. SUBSEQUENT TO FILING, THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 12C

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, LINE 15A

THE BOARD OF DIRECTORS SETS THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B

THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF MANAGEMENT STAFF AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS MAKES THE FINAL DECISION ON MANAGEMENT COMPENSATION.

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 2

ALAN J. SINSHEIMER, WARREN J. SINSHEIMER (DECEASED) AND JAMIE MOSER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART III, LINE 4D

CHILDREN RIGHTS:

MFJ PROVIDES ADVICE AND REPRESENTATION TO LOW-INCOME PARENTS OF STUDENTS WITH DISABILITIES SEEKING APPROPRIATE SPECIAL EDUCATION SERVICES AND SCHOOL PLACEMENTS FROM THE NEW YORK CITY DEPARTMENT OF EDUCATION. WE REPRESENT PARENTS AT INDIVIDUALIZED EDUCATION PROGRAM MEETINGS,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

13-2622748

Department of the Treasury Internal Revenue Service Name of the organization

MOBILIZATION FOR JUSTICE, INC

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

Employer identification number

ADMINISTRATIVE DUE PROCESS HEARINGS, AND IN APPEALS BEFORE THE NEW YORK STATE REVIEW OFFICER AND IN FEDERAL COURT.

Name of the organization

MOBILIZATION FOR JUSTICE, INC.

Employer identification number

13-2622748

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MOBILIZATION FOR JUSTICE ENVISIONS A SOCIETY IN WHICH THERE IS EQUAL JUSTICE FOR ALL.

MOBILIZATION FOR JUSTICE'S (MFJ) MISSION IS TO ACHIEVE JUSTICE FOR ALL. MFJ PRIORITIZES THE NEEDS OF PEOPLE WHO ARE LOW-INCOME, DISENFRANCHISED, OR HAVE DISABILITIES AS THEY STRUGGLE TO OVERCOME THE EFFECTS OF SOCIAL INJUSTICE AND SYSTEMIC RACISM. WE PROVIDE THE HIGHEST-QUALITY FREE, DIRECT CIVIL LEGAL ASSISTANCE, CONDUCT COMMUNITY EDUCATION AND BUILD PARTNERSHIPS, ENGAGE IN POLICY ADVOCACY, AND BRING IMPACT LITIGATION. MFJ ALSO PROMOTES DIVERSITY, EQUITY, AND INCLUSION IN OUR WORKPLACE, AND UNDERSTANDS THE NEED TO ELIMINATE ALL RACIAL DISPARITIES TO ACHIEVE JUSTICE FOR ALL.

Name of the organization	Employer identification	Employer identification number		
MOBILIZATION FOR JUSTICE, INC.	13-2622748	13-2622748		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI				
	===			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	

TOTALS

2,306,738.

2,306,738.

279,430.

279,430.

CHILDREN'S RIGHTS

Name of the organization

MOBILIZATION FOR JUSTICE, INC.

Employer identification number

13-2622748

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DEGA SYSTEMS, LLC. 426 MAIN STREET, #366

SPOTSWOOD, NJ 08884 INFORMATION TECH 388,671.

NORTHERN MANHATTAN IMPROVEMENT CORP.

45 WADSWORTH AVENUE

NEW YORK, NY 10033 LEGAL SERVICES 129,951.

Name of the organization Employer identification number MOBILIZATION FOR JUSTICE, INC. 13-2622748 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS ______ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE -----PREPAID EXPENSES 475,358. 522,276. TOTALS

475,358.

=========

522,276.

=========

Name of the organization

MOBILIZATION FOR JUSTICE, INC.

Employer identification number

13-2622748

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING ENDING COST
DESCRIPTION BOOK VALUE BOOK VALUE OR FMV

CERTIFICATES OF DEPOSIT NONE 3,196,307. FMV

TOTALS ------

3,196,307.

NONE

Concedit C (1 0111 000 01 000 LZ) 2020		i ago =
Name of the organization		Employer identification number
MOBILIZATION FOR JUSTICE, INC.		13-2622748
FORM 990, PART X - DEFERRED REVENUE		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	15,678.	350,357.
TOTALS		