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.

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. 2023

Open to Public Inspection

Fo	r the 2	2022 calendar year, or tax year beginning JUL 1, 2022 and	renamy (JON 30, 20,		at a street as
Chi	ock if	C Name of organization		D Employer iden	tifica	tion number
app	dicable:	JURIST LEGAL NEWS AND RESEARCH SERVICE	ES,			
	Address change	INC.				
	Name change	Doing business as		26-311		1
=	hitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
_	Final return/	3900 FORBES AVENUE		412-64	8 - 2	360
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		87,768.
	Amende	PITTSBURGH, PA 15260		H(a) Is this a grou	ip retu	ım — —
	neturn Applica- tion		rs	for subordin	ates?	Yes X No
_	pending	3900 FORBES AVENUE, PITTSBURGH, PA 15	260	H(b) Are all subording	des inch	used? Yes No
Te	rv-it-velor	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)) or 52	Control of the Contro		st. See instructions
_	ebsite	TIME OF COMMENT TIME OF COMMENT		H(c) Group exem		
		organization; X Corporation Trust Association Other	L Yea	r of formation: 200	8 M	State of legal domicile: PA
	41	Summany				
T	1 B	Briefly describe the organization's mission or most significant activities: TO I	ADVANC	E THE RULE	OF	LAW BY
9		PATSING PUBLIC AWARENESS.				
Activities & Governance		Check this box if the organization discontinued its operations or disp	osed of mo	re than 25% of its n	et ass	ets.
200	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	15
9	4 1	Number of independent voting members of the governing body (Part VI, line 1b))		4	15
6	4 1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	0
8	5 7	Total number of volunteers (estimate if necessary)			6	0
E I	6 1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
P	/ 0	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
-	D.I	NET CIT CHAIRE COOK I PASS CALABORE I FOOT TO THE CALL OF THE CALL		Prior Year		Current Year
	0 /	Contributions and grants (Part VIII, line 1h)	82,23	3.	85,705.	
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.	
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,10	0.	2,063.
B ₀	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	and the state of t				3.	87,768.
-	12	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
	14	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	46,80)5.	90,993.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ě		Total fundraising expenses (Part IX, column (D), line 25)	0.			
ă	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,03	31.	12,048.
	17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		58,83	103,041.	
		Revenue less expenses. Subtract line 18 from line 12		24,49	97.	-15,273.
- 10	19	Hevenue less expenses. Subtract line 15 from line 12		Beginning of Current	Year	End of Year
d Balances	200	W. J. Land Cont V. Son 163	www.mo	61,4	21.	39,828.
器	20	Total assets (Part X, line 16)		5,3	23.	592.
Fund	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		56,098. 39,236		
	art II					
P	arc II	alties of perjury, I declare that I have examined this return, including accompanying sched	tules and star	tements, and to the bes	t of my	knowledge and belief, it is
una	er pena	ct, and complete, Declaration of preparer (other than officer) is based on all information of	t which prepa	arer has any knowledge	1.	×
true	, correc	Lither		12	13/2	.7
		Signature of officer		Date	1	
Sig		BERNARD J. HIBBITTS, BOARD CHAIRMAN				
He	re	Type or print name and title				
_				Date 0	teck	PTIN
Del.		Print/Type preparer's name Preparer's signature THOMAS GOLDEN THOMAS GOLDEN		11/09/23	themploy	et P00192993
Pai		THOUSE COURSE THAT C ACCOUNTANCE		Firm's E		5-1754607
	parer	THE PARTY POINT POINT PIETA PD			0.000	
US	Only	ALLISON PARK, PA 15101-3525		Phone n	0. (4	12) 486-9250
		IRS discuss this return with the preparer shown above? See instructions	I WILLIAM STATE			X Yes No
Ma	ry the	IHS discuss this return with the preparer shown above 1 oou histograms			7.77.77	Earn 990 (2022

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	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
٠.	TO ADVANCE THE RULE OF LAW BY RAISING PUBLIC AWARENESS
	TO ADVANCE THE ROLL OF DAW BI KAISING FORDIC AWARENCED
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
*	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$103,041. including grants of \$) (Revenue \$)
	JURIST PROVIDES CONTINUOUS LEGAL NEWS, DOCUMENTATION AND COMMENTARY VIA
	IT'S WEBSITE. IT HAS REACHED AN AUDIENCE OF OVER 100,000 US AND
	INTERNATIONAL READERS PER MONTH. EXPENSES WERE FOR THE PRODUCTION,
	DISTIRBUTION AND PROMOTIOIN OF THIS SERVICE.
4b	(Code:) (Expanses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	(code
	· · · · · · · · · · · · · · · · · · ·
	•
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 103,041.

Form 990 (2022)

INC

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 Х 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 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V Х 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a 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 Х 11b c 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 Х 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes." complete Schedule F. Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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 Х 17 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 Х 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Х 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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Pai	rt IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2.02	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			
	Calcadula I. David	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	- 20	 	
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	· <u></u>		- 11
20	instructions for applicable filing thresholds, conditions, and exceptions):	- }		
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
_	"Yes," complete Schedule L, Part IV	28b	 	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 200	+	Δ.
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? if	000		х
00	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	 	X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	. 29	-	Δ
30		00		₩.
	contributions? If "Yes," complete Schedule M		1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		*
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	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			37
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	,		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		├ ─	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1,
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
ID-	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
ra	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		11	لــــا
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		-
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) wingings to prize winners?	10	I Y	i .

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1				
	filed for the calendar year ending with or within the year covered by this return 2a0	j		1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1				
	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		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
		6b		1				
7	Organizations that may receive deductible contributions under section 170(c).	OL						
7	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				
a		Γ						
	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?	- -		х				
		7c						
d		7e						
е.	· · · · · · · · · · · · · · · · · · ·							
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
9								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	, , , , , , , , , , , , , , , , , , ,							
_	sponsoring organization have excess business holdings at any time during the year?	8		 				
9	9 Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:			ĺ				
а	Initiation fees and capital contributions included on Part VIII, line 12			ł				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:			İ				
а	Gross income from members or shareholders							
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against			1				
	amounts due or received from them.)			ĺ				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>				
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.			l				
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			ĺ				
c	Enter the amount of reserves on hand			<u> </u>				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			l				
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	-						
16	Is the organization an educational institution subject to the section 4968 excise tax on net 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		1				
	If "Yes," complete Form 6069.	<u> </u>						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
		P-	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
þ	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		х				
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
_	on Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		х				
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		х				
	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule Q. See instructions.	100						
16>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
iud		16a		Х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOA		-A				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16h						
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b						
17	List the states with which a copy of this Form 990 is required to be filed PA							
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	lle est	A must	able				
18	for public inspection. Indicate how you made these available. Check all that apply.	ys only	y avalli	anie				
40		ندالعاسي	!-!					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	io tina	ncial					
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	BERNARD HIBBITTS - 412-648-2360							
	3900 FORBES AVE, PITTSBURGH, PA 15260							

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

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

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

- ta 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.

(A)	(B)	ed organization compensa						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than or box, unless person is both officer and a director/truste			than		Reportable	Reportable	Estimated		
	hours per week							compensation from	compensation from related	amount of other	
	(list any	ito	į.					the	organizations	compensation	
	hours for	trustee or director				pa ed		organization	(W-2/1099-MISC/	from the	
	related	stee o	ruste		40	pensa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	T E	lanai		gloye	1 CO 124		1099-NEC)		and related	
	below line)	Individual	Institutional Irustee	Officer	кеу елгріоуве	Highest compensated employee	Former			organizations	
(1) MEGAN MCKEE	20.00		=	0		I					
EXECUTIVE DIRECTOR		1		Х				0.	0.	0.	
(2) BERNARD J. HIBBITTS	20.00									·	
BOARD CHAIRMAN		X						0.	0.	0.	
(3) TONY R. LOCY	2.00									•	
BOARD DIRECTOR		Х						0.	0.	0.	
(4) ARJUN MISHRA	2.00	1									
BOARD DIRECTOR		X						0.	0.	0.	
(5) DEVIN MONTGOMERY	2.00										
BOARD DIRECTOR		Х			_	_		0.	0.	0.	
(6) ANDREW MORGAN	2.00										
BOARD DIRECTOR		X			L	_		0.	0.	0.	
(7) ALEJANDRA PARRA-ORLANDONI	2.00	ļ						_	_	· _	
BOARD DIRECTOR		X						0.	0.	0.	
(8) DAVID CRANE	2.00	ļ								_	
BOARD DIRECTOR		Х						0.	0.	0.	
(9) D. WES RIST	2.00									_	
BOARD DIRECTOR		X						0.	0.	<u> </u>	
(10) ALEXANDRIA SAMUEL	2.00	,,						_	_		
BOARD DIRECTOR	2.00	X						0.	0.	0.	
(11) JOSHUA SANDERS	2.00							_	_	^	
BOARD DIRECTOR	2.00	X						0.	0.	0.	
(12) MATHEW E. SHAMES	2.00	x						0.	0.	0.	
BOARD DIRECTOR (13) TIM STANLEY	2.00	^						U •		<u> </u>	
BOARD DIRECTOR	2.00	Х						0.	0.	0.	
(14) JUSTINE STEFANELLI	2,00			-					<u> </u>		
BOARD DIRECTOR	2.00	Х						0.	0.	Λ	
(15) ZACH ZAGGER	2.00	1	\vdash			\vdash	_		0.		
BOARD DIRECTOR		х						0.	0.	0.	
(16) JAMIE BUTLER	2.00		H							<u> </u>	
test similar matter.		1						0.	0.	0.	
BOARD DIRECTOR		X							E 1	,,,	

	990 (2022) INC.								RCH SERVICES	26-311	3641	<u>. Р</u>	age 8
Pat	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do	not c		C) ition more rson i	than is bot	one han	ompensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related		(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org ar	npensa from th ganizat nd relat ganizati	ie tion ted
			-										
C	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	l, Section A							0.	0			0.
2	Total number of individuals (including but n compensation from the organization											Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual									3		х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes, accrue comper	" co nsati	<i>mple</i> ion f	ete S from	Sche any	<i>dule</i> unr	e <i>J fe</i> elate	or such individual ed organization or indivi	dual for services	4		Х
Sec 1	rendered to the organization? If "Yes," com tion B. Independent Contractors Complete this table for your five highest con										5 sation	from	X
	the organization. Report compensation for t (A) Name and business			endi ONI		ith c	or w	ithin	the organization's tax (B) Description of s			C) ensatio	n
										-			
	<u>.</u>					_							
									W -				

Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Unrelated Total revenue from tax under function revenue libusiness revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 16 c Fundraising events 10 d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 85,705. 1f 9 Noncash contributions included in lines 1a-1f | 1g|\$ 85,705. h Total. Add lines 1a-1f **Business Code** 2 a _____ Program Service f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 2,063. 2,063. Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See 8a Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9ь c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold ______10b c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 87,768. 2,063. Total revenue. See instructions 0. 0.

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	rt IX Statement of Functional Expense	9S		20 31	.13041 / age :0
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a respons	· · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		".'		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part (V, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			ì	
_	persons described in section 4958(c)(3)(B)	07 111	07 111		
7	Other salaries and wages	87,111.	87,111.		
8	Pension plan accruals and contributions (include			1	
9	section 401(k) and 403(b) employer contributions)			<u> </u>	-
10	Other employee benefits	3,882.	3,882.	···	
11	Payroll taxes Fees for services (nonemployees):	3,002.	3,002.		_ .
	Management	i			
b	Legal				
c	Accounting	4,700.	4,700.		
d	Lobbying				**
	Professional fundraising services. See Part IV, line 17	•			
f	Investment management fees				<u></u>
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	986.	986.		
12	Advertising and promotion				
13	Office expenses	3,282.	3,282.		
14	Information technology				
15	Royalties				
16	Occupancy	260.	260.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 112	1 112		
23	Insurance Character Management and Assessed	1,113.	1,113.	-	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PAYPAL FEES	1,264.	1,264.		
b	STUDENT EXPENSES	278.	278.		
c	REGISTRATION FEES	150.	150.		
d	BANK FEES	15.	15.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	103,041.	103,041.	0,	0.
26	Joint costs. Complete this line only if the organization		ļ		

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Form 990 (2022) INC. Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 23,912 43,916. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a Less: accumulated depreciation 106 b 10c Investments · publicly traded securities 11 11 17,505. 15,916. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 61,421 39,828 Total assets. Add lines 1 through 15 (must equal line 33) 16 5,323. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 592. 5,323. 26 Total liabilities. Add lines 17 through 25 l x l Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 56,098. 39,236. 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31

Total net assets or fund balances

Total liabilities and net assets/fund balances

39,828. Form 990 (2022)

39,236.

56,098.

61,421.

33

32

	990 (2022) INC.	<u> 26-311</u>	<u> </u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>68.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>98.</u>
5	Net unrealized gains (losses) on investments	5	_	1,5	89.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	9,2	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				ļ
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b_		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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	ired audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits ...

Form 990 (2022)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JURIST LEGAL NEWS AND RESEARCH SERVICES, INC.

Employer identification number 26-3113641

Pa	Irt I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The	organ	ization is not a private found	ation because it is:	For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1	D(A)(i).					
2		A school described in secti				, ,,						
3	一	A hospital or a cooperative				νεν ενανώ	ii					
4	Ħ	A medical research organization					· ·	the hospital's name				
•		city, and state:	andir operated in so	individion with a noopha	docombo	JCC410	ii ii otoji ijirijiiiji ziitor	the hoopital offanie,				
_			or the benefit of a co	Mode or university owner	d or oppra	tod by a a	nvoramontal unit donorih					
5	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
ſ	X	-	-	intial part of its support i	rom a gov	ernmentai	unit or from the general	public described in				
_		section 170(b)(1)(A)(vi). (Co										
8	H	A community trust describe										
9		An agricultural research org			_		_	=				
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
	\Box	university:										
10		An organization that norma										
		activities related to its exem		•			• •	•				
		income and unrelated busin		(less section 511 tax) fro	om busine	esses acqu	ired by the organization	after June 30, 1975.				
	- -	See section 509(a)(2). (Cor	-									
11		An organization organized a										
12	Ш	An organization organized a			-		•	• •				
		more publicly supported on	=					heck the box on				
		lines 12a through 12d that o	= -				•					
а				-								
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	upporting				
	_	organization. You must c	•									
þ	Ш,	Type II. A supporting orga	anization supervised	or controlled in connec	tion with i	ts supporte	ed organization(s), by ha	ving				
		control or management of	f the supporting org	anization vested in the s	ame perso	ons that co	introl or manage the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
С	Ĺ	■ Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete f	Part IV, Se	ections A,	D, and E.					
d	L	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	innection v	vith its supported organi	zation(s)				
		that is not functionally into	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attenti	veness				
	_	requirement (see instructi	ions). You must co r	nplete Part IV, Sections	s A and D	, and Part	V.					
е	L	Check this box if the orga	inization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		ļ u				
f		r the number of supported o	-									
g		ride the following information			I for le the ora:	anization listed						
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		Organization -		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
		-										
				<u>-</u>		-						
				_								
					1	1						

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and				• • • • • • • • • • • • • • • • • • • •		
	membership fees received. (Do not						
	include any "unusual grants.")	214,688.	219,050.	268,890.	82,233.	85,822.	870,683.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	214,688.	219,050.	268,890.	82,233.	85,822.	870,683.
5	The portion of total contributions				•		
	by each person (other than a					•	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4,						870,683.
	ction B. Total Support						0,0,000
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	214,688.	219,050.	268,890.	82,233.	85,822.	870,683.
	Gross income from interest,					,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	265.	-347.	994.	1,100.	2,063.	4,075.
9	Net income from unrelated business					2,000.	4,0,51
•	activities, whether or not the						
	business is regularly carried on					:	
10	Other income. Do not include gain						
	or loss from the sale of capital			İ	;		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	-			 -		874,758.
	Gross receipts from related activities,	etc (see instruction	ne)			12	0/4,/30.
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax s	voar as a spetion 5	·· - 1	
10	organization, check this box and stor	_					
Sec	tion C. Computation of Publ				<u> </u>		
	Public support percentage for 2022 (I			column (fl)		14	99.53 %
	Public support percentage from 2021					15	99.80 %
	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
ь	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					_	
ь	10% -facts-and-circumstances test					7a, and line 15 is:	
IJ	more, and if the organization meets the						1070 UI
	organization meets the facts-and-circu						1
10							
10	Private foundation, If the organization	ir ald hot check at	JUK OH IINE 13, 168	a, iou, i/a,ori/b	, cneck this box a	nu see instruction:	<u></u>

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Par	rt III	Support Schedule for C)rganizations	Described in	Section 509(a)(2)	<u> </u>	
		(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	l to qualify under l	Part II. If the organia	zation fails to
		qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	tion /	A. Public Support						
Calen	dar yea	ır (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 (Gifts, g	grants, contributions, and						
-	membe	ership fees received. (Do not						
i	include	e any "unusual grants.")						
2	Gross	receipts from admissions,						
		andise sold or services per-						
		I, or facilities furnished in tivity that is related to the						
		zation's tax-exempt purpose						
3	Gross	receipts from activities that						
i	are not	t an unrelated trade or bus-					j	
i	iness L	ınder section 513						
4	Tax rev	venues levied for the organ-						
		's benefit and either paid to				}		
		ended on its behalf						
5	The va	lue of services or facilities						
	furnish	ed by a governmental unit to						
		anization without charge						
6	Total.	Add lines 1 through 5				· ·		
		its included on lines 1, 2, and				· · · · · · · · · · · · · · · · · · ·		
		ved from disqualified persons						
_		included on lines 2 and 3 received						
		er than disqualified persons that					1	
		he greater of \$5,000 or 1% of the on line 13 for the year						
		es 7a and 7b						
		support. (Subtract line 7c from line 6.)						
		3. Total Support					-t	
Calen	darvea	r (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		nts from line 6		(3)	(4)	(-,	(4)	
		income from interest,						
		nds, payments received on						
		ies loans, rents, royalties, come from similar sources						
		ed business taxable income						
		ction 511 taxes) from businesses						
	•	d after June 30, 1975						
		es 10a and 10b						
		come from unrelated business				-		<u></u>
		es not included on line 10b,						
		er or not the business is ly carried on						
	_	ncome. Do not include gain						
1	or loss	from the sale of capital						
		(Explain in Part VI.)						· - · · · · · · · · · · · · · · · · · ·
		vears. If the Form 990 is for th	e organization's fi	rst. second third	fourth, or fifth tax	vear as a section	501(c)(3) proapizati	on.
		this box and stop here	•		•	•	ou i (o)(o) oi gainzati	,
		C. Computation of Publ			***************************************	•••••		
		support percentage for 2022 (I			colume (fi)		15	%
		support percentage from 2021					16	
		D. Computation of Inves					1 10 1	76
		ment income percentage for 20	•		ne 13. column (f)		17	%
		ment income percentage for 20 ment income percentage from 5			no ro, commit (i))		18	

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2022

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

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

	Yes	Νo
1		
•		
2		<u> </u>
3a		
3b		
Зс		<u>-</u>
4a		
4b		
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4c		<u> </u>
5a		
5b		
5c		
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7		
8		
9a		<u> </u>
nL.		
9b		
9c		
_		
10a		
10b		

that these activities constituted substantially all of its activities.

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.

- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

JURIST LEGAL NEWS AND RESEARCH SERVICES, 26-3113641 Page 6 INC. Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 Add lines 1 through 3. 4 Depreciation and depletion 5 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year

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

1

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

2

<u>3</u> 4

7

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

JURIST LEGAL NEWS AND RESEARCH SERVICES, 26-3113641 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 4 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 3 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c.

Schedule A (Form 990) 2022

Breakdown of line 7:
 a Excess from 2018
 Excess from 2019
 Excess from 2020
 d Excess from 2021
 Excess from 2021
 Excess from 2022

Schedule A	(Form 990) 2022	INC.			<u> 26-3113641 Page 8</u>
Part VI	Part IV, Section A, lines 1, line 1: Part IV, Section D, I	mation. Provide the explan, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 lines 2 and 3; Part IV, Section 8; and Part V, Section E, lines	9b, 9c, 11a, 11b, and 11c; F i E, lines 1c, 2a, 2b, 3a, and	Part IV, Section B, lines 1 : I 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,
					-
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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.

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JURIST LEGAL NEWS AND RESEARCH SERVICES, INC.

Employer identification number 26-3113641

		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🔲 I
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpos	e conferring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the orga	anization answered "Ye	s" <mark>on</mark> Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	_	
	Preservation of land for public use (for example, recreating	ion or education) 🖳	Preservation o	of a historically important land area
	Protection of natural habitat		Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contrib	ution in the forn	
	day of the tax year.			Held at the End of the Tax Yo
a	Total number of conservation easements			
ь	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic stru			2c
a	Number of conservation easements included in (c) acquired a			
_	historic structure listed in the National Register			
3		raseo, extinguisneu, or	terminated by ti	re organization during the tax
4	Number of states where property subject to conservation easi	oment is located		
5	Does the organization have a written policy regarding the period		tion handling of	;
•	violations, and enforcement of the conservation easements it	- · ·	•	Yes I
6	Staff and volunteer hours devoted to monitoring, inspecting, it			
٠	otali and foliamoon touro across to mornioring, hopothing, i	iarialing of Floradoris, a	no critorollig co	instruction case menta deling the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and en	forcing conserv	ration easements during the year
•	,			and for the deling the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 17	O(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?	,		·····
9	In Part XIII, describe how the organization reports conservation			······
	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	J		
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form !	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that des	scribes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in fur	therance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		•••••	\$
				<i></i> \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1		••••	\$ <u></u>
b	Assets included in Form 990, Part X			

	dule D (Form 990) 2022 INC.							<u> 26-31</u>			age 2
Pai	t III Organizations Maintaining Co								ts (cont <u>i</u> n	ued)	
3	Using the organization's acquisition, accession	n, and other record	is, chec	k any of the	following that	at make sig	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	C			hange progra						
b	Scholarly research	€	· 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's col							se in Par	t XIII.		
5	During the year, did the organization solicit or							_	7		7
	to be sold to raise funds rather than to be mai		•						_ Yes		<u>No</u>
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part								•		
1a	Is the organization an agent, trustee, custodia		-						٦		٦
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing	table:			· · · · · ·		A		
									Amount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
Ţ	Ending balance								7		1
2a	Did the organization include an amount on For						λ,		Yes	┝	i No
	t V Endowment Funds. Complete if										<u> </u>
rai		(a) Current year	ı	rior year	(c) Two yea			ears back	(a) Four	vaare	hack
	<u> </u>	(a) Content year	(0)	Tior year	(C) Two yea	15 Dack IL	1) TINGG 9	Edi S Dack	(E) Four	years	Dack
1a	Beginning of year balance										
ь	Contributions										
C	Net investment earnings, gains, and losses										· · · · -
ď	Grants or scholarships										
е	Other expenditures for facilities		İ								
	and programs										
· ·	Administrative expenses										
g	End of year balance	nt year and halan	L dine 1	a column (all hold ag:						
2	Board designated or quasi-endowment	-	.e (iirie i %	g, column (ajj neiu as.						
a		%									
	Permanent endowment %	·									
C	The percentages on lines 2a, 2b, and 2c shou										
2	Are there endowment funds not in the posses	•	ation the	at ara bald a	and administr	arad far the					
Ja	organization by:	sion of the organiz	auon m	at are neid a	and administe	reu ioi iiii	7		٢	Yes	No
	•								-	-103	
ь	(ii) Related organizations	one lietad se raqui	red on S	Schedule B2	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•••••		3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipme		JAAN HELLE	Julius.							
	Complete if the organization answered		0. Part I	V. line 11a. S	See Form 990	D. Part X. li	ne 10.				
	Description of property	(a) Cost or o		i	t or other		umulate	а	(d) Book	value	
	assemblian at brobard	basis (investi			(other)		eciation	_	(4) 2001	···	-
1a	Land										
	Buildings					1					
	Leasehold improvements		-								
d	Equipment		-					- -			
_	Other										

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

Schedule D (Form 990) 2022

	ule D (Form 990) 2022 INC . : VII Investments - Other Securities.			<u>26-3113641</u> Pag
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 1	1b. See Form 990, Part X,	line 12.
(a) D	escription of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
	nancial derivatives			
-	osely held equity interests			
3) Otl	• • • • • • • • • • • • • • • • • • • •			
	ANNALY CAPITAL MANAGEMENT	12,506.	END-OF-YEAR	MARKET VALUE
(B)	BERKSHIRE HATHAWAY	3,410.	END-OF-YEAR	MARKET VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,916.		
Part	: VIII Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of Valuation	: Cost or end-of-year market value
(1)	Ţ			
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)		··-···		
(9)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part		. .		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal.	(Column (b) must equal Form 990, Part X, col. (B) line	15.)		
otal.	X Other Liabilities.			
otal.	t X Other Liabilities. Complete if the organization answered "Yes" or			1
otal. Part	Complete if the organization answered "Yes" or (a) Description of liability			Part X, line 25.
otal. Part	Complete if the organization answered "Yes" or (a) Description of liability			1
otal. Part . (1) (2)	Complete if the organization answered "Yes" or (a) Description of liability			1
otal. Part (1) (2) (3)	Complete if the organization answered "Yes" or (a) Description of liability			1
(1) (2) (3) (4)	Complete if the organization answered "Yes" or (a) Description of liability			1
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" or (a) Description of liability			1
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" or (a) Description of liability			
(1) (2) (3) (4) (5) (6) (7)	t X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability Federal income taxes			1
(1) (2) (3) (4) (5) (6) (7) (8)	t X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability Federal income taxes			1
(1) (2) (3) (4) (5) (6) (7) (8) (9)	t X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability Federal income taxes	n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	(b) Book value

26-3113641 Page 4 Schedule D (Form 990) 2022 INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2b Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities _____ 2b Prior year adjustments Other losses 2¢ Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. JURIST LEGAL NEWS AND RESEARCH SERVICES, Inspection

26-3113641 INC. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION PRESENTS A DRAFT COPY OF THE FORM 990 FOR REVIEW BY THE BOARD FOR APPROVAL BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.