# EXTENDED TO NOVEMBER 15, 2017

990

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

16 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	For th	e 20 16 calendar year, or tax year beginning and	a enaing	-	
В	Check if applicab	c Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		20-4	214306
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return			(202	)657-5225
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	762634.	
	Amen return	SILVER SERING, MD 20904		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: JEFFREY PANKRATZ		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
J	Websi	te: ► WWW.JUSTICEVENTURES.ORG		H(c) Group exemptio	
K	Form o	organization: Corporation Trust X Association Other	<b>L</b> Year	of formation: 2007 N	State of legal domicile: MD
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIC	N IS TO SEC	URE
Activities & Governance		FREEDOM, JUSTICE AND RESTORATION FOR THE	POOR	AND OPPRESS	ED BY
ž	2	Check this box  if the organization discontinued its operations or disposition of the continued its operations.	osed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es 6	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			7
ξ	6	Total number of volunteers (estimate if necessary)			300
<b>Ç</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		702739.	715759.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23.	25.
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18875.	8186.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		721637.	723970.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		101050.	84296.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		139620.	183928.
us	16a	Professional fundraising fees (Part IX, column (A), line 11e)		7188.	5225.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	292.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		492399.	486695.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		740257.	760144.
	19	Revenue less expenses. Subtract line 18 from line 12		-18620.	-36174.
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		327226.	310459.
t As	21	Total liabilities (Part X, line 26)		37956.	57363.
<u>=====================================</u>	22	Net assets or fund balances. Subtract line 21 from line 20		289270.	253096.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Circulum of afficer		Data	
Sig		Signature of officer		Date	
He	re	JEFFREY PANKRATZ, PRESIDENT			
		Type or print name and title	П	Ooto I F	1 DTIN
D - '		Print/Type preparer's name  Preparer's signature  RAMULL BERN DEGIC		Date Check Check	PTIN
Pai		KATHLEEN BECK, CPA KATHLEEN BECK,	CPA I	.0/16/17 self-employ	
	parer	Firm's name BECK & COMPANY, CPAS, PC		Firm's EIN	54-1837722
Use	Only	Firm's address 447 A CARLISLE DRIVE			021024 0776
_		HERNDON, VA 20170		Phone no. (7	03)834-0776
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Page 2

га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Ц
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO SECURE FREEDOM, JUSTICE AND RESTORATION FOR	THE POOR
	AND OPPRESSED BY STRENGTHENING VENTURES THAT PROMOTE JUSTICE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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 services?	Yes 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 by	/ exnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	•
	revenue, if any, for each program service reported.	experiedes, and
40		
4a	(Code:) (Expenses \$	· то
	GRASSROOTS ORGANIZATIONS WORKING TO EMPOWER URBAN SLUM DWELLER	
	POOR AND MARGINALIZED	S, IRE
	POOR AND MARGINALIZED	
4b	(Code: ) (Expenses \$ 621024 • including grants of \$ 73296 • ) (Revenue \$	1
	GIVE GRANTS AND SUPPORT TO GRASSROOTS ORGANIZATIONS WORKING TO	,
	ELIMINATE HUMAN TRAFFICKING AND BONDED SERVANTHOOD	·
	THIMITI HOWAY TRAITICKING AND BONDED BERVANIHOOD	
4c	(Code: ) (Expenses \$ 11000 • including grants of \$ 11000 • ) (Revenue \$	)
		'HE
	MARGINALIZED AND VULNERABLE	
4d	Other program services (Describe in Schedule O.)	
Tu		1
40	(Expenses \$ including grants of \$ ) (Revenue \$	J

# Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or 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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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			Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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
35a	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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 in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# | Part 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				Ш				
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a / 1b 0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lib   °							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v					
0-	(gambling) winnings to prize winners?	I	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7							
	filed for the calendar year ending with or within the year covered by this return		Oh	Х					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ					
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		- 22				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
h	If "Yes," enter the name of the foreign country:	accounty:	4a		Х				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (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 transa		5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	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 contribut								
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).		6b						
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
а			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:	ا ءمه ا							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
b	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	.za						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>   </u>							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
			Form	990	(2016				

632005 11-11-16

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year la								
	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 in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b								
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, or trustees, or key employees to a management company or other person?	3		X					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
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		Х					
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						
b	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 in 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					
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe in 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	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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	Х						
	If "Yes" to line 15a or 15b, describe the process in 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		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MD								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	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:								
	JEFFREY PANKRATZ - (202)657-5225								
	14500 NEW HAMPSHIRE AVE, SILVER SPRING, MD 20904								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFFREY PANKRATZ	43.00	I						00006	•	
PRESIDENT	1 50	Х		Х				88786.	0.	0 .
(2) THOMAS KIM	1.50	ļ ,,		37					0	0
BOARD VICE CHAIR	1.50	Х		Х				0.	0.	0
(3) DAVE MCDOWELL	1.50	x						0.	0.	0
DIRECTOR (4) ROBERT ANDERSEN	1.50	^						0.	0.	0
TREASURER	1.30	x		Х				0.	0.	0
(5) DAVID EGGERT	1.50							•	•	
VICE PRESIDENT		X		х				0.	0.	0
(6) DENISE TOMLINSON	1.50	<del> </del>								
DIRECTOR		X						0.	0.	0 .
(7) NANCY SUNG	1.50									
SECRETARY		Х		Х				0.	0.	0 .
(8) RUSSELL POPE	7.50									
BOARD CHAIR		Х		Х				0.	0.	0
(9) EDWARD SOHN	1.50								_	_
DIRECTOR		Х						0.	0.	0
		-								
		_								
					1	1				

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)						1	(E)			(F)		
Name and title	Average	(do		Pos		than	one	Reportable		Es <sup>-</sup>	timate	∍d	
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	1 '	compensation	า		ount	of
	week (list any	_	<del>                                     </del>		1	from	from related			other			
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	<sup>()</sup>		anizat	
	organizations	truste	al trus		/ee	mper		(** 27 1000 111100)			•	d relat	
	below	idual	Institutional trustee	 	oldm	est co oyee	-E					ınizati	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
		1											
		_											
		4											
		4											
	-												
		-											
							Ļ	88786.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part								88786.		0.			0.
d Total (add lines 1b and 1c)									000 - f t - l- l				<u> </u>
2 Total number of individuals (including but	not limited to tr	iose	IIST	ea a	NOO	e) wr	no r	eceived more than \$100	,000 of reportable	3			0
compensation from the organization												Yes	No
2 Did the expenientian list any former office	r director or tw	ıoto	م ارد		mala		۰.	highest companyed of	malayaa aa			163	140
3 Did the organization list any <b>former</b> office line 1a? If "Yes." complete Schedule J for			•	•	•	•					3		Х
4 For any individual listed on line 1a, is the								har compandian from			3		
and related organizations greater than \$1	•							-	•		4		Х
5 Did any person listed on line 1a receive o											_		
rendered to the organization? If "Yes," co	•				•			ted organization or indiv	idual for services		5		Х
Section B. Independent Contractors	ripiete deriedai	C 0 1	01 3	ucn	perc	3011 .					<u> </u>		
Complete this table for your five highest of	omnensated in	den	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	nensat	ion f	rom	
the organization. Report compensation for		•							•	perisat		10111	
(A)	r trie daleridar y	oui	criai	ng v	VICII	01 11	<u> </u>	(B)	your.		(C	:)	
Name and busines	s address							Description of s	services	Cor		יי nsatio	n
DEVELOPMENT SOURCING ADV		LС						CONSULTING S			-		
14317 DUVALL COURT, BURT			ΜI	2	208	866		AND EXPENSES			3	414	92.
							一						

Form **990** (2016)

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

\$100,000 of compensation from the organization

	000 /	TTPZIIT.	CE VENTII	PEC TNWE	RNATIONAL		20-4214	306 Page <b>9</b>
	t VII			KED INTE	MATIONAL		20 4214	500 Page 5
		Check if Schedule O conta		or note to any lin	e in this Part VIII			
		Shook ii Golioddic G Golike	and a response	or riote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Giffs, Grants Revenue and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f  All other program service rever	1b	Business Code	715759.			
Other Revenue	b c d 7 a b c d 8 a b c a 10 a b c	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$ contributions reported on line  Part IV, line 18  Less: direct expenses  Net income or (loss) from fund  Gross income from gaming act  Part IV, line 19  Less: direct expenses  Net income or (loss) from gam  Gross sales of inventory, less and allowances  Less: cost of goods sold  Net income or (loss) from sales  Miscellaneous Revenue	(i) Real  (i) Securities  (i) Securities  (ii) Securities  (ii) Securities  (iii) Securities  (iv) Securitie	est, and	8186.	8186.		25.
ſ	11 a							
	h							I

723970.

d All other revenue \_\_\_\_\_e Total. Add lines 11a-11d \_\_\_\_\_

Total revenue. See instructions.

8186.

### 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 response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign 84296. 84296. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 81950. 51629 11473. 18848 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 89413. 56329. 20566. 12518. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 12565. 7916. 2890. 1759. Payroll taxes 10 Fees for services (non-employees): 11 9280 9280 a Management ..... Legal 13436. 13436. Accounting Lobbying 5225. 5225. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 263667 263667 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5053. 5053. Office expenses 13 5578. 5578. 14 Information technology Royalties 15 2110. 2110. 16 Occupancy 126654. 123077. 2260. 1317. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 2323. 2323. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **MISCELLANEOUS** 53043. 42261. 10782. 2849. TRAINING 2849. ORGANIZATION EXPENSES 2397. 2397. 305. 305. SHIPPING e All other expenses 760144. 632024 95828 32292. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2016)

Check here

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

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	137517.	1	184237
2	Savings and temporary cash investments	110529.	2	31902
3	Pledges and grants receivable, net	57425.	3	84629
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
ξ   8	Inventories for sale or use	20992.	8	8915
9	Prepaid expenses and deferred charges	763.	9	776
10	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	327226.	16	310459
17	Accounts payable and accrued expenses	37956.	17	57363
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
Ē	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	37956.	26	57363
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	247125.	27	235366
28	Temporarily restricted net assets	42145.	28	17730
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
5	and complete lines 30 through 34.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	289270.	33	253096
34	Total liabilities and net assets/fund balances	327226.	34	310459

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		239 601				
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			530				
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 in Sch	edule O.						
За	<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JUSTICE VENTURES INTERNATIONAL

**Employer identification number** 20-4214306

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee 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 associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:	•									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in				
			section 170(b)(1)(A)(iv). (Complete Part II.)									
6				nental unit described in	section 17	70(b)(1)(A)	(v).					
7		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
-		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	. ,	(1)(A)(vi). (Complete Par	t II.)							
9	$\Box$	An agricultural research org				ed in coni	inction with a land-grant	college				
·		or university or a non-land-g				-	-	-				
		university:	jrant conege or agno	altare (see metractions).	Lintor tiro	marrio, ori	y, and state of the coneg	0 01				
10	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one membership fees a	and gross receipts from				
		activities related to its exen										
		income and unrelated busin	•	·				•				
		See section 509(a)(2). (Cor		(less section of reak) if	om busine	sses acqu	illed by the organization	arter June 30, 1973.				
11		An organization organized a	•	ively to test for public sa	faty Saa	section 50	10(a)(4)					
12	H	An organization organized a	· ·	•	•			nurnoses of one or				
12		more publicly supported or	· ·	•	=		· · · · · · · · · · · · · · · · · · ·					
			-					DIECK THE DOX III				
_		lines 12a through 12d that	• •			-	· · · · · ·	, giving				
а			· ·	•	•	•						
		the supported organization			a majority	or the aire	ctors or trustees of the s	supporting				
		organization. You must o			ationis contains to							
b			•					•				
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus										
С							• •	ed with,				
		its supported organization		•								
d												
		that is not functionally int	-	•	•		•	iveness				
		requirement (see instructi	•	-								
е		□ Check this box if the organic					a Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ing organi	zation.						
f		er the number of supported of	•									
g		vide the following information  i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) = 114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)				
		- · g-···		above (see instructions))	Yes	No						
Γota	al											

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources  Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•					• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2016 (			column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l <b>stop here.</b> Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	,,	,				
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	510141.	567185.	767414.	704885.	715759.	3265384.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	105603.	62234.	90310.	63738.	46850.	368735.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	615744.	629419.	857724.	768623.	762609.	3634119.
7	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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	331285.	359742.	419297.	307080.	366252.	1783656.
	Add lines 7a and 7b	331285.	359742.	419297.	307080.	366252.	1783656.
	Public support. (Subtract line 7c from line 6.)						1850463.
	ction B. Total Support		1	1			
	endar year (or fiscal year beginning in)	(a) 2012 615744.	(b) 2013 629419.	(c) 2014 857724.	(d) 2015 768623.	(e) 2016 762609.	(f) Total 3634119.
	Amounts from line 6  a Gross income from interest,	013/44.	029419.	03//24.	700023.	702009.	3034119.
100	dividends, payments received on securities loans, rents, royalties and income from similar sources	60.	35.	23.	23.	25.	166.
ŀ	unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b	60.	35.	23.	23.	25.	166.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	615804.	629454.	857747.	768646.	762634.	3634285.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						F0 00
	Public support percentage for 2016 (li			olumn (f))		15	50.92 %
	Public support percentage from 2015					16	53.48 %
	ction D. Computation of Inves					1	00
	Investment income percentage for 20				I	17	.00 %
	Investment income percentage from 2					18	.01 %
198	a 33 1/3% support tests - 2016. If the						7 is not ► X
	more than 33 1/3%, check this box ar						
ľ	o 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						<b>[</b>

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Veal   No   Part   Part   No   Part   Part   No   Part   Part   No   Part   P	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization?  b A Amily member of a person described in (i) above?  c A 35% controlled entity of a person described in (i) or (b) above?!  Yes' to a, b, or c, provide detail in Part Vi.  11c  Section B. Type I Supporting Organizations  1 Did the directors, frustoes, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "I'V" describe in Part V In own the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization derives the supported organization, describe how the powers to appoint and/or remove directors or trustees are all times during the tax year.  1 Did the directors, trustoes, or membership of one or more supported organization share the supported organization, effectively operated, supervised, or controlled the supported organization's effectively operated, supervised, or controlled the supported organization other than the supported organization, describe how the powers to appear and/or remove directors or trustees were allocated among the supported organization of the supported organization's little and the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organization's directors or trustees of each of the organization's directors or trustees of the supported organization's provided to develope organization's provided organization's powering documents in effect on the same persons that controlled or managed the supported organization's powering documents in effect on the same persons that controlled or managed the supported organization is an expension or the supported organ		, c c (senimos)		Yes	No
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<ul> <li>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? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2	-	<b>∠</b> D		
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		od		
	D		3h		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	ιν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - I	Distributions			Current Year
1	Amoun	ts paid to supported organizations to accomplish exe	mpt purposes		
2	Amoun				
	organiz				
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	distributions (describe in <b>Part VI</b> ). See instructions			
7	Total a	nnual distributions. Add lines 1 through 6			
8	Distribu	utions to attentive supported organizations to which the	ne organization is responsive	е	
	(provid	e details in <b>Part VI</b> ). See instructions			
9	Distribu	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
24	an F	Distribution Allocations (see instructions)	<b>Excess Distributions</b>	Underdistributions	Distributable
ect	OII E - L	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distribu	utable amount for 2016 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2016 (reason-			
	able ca	use required- explain in Part VI). See instructions			
3	Excess	distributions carryover, if any, to 2016:			
а					
b					
С	From 2	013			
d	From 2	014			
е	From 2	015			
f	Total o	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2016 distributable amount			
i	Carryo	ver from 2011 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2016 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2016 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4			
5	Remair	ning underdistributions for years prior to 2016, if			
	any. Su	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions			
6	Remain	ning underdistributions for 2016. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI.	See instructions			
7	Excess	s distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakd	own of line 7:			
а					
		from 2013			
С	Excess	from 2014			
d		from 2015			
_	Evene-	from 2016			

Schedule A (Form 990 or 990-EZ) 2016

David VIII	Training of the control of the contr
Part VI	<b>Supplemental Information.</b> 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

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
INTERNATIONAL JUSTICE MISSION	211890.	231993.	264936.	198439.	80256.
NATIONAL CHRISTIAN FOUNDATION	36842.	27912.	30667.	0.	19003.
GENEVA GLOBAL	28083.	12972.	0.	78328.	56298.
MICROSOFT MATCHING GIFTS PROGRAM	17842.	8705.	6423.	7264.	0.
PAUL PANKRATZ	8842.	8705.	1423.	0.	0.
SUPERIOR OIL COMPANY	6842.	13705.	28423.	0.	37374.
ANTI-SLAVERY INTERNATIONAL INC	4542.	0.	0.	0.	0.
ROBERT ANDERSON	3842.	8705.	0.	0.	0.
ANDREW LAPERRIERE	3842.	0.	1423.	0.	17374.
FIDELITY CHARITABLE GIFT FUND	3842.	10705.	4423.	0.	6374.
FIRST UNITED METHODIST CHURCH	2992.	0.	0.	0.	0.
RUSSELL POPE	1742.	8405.	21941.	0.	0.
THOMAS KIM	142.	0.	0.	0.	0.
ARK ENGINEERING CO	0.	3705.	0.	0.	0.
MARK BUCKINGHAM	0.	205.	0.	3425.	0.
JENNY WU YEH	0.	0.	6423.	0.	6874.
WORLD JUSTICE PROJECT	0.	6205.	0.	0.	0.
MICHAEL YEH	0.	8705.	0.	0.	0.
NANCY SUNG	0.	3705.	1423.	0.	1874.
DAE CHOI	0.	3705.	0.	0.	0.
JEFFREY PANKRATZ	0.	1705.	0.	0.	0.
CAROLYN SUN CHOI	0.	0.	2623.	0.	0.
OPEN DOOR PRESBYTERIAN	0.	0.	13823.	0.	2607.
SHINWOO KIM	0.	0.	3923.	4314.	4374.
Total to Schedule A, Part III, Line 7b					

# Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
CORNERSTONE TRUST	0.	0.	31423.	0.	42374.
ETHAN JACKSON	0.	0.	0.	2314.	0.
T ROWE PRICE FOUNDATION	0.	0.	0.	4314.	4374.
MARKETPLACERS INTERNATIONAL DAVID WEEKLY FAMILY	0.	0.	0.	8682.	0.
FOUNDATION	0.	0.	0.	0.	67374.
EDWARD SOHN BENEVITY COMMUNITY	0.	0.	0.	0.	4974.
IMPACT FUND COMMUNITY FOUNDATION	0.	0.	0.	0.	11374
OF LOUISVILLE	0.	0.	0.	0.	3374.
Total to Schedule A,	331285.	359742.	419297.	307080.	366252.

# Schedule A

# Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	Amount Received in 2016	2016 Excess Payments
INTERNATIONAL JUSTICE MISSION	87882.	80256.
NATIONAL CHRISTIAN FOUNDATION	26629.	19003.
GENEVA GLOBAL	63924.	56298.
SUPERIOR OIL COMPANY	45000.	37374.
ANDREW LAPERRIERE	25000.	17374.
FIDELITY CHARITABLE GIFT FUND	14000.	6374.
JENNY WU YEH	14500.	6874.
NANCY SUNG	9500.	1874.
OPEN DOOR PRESBYTERIAN	10233.	2607.
SHINWOO KIM	12000.	4374.
CORNERSTONE TRUST	50000.	42374.
T ROWE PRICE FOUNDATION	12000.	4374.
DAVID WEEKLY FAMILY FOUNDATION	75000.	67374.
EDWARD SOHN	12600.	4974.
BENEVITY COMMUNITY IMPACT FUND	19000.	11374.
COMMUNITY FOUNDATION OF LOUISVILLE	11000.	3374.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		366252.

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JUSTICE VENTURES INTERNATIONAL

**Employer identification number** 20-4214306

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised 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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

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Schedule D (Form 990) 2016

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

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Sir	nilar Asse	t <b>s</b> (contii	nued)	<u> </u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following th	at are a s	signific	ant use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	rams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizat	tion's exe	empt p	urpose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, o	٢	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other a	ssets no	t includ	led			
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, 1	•	3						Amoun	t	
С	Beginning balance						1	С			
	Additions during the year							d			
e	Distributions during the year							e			
f	Ending balance							ıf			
	Did the organization include an amount on Fo							<u>''                                   </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				]
Pai											
		(a) Current year		rior year	(c) Two year			ree years back	(e) Four	r veare	hack
10	Reginning of year balance	(a) Current year	(0)	noi yeai	(C) TWO yea	ars back	(u) 1111	oo yoara back	(e) roui	yours	Dack
_	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	•	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentage and a should be contaged and a should be contaged and a should be contage	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administ	ered for	the org	anization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part I\	/, line 11a. S	See Form 99	0, Part X	, line 1	0.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumu	ılated	(d) Boo	k valu	е
		basis (investn	nent)	basis	(other)	de	precia	tion			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B). line	10c.)	•		lacktriangle			0.

Schedule D (Form 990) 2016

Part VIII   Investments - Other Securities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2016	JUSTICE VEN	TURES	INTERN	ATIONAL	20	0-4214306	Page
(a) Description of security or category oeclusing name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely-held equity interests (g) Other (h) (G) (C) (D) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Part VII Investments - O	ther Securities.						
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Complete if the organ	ization answered "Yes"	on Form 99	0, Part IV, line	e 11b. See Form 990	, Part X, line 12.		
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(a) Description of security or category	y (including name of security)	<b>(b)</b> Bo	ok value	(c) Method of	valuation: Cost or er	nd-of-year market v	/alue
(3) Other	(1) Financial derivatives							
(A) (B) (C) (D) (E) (F) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely-held equity interests							
(B) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(3) Other							
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation; Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(A)							
(b) (c) (c) (c) must equal Form 990, Part X, col. (B) line 12.)      Part Viii   Investments - Program Related.	(B)							
(E) (F) (G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part Viii   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)    Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (f) (g) (g)   Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Labilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Labilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (4) (5)	(C)							
(G) (G) (H) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12,) ▶ Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D)							
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Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of Investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13:  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19								
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(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.								
(4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description f liability (b) Book value  (1) Federal income taxes (2) (3) (4) (6)								
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶           Part IX Other Assets.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description         (b) Book value           (1)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)         (5)								
Part IX		Part V col (R) line 13 \						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)		art A, coi. (b) line 15.)						
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)		ization answered "Yes"	on Form 99	0 Part IV line	e 11d. See Form 990	Part X line 15		
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(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	(1)						1 ,	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)								
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)	•							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	Total. (Column (b) must equal Form	n 990, Part X, col. (B) line	e 15.)			<b>&gt;</b>		
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(1) Federal income taxes (2) (3) (4) (5)			on Form 99	0, Part IV, line	e 11e or 11f. See For	m 990, Part X, line 2	25.	
(2) (3) (4) (5)	1. (a) Desc	cription of liability			(b) Book value			
(3) (4) (5)	(1) Federal income taxes							
(4) (5)	(2)							
(5)	(3)							
	(4)							
(6)	(5)							
<u> </u>	(6)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoonup2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

(8)

	dule D (Form 990) 2016 JUSTICE VENTURES INTERNATI	ONAL	20-42	14306 <sub>Page</sub>
Pai	t XI Reconciliation of Revenue per Audited Financial Statem		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			723970
1			1	123310
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		00	0
	Add lines 2a through 2d			723970
3	Subtract line 2e from line 1		3	123310
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
_	Add lines 4a and 4b			723970
5 Do:		aanta With Evn		143910
Pai	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statem  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	_	enses per Return.	
1	Total expenses and losses per audited financial statements		1	760144
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,,,,,,
a	Donated services and use of facilities	<sub>2a</sub>		
_				
b	Prior year adjustments Other losses			
d		• +		
	Other (Describe in Part XIII.)		20	0
	Add lines 2a through 2d			760144
3	Subtract line 2e from line 1			700144
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4-	0
_	Add lines 4a and 4b			760144
5 Do	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	700144
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			ne 2; Part XI,
PAI	RT X, LINE 2:			
IN	ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON	ACCOUNTII	NG FOR UNCER	TAINTY IN
INC	COME TAXES ISSUED BY THE FASB, THE ORGANIZ	ATION REC	OGNIZES TAX	
LIZ	ABILITIES FOR UNCERTAIN TAX POSITIONS WHEN	IT IS MO	RE LIKELY TH	AN NOT

THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT.

Schedule D (Form 990) 2016

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

		~				00 401400	
Pai	STICE VENTURE			tside the United States. Comple		20-421430	
Pai	Form 990, Part IV		ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "	Yes" on
1			maintain record	ds to substantiate the amount of its gra	ants and other	assistance	
•				the selection criteria used to award the			Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance out	side the
3		ne following Part	: I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	<b>(b)</b> Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
		_		GRANTS TO RECIPIENTS			
3001	'H ASIA	1	1	LOCATED IN REGION	ANTI HUMAN	TRAFFICKING	73296.
ZAST	' ASIA	1	0	GRANTS TO RECIPIENTS LOCATED IN REGION	LEGAL AID P	ROGRAM	11000.
	. 110 111			Decirity in Meter	1110111	<u> </u>	11000.
3 a	Sub-total	2	1				84296.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	2	1				84296.

632071 09-21-16

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

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,						
			ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	60000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	LEGAL AID	11000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	3150.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	146.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	A	7000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,		3000.	WIRE TRANSFER	0.		
			recognized as charities by th					

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2016

		ates. Complete ii	the organization answered Tes	orromi 990, Fart	iv, iiie io.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	dditional space is neede	dditional space is needed. (c) Number of	dditional space is needed.  (c) Number of (d) Amount of	dditional space is needed.  (c) Number of (d) Amount of (e) Manner of	dditional space is needed.  (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement)  (b) Region (c) Number of (d) Amount of (ash disbursement)	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance

Page 4

Part IV	Foreian	<b>Forms</b>

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **SCHEDULE L**

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

**2016** 

**Open To Public** Inspection

ivam	ne of the organization	JUSTICE V	ENTURES	INT	'ERN	ATIONAL				-	143		on n	ımber
Pa							nd 50	1(c)(29) organization						
	Complete if the	organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, line 25a	or 25b	o, or Form 990-EZ, P	art V,	line 40	Db.			
1	(a) Name of disqualified	nerson (b) F	Relationship bet			lified	(c	e) Description of tran	sactio	n		(d)	Corre	ected?
	(a) Name of disqualified	person	person and o	rganiza	ation		٠,٠	, Description of train	Sactio	,,,		Y	es	No
												_		
2	Enter the amount of tax	incurred by the c	organization mar	nagers	or disc	qualified persor	ns dur	ring the year under				•		
	section 4958									<b>&gt;</b> \$				
3	Enter the amount of tax,	, if any, on line 2,	above, reimburs	sed by	the or	ganization				<b>&gt;</b> \$				
Da	wt II I conc to on	d/or From Int	torostad Dar	0000										
Pa														
	•	-				, Part V, line 38	a or F	Form 990, Part IV, lin	ie 26;	or if th	ne orga	anızatı	on	
	(a) Name of	bunt on Form 990 (b) Relationship	<del> </del>		an to or	(e) Origina	. 1	(f) Balance due	(a)	ln	<b>(h)</b> Ap	proved ard or	(i) V	Vritten
	interested person	with organization			n the zation?	principal amo		(i) Balance due		ault?	by bo	ard or nittee?	agre	ement?
				То	From				Yes	No	Yes	No	Yes	No
		-												1
		+												<u> </u>
														1
Tota							▶ \$							
Pa	rt III Grants or As	ssistance Bei	nefiting Inte	reste	d Pe	rsons.								
	•	organization ansv												
	(a) Name of interested	person	(b) Relationship interested pers the organiz	son an		(c) Amour assistan		(d) Type assistan			•	e) Purp assist		of
			unc organiz	411011						$-\!\!\!\!+$				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Complete if the organization ans  (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
JEFFREY PANKRATZ	person and the organization	transaction	transaction			
TEFFREV DANKRATZ	CURRENT PRESIDENT	3/1/192	CONSULTING	Yes	No X	
UEFFREI FANKKAIZ	CORRENT FRESIDENT	341432.	CONSULTING			
Dord VI O						
Part V Supplemental Information						
Provide additional information for re	esponses to questions on Schedule L (see i	nstructions).				

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

Department of the Treasury

Internal Revenue Service

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 Open to Public Inspection

Name of the organization

JUSTICE VENTURES INTERNATIONAL

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 20-4214306

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STRENGTHENING VENTURES THAT PROMOTE JUSTICE. FORM 990, PART VI, SECTION B, LINE 11B: THE OFFICERS AND BOARD MEMBERS RECEIVE A COPY OF THE 990 TO REVIEW PRIOR FILING FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND EACH BOARD MEMBER MUST SIGN OFF. FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENTS SALARY WAS REVIEWED TO CONSIDER COMPARATIVE DATA. HIS SALARY IS WELL BELOW MARKET. THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST. THIS IS COMMUNICATED VERBALLY. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: 263667. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES О. TOTAL EXPENSES 263667. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 20-4214306 JUSTICE VENTURES INTERNATIONAL File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 14500 NEW HAMPSHIRE AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SILVER SPRING, MD 20904 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JEFFREY PANKRATZ The books are in the care of ► 14500 NEW HAMPSHIRE AVE - SILVER SPRING, MD 20904 Telephone No. $\blacktriangleright$ (202)657-5225Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. I HA

Form 8868 (Rev. 1-2017)