

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

* The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization United States Justice Foundation Number and street (or P.O. box if mail is not delivered to street address) Room/suite 932 D Street, Suite 2 City, town or county State ZIP code + 4 Ramona CA 92065		D Employer identification number 95-3523852
F Name and address of principal officer: Gary G. Keep 932 D Street, Suite 2 Ramona CA 92065		E Telephone number (760) 788-6624		
G Gross receipts \$ 4,122,231.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ www.usjif.net		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1979		M State of legal domicile: CA		

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>Educate and Litigate civil rights.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 3
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 2
5 Total number of employees (Part V, line 2a)	5 17
6 Total number of volunteers (estimate if necessary)	6 0
7a Total gross unrelated business revenue from Part VIII, I column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	
8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,319,761. Current Year 4,052,716.
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	407. 258.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,981. 69,257.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,413,149. 4,122,231.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	271,466. 355,201.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶	1,252,220.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-14d)	1,693,164. 3,379,321.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,964,630. 3,736,522.
19 Revenue less expenses. Subtract line 18 from line 12	-551,481. 385,709.
Expenses	
20 Total assets (Part X, line 16)	Beginning of Year 159,942. End of Year 200,308.
21 Total liabilities (Part X, line 26)	1,137,479. 792,486.
22 Net assets or fund balances. Subtract line 21 from line 20	-977,537. -592,178.

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Gary G. Keep **Date** 1/12/10
Signature of officer Gary G. Keep, President

Preparer's name (or firm's name if self-employed, address, and ZIP + 4) Robert D. Ben-Kori, CPA 7214 Hadlow Drive Springfield VA 22152	Date 11/15/10	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions)
Phone no. ▶ (703) 451-9136	EN ▶ <input type="checkbox"/>	

See the IRS discuss this return with the preparer shown above? (see instructions) Yes No

IAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.