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2017 Tax Return(s)

Prepared for JUSTICE VENTURES INTERNATIONAL

CLIENT CODE: JUSTICE

Account Number 792868

Release Number 2017.04030

Prepared by BECK & COMPANY, CPAS, PC

447 A CARLISLE DRIVE

HERNDON, VA

20170

(703)834-0776

Processing Date: 10/26/2018

Time: 12:28:36

Special Instructions

Messages

700071 04-01-17

EXTENDED TO NOVEMBER 15, 2018

990

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

_	. 01	e 2017 Calefidar year, or tax year beginning	enung	_					
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang			20-4	214306				
F	Initial return		Room/suite	E Telephone numbe					
F	Final	1/500 NEW HAMDCHIDE AVENITE		(202)657-5225				
	termir ated			G Gross receipts \$	848003.				
	Amen	ded CTIVED CDDING MD 2000/		H(a) Is this a group re	eturn				
	Applic	F Name and address of principal officer: JEFFREY PANKRATZ		for subordinates					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
1	Tax-ex	empt status: $X = 501(c)(3) = 501(c)() $ (insert no.) $4947(a)(1)$	or 527	-1					
J	Websi	te: ► WWW.JUSTICEVENTURES.ORG		H(c) Group exemptio	n number 🕨				
K	Form of	organization: Corporation Trust X Association Other	L Year		State of legal domicile: MD				
P	art I	Summary							
Ф.	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIO	N IS TO SEC	URE				
Š		FREEDOM, JUSTICE AND RESTORATION FOR THE	POOR	AND OPPRESS	ED BY				
ž	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
ص ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7				
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			6				
ĭ₹	6	Total number of volunteers (estimate if necessary)		6	0				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.				
				Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		715759.	817172.				
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.				
Ве В		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25.	15.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8186. 723970.	19942.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84296.	837129. 77000.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		04290.	77000.				
	I	Benefits paid to or for members (Part IX, column (A), line 4)		183928.	168034.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5225.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	3443.	0.				
Ä	_D			486695.	551560.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		760144.	796594.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-36174.	40535.				
<u></u>	1 19	Revenue less expenses. Subtract line to from line 12		ginning of Current Year	End of Year				
Net Assets or Find Balances	20	Total assets (Part X, line 16)	De	310459.	398582.				
ASS	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		57363.	104951.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		253096.	293631.				
P	art II	Signature Block							
Unc	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w							
Sig	ın	Signature of officer		Date					
He		▲ JEFFREY PANKRATZ, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	KATHLEEN BECK, CPA KATHLEEN BECK,	CPA 0	9/26/18 if self-employ	P00433889				
Pre	parer	Firm's name ▶ BECK & COMPANY, CPAS, PC	<u> </u>	Firm's EIN	54-1837722				
Use	Only	Firm's address 447 A CARLISLE DRIVE							
		HERNDON, VA 20170		Phone no. (7	03)834-0776				
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form	1 990 (2017) JUSTICE VENTURES INTERNATIONAL	20-4214306 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: OUR MISSION IS TO SECURE FREEDOM, JUSTICE AND RESTORATION	
	AND OPPRESSED BY STRENGTHENING VENTURES THAT PROMOTE JUST	
	AND OTTREBBED BY STRENGTHENING VENTORED THAT INOMOTE OU	51100.
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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	, , ,
4a	656560 55000	
	ESTABLISH JUSTICE RESOURCE CENTERS AND GIVE GRANTS AND	
	GRASSROOTS ORGANIZATIONS WORKING TO EMPOWER URBAN SLUM	
	POOR AND MARGINALIZED	SWEEDERS, THE
	FOOR AND MARGINALIZED	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
	GIVE GRANTS AND SUPPORT TO GRASSROOTS ORGANIZATIONS WOR	KING TO
	ELIMINATE HUMAN TRAFFICKING AND BONDED SERVANTHOOD	
4c	(Code:) (Expenses \$	
	GIVE GRANTS TO ORGANIZATIONS WORKING TO PROVIDE LEGAL A	ID TO THE
	MARGINALIZED AND VULNERABLE	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 656568.	

Part IV Checklist of Required Schedules

1 Is the organization described in section 501c(s)3 or 4947(a(1)) (other than a private foundation? If "Yes," complete Schedule B, Schedule of Contributions 2 Is the organization engage in direct or indirect political camping and activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Saction 501(s)3 organization. Bit this organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II Saction 501(s)3 organization. Bit this organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II B the organization ascion 501(c)(t), 501(c)(5), or 501(c)(6) organization that receives memberahip dues, assassaments, or similar amounts as defined in Revenue Procedure 391-511" "Yes," complete Schedule C, Part III Did the organization maintain any cloror advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any cloror advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain and collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II Did the organization maintain and part in Part X, line 21, for secroy or custodial account liability, serve as a custodian for amounts in Bart X, or provide credit counciling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for Iran X, line 21, for secroy or custodial account liability, serve as a custodian for amounts and listed in Part X, line 19 in Part				Yes	No
2 Is the organization required to complete Schedule <i>B</i> , Schedule of Contributors ⁽¹⁾ 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 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 5 Is the organization asection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 If *Yes,** complete Schedule C, Part II 6 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If *Yes,** complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, inistoric land areas, or historic structures? If *Yes,** complete Schedule D, Part II 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, listoric land areas, or historic structures? If *Yes,** complete Schedule D, Part II 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 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,** complete Schedule D, Part IV 11 Did the organization report an amount for investments - other securities in Part X, line 12 If *Yes,** complete Schedule D, Part X II 11 Did the organization report an amount for other liabilities in Part X, line 12 If *Yes,** complete Schedule D, Part X II	1			37	
3 Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3	_				
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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 I Is the organization a section 501(e)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III I I I I I I I I I I I I I I I I I	3				v
during the tax year **Il **Yes,** complete Schedule C, Part II ** 5 Is the organization a section 501(c)(d), 501(c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:197 If *Yes,** complete Schedule C, Part III ** 6 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures If **Yes,** complete Schedule D, Part III ** 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 III ** 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If **Yes,** complete Schedule D, Part IV ** 9 Did the organization members are 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 V ** 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If **Yes,** complete Schedule D, Part V ** 11 If the organization senser to any of the following questions is **Yes,** then complete Schedule D, Part V ** 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If **Yes,** complete Schedule D, Part VIII ** 13 Did the organization report an amount for investments - program related 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 XIII ** 14 Did the organization report an amount for other liabilities 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 X III ** 1			3		Λ
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 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment to preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Schedule D, Part III 7 Schedule D, Part III 8 Schedule D, Part III 7 Schedule D, Part III 8 Schedule D, Part III 8 Schedule D, Part IV 9 Schedule D,	4				v
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			9		Х
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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	18				
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 X		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,"			
E 000 (224 =		complete Schedule G, Part III	19		

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		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	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	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	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	- 21	Х
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule E, Part W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		х
20		28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32		20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
00	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?			v
	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			_ v
	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?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Check if Schedule O contains a response or note to any line in this Part V					Щ
be Enter the number of Forms W2G included in line 1s. Enter-O- if not applicable				_		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	1a		-				
Gambling Winnings to prize winners? Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Field for the calendar year ending with or within the year covered by this return. Field for the calendar year ending with or within the year covered by this return. Field for the calendar year ending with or within the year covered by this return. Field for the calendar year ending with or within the year covered by this return. Field for the calendar year ending with or within the year covered by this return. Field for the calendar year ending with or within the year covered by this return. Field for the calendar year, did the organization file all required feederal employment tax returns? Field for the calendar year, did the organization file all required feederal employment tax returns? Field the organization have unrelated business gross income of \$1,000 or more during the year? Field 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 accounts (FBAR). Field for the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). Field for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charhable contributions? Field for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charhable contribution or year. Field for organizations that may receive deductible contribution and party for goods and services provided to the payor? Field for organizations that may receive deductible contributions under section \$100,000, and did the org							
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year anding with on within the year covered by this returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more dumpt by ear? 3a X If "Yes," has it filed a form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 4a All any time during the calendary vari, 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; or other financial account; or other financial accounts of the foreign country, such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited true where the sum of the foreign country is a security or a prohibited true shelter transaction? 5b Did any taxobe party notify the organization file Form 8886.77 5c If "Yes," to line 5a or 5b, did the organization file Form 8886.77 5c If "Yes," did the organization have every solicitation an express statement that such contributions or gifts were not tax deductible. 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 9 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If If yes, if the progenization selection of the solicitat	С					v	
flied for the calendary year ending with or within the year covered by this return A	_		I		10	Λ	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A at any time during the calendary 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 accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," it is line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," it is line 5a or 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," it is line 5a or 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," it is line 5a or 5b, did the organization file Form 8886:1? 6a V If Yes, "If of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Uniform organization seleve a payment in excess of \$75 mater party is a contribution of party for goods and services provided to the payor? 7c If If Yes," if did the organization notify the donor of the value of the goods or services provided? 7c V If If Yes, "Indicate the number of Forms 8882 filed during the year? 7d If If the organization seleve a payment in excess of \$75 mater party is a contribution of qualified intelectual property, did the organization in the payment in the payment in the payment	2a			6			
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the if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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; or the financial account, or the financial account; or the financial account, or the financial account, or the financial account, or the financial Accounts of the financial account, or a signature or the financial account, or a signature or the financial account, or a personal benefit or the financial account, or the financial account, or the financial account, or a personal benefit or the account or the value of the property or possible to property or the depart or the financial the normalization nor financial the normalization nor financial the normalization nor fit we also or the goods or services provided? bif 'Yes,' did the organization nority the donor of the value of the goods or services provided? bif 'Yes,' did the organization nority the donor of the value of the goods or services provided? bif the organization received any funds, directly, to pay premiums on a personal benefit contract? for X if the organization received any funds, directly, to pay p	20				20		x
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triancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," either the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms \$282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms \$282 filed during the year b Did the organization received an contribution of qualified intellectual property, did the organization file Form 8999 as required? 7 If X X If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization marks any taxable distributions under section 4966? b Did the sponsoring organization marks any taxable distributions under section 4966? 9 Sponsoring organization marks any taxable distributions under section 4966? 9 Section 501(c)(ZY) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. Gross income from members or shareh					30		
b if Yes,* enter the name of the foreign country: See instructions for filing requirements for FircEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 17 Yes,* in line Sa or 5b, did the organization file Form 8886 7? 5b 17 X Yes,* or on the very solicitation and express statement that such contributions or gifts were not tax deductible? 5c 10 The service of the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 5c 10 The organization shall any receive deductible contributions under section 170(c). 5c 10 The organization shall represent the donor of the value of the goods or services provided? 5c 10 The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5c 10 The organization receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d 17 Yes,* indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 X Y 7 I X I The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 78 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(X2) organizations. Enter: a Gross income from members or shareholders. 10 If the organization fees and capital contributions included on Part VI	- 74				42		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I**Yes,** to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b I**Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes,** did the organization notify the donor of the value of the goods or services provided to the payor? 8 If Yes,** did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 882e? 8 If Yes,** indicate the number of Forms 8282 filed during the year 9 If It the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 17 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 18 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 19 Sponsoring organization maintaining donor advised funds. 20 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization self-received funds. 21 Did the sponsoring organization make a d	h		aoooa		,u		
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11a				
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a		10411	>	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				77
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			000	(00.12)

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			
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			
	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 7			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	
b	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	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	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			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an erganization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)/3)s only).	avoile!	ulo.	
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) for public inspection. Indicate how you made these available. Check all that apply.	avallaD	ii C	
	Own website Another's website W 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, and	d finan	cial	
13	statements available to the public during the tax year.	a midil	oiai	
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.

(A) Name and Title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot or/trus	h an	(D) 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	7,		77				64567	0	•
PRESIDENT (2) THOMAS KIM	1.50	Х		Х				64567.	0.	0
BOARD VICE CHAIR	1.30	X		х				0.	0.	0
(3) DAVE MCDOWELL	1.50	122		21				0.	0.	0
DIRECTOR	1.30	x						0.	0.	0
(4) ROBERT ANDERSEN	1.50	 								
TREASURER		X		х				0.	0.	0
(5) DAVID EGGERT	1.50									
VICE PRESIDENT		Х		Х				0.	0.	0
(6) SAMSON WU	1.50									
DIRECTOR		Х						0.	0.	0
(7) NANCY SUNG	1.50									_
SECRETARY		Х		X				0.	0.	0
(8) RUSSELL POPE	7.50	٠,,		37					0	_
BOARD CHAIR	1.50	Х		Х				0.	0.	0
(9) EDWARD SOHN DIRECTOR	1.50	X						0.	0.	0
DIRECTOR		^						0.	0.	0
		1								
		-								

Pai	rt VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)							(D)	(E)				
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	ar	nount	of
		week	<u> </u>	cer ar	iu a u	lirecto	or/trus	l ee)	from	from related			other	
		(list any hours for	recto						the	organizations			pensa	
		related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)		rom th	
		organizations	rustee	l trus		ee	ubeu		(***2/1099*****1000)				_l anizat d relat	
		below	dualt	itiona	_	nploy	st co I	<u></u>					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			1											
							-							
			1											
							-							
							-							
			1											
			1											
1h	Sub-total	l					<u> </u>		64567.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								64567.		0.			0.
2	Total number of individuals (including but r								received more than \$100	0,000 of reportabl	 e			
	compensation from the organization						,							0
													Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the si	um of reportab												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		Х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son .					5		Х
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	ipens	ation '	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
											(C)			
 -	Name and business		- ~						Description of s			ompe	nsatio)r)
DEVELOPMENT SOURCING ADVISORS LLC CONSULTING SERVICES 14317 DUVALL COURT, BURTONSVILLE, MD 20866 AND EXPENSES 37									710	00				
<u> 14</u>	SI/ DUVALL COURT, BURT	ОИРАТГГ	<u>,</u>	MI	<u>،</u> ر	4 U I	006	2	AND EXPENSES			3	710	UU.

Form **990** (2017)

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

\$100,000 of compensation from the organization

	1 990 (rt VII			RES INTE	RNATIONAL		20-421	1306 Page 9
Га	I V II				- in their Dest VIII			
		Check if Schedule O conta	ains a response	or note to any iin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1d 1ons) 1e 1s, and 1a-1f: \$	817172.	817172.			
Program Service Revenue	2 a b c d e f	All other program service reve	nue	Business Code				
	3 4 5	Investment income (including other similar amounts)	k-exempt bond p	oroceeds	15.			15.
	b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
Other Revenue	b	Gross income from fundraising including \$	of 1c). Seeab	>				
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a b					
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b		19942.	19942.		
	11 a	Net income or (loss) from sales Miscellaneous Revenue		Business Code	19942.	19944.		
	С	All other revenue						

837129.

e Total. Add lines 11a-11d

Total revenue. See instructions.

19942.

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. Fundraising expenses Program service expenses Total expenses Management and general 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 77000. 77000. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 66510. 41902. 9311. 15297. 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) 89512. 56392. 20588. 12532. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 12012. 7567. 2763. 1682. Payroll taxes 10 Fees for services (non-employees): 11 8964 8964 a Management Legal 12806. 12806. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 338503 338503 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4802. 4802. Office expenses 13 5120. 5120. 14 Information technology Royalties 15 16 Occupancy 131591. 125483. 4754 1354. 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 2865. 2865. 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** 23433. 9450. 13983. FUNDRAISING EXPENSES 21440. 21440. ORGANIZATION EXPENSES 976. 976. 789. 789. SHIPPING 271. 271 e All other expenses 796594. 656568. 93707. 46319. 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

Part /	^	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	184237.	1	148364.
2	2	Savings and temporary cash investments	31902.	2	133076
;	3	Pledges and grants receivable, net	84629.	3	107920
4	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	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			
<u> </u>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
HSSGIS	7	Notes and loans receivable, net		7	
₹ {	8	Inventories for sale or use	8915.	8	8457
	9	Prepaid expenses and deferred charges	776.	9	765
10	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1.		Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
1:	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	310459.	16	398582
17	7	Accounts payable and accrued expenses	57363.	17	104951
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဂ္ဂ 22	2	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
ت ₂ ز	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	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	6	Total liabilities. Add lines 17 through 25	57363.	26	104951
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
န္မ		complete lines 27 through 29, and lines 33 and 34.			
Lund balances	7	Unrestricted net assets	235366.	27	105512
28	8	Temporarily restricted net assets	17730.	28	188119
29	9	Permanently restricted net assets		29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
		and complete lines 30 through 34.			
30 33 33 33 33 33 33 33 33 33 33 33 33 3	0	Capital stock or trust principal, or current funds		30	
į 3.	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	2	Retained earnings, endowment, accumulated income, or other funds		32	
ž 30	3	Total net assets or fund balances	253096.	33	293631
34	4	Total liabilities and net assets/fund balances	310459.	34	398582

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				29.			
2	Total expenses (must equal Part IX, column (A), line 25)	2				94.			
3	Revenue less expenses. Subtract line 2 from line 1	3				35.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2!	530	96.			
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,								
	column (B))	10		2	936	31.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		<u></u> :	2b	Х				
	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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	dit lit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number 20-4214306

Open to Public Inspection

JUSTICE VENTURES INTERNATIONAL

rai	111	neason for Public (Juanty Status (All organizations must co	impiete tri	is part.) Se	ee instructions.	
he d	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					•	the hospital's name,
		city, and state:	•				(,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit descrit	ped in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov	•	nental unit described in s	section 17	70(b)(1)(A)	(v).	
7	Ħ	An organization that norma	_					nublic described in
•		section 170(b)(1)(A)(vi). (C	•	and part of its support i	rom a gov	Cirimonta	unit of from the general	pablic accorbed in
8		A community trust describe	-	(1)(A)(vi) (Complete Part	· II \			
9	Ħ	An agricultural research org	• •		•	nd in conj	inction with a land grant	collogo
9		-				-	-	-
		or university or a non-land-g	grant college or agric	alture (see iristructioris).	Litter tile	marrie, city	y, and state of the colleg	le oi
ın	X	university:	lly received (1) mare	than 22 1/20/ of its our	nort from	oontributi	ana mambarahin fasa s	and areas ressints from
10		An organization that norma						
		activities related to its exen	•	• •	` '		• • • • • • • • • • • • • • • • • • • •	· ·
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the organization	aπer June 30, 1975.
		See section 509(a)(2). (Cor		5 b . k . k k	f-4 . O		20(-)(4)	
11	Н	An organization organized a	•	•	-			,
12		An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	-					check the box in
		lines 12a through 12d that	* *			•	•	
а			•	•				
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must o						
b			•					-
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.	
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). You must co n	nplete Part IV, Sections	A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			(i.) I. H			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Total

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 the organization without charge to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	Section A. Public Support						
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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		-	•			*	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	_						.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							ns
Schedule A (Form 990 or 990-E		dia not oncon a	257 611 1110 10, 10	, 100, 11 4, 01 11			

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	567185.	767414.	704885.	715759.	817172.	3572415.
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	62234.	90310.	63738.	46850.	30816.	293948.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	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	629419.	857724.	768623.	762609.	847988.	3866363.
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	252542	440005	227222	255252		1005515
	amount on line 13 for the year	359742.	419297.	307080.	366252.	444244.	1896615.
	c Add lines 7a and 7b	359742.	419297.	307080.	366252.	444244.	1896615.
	Public support. (Subtract line 7c from line 6.)						1969748.
	ction B. Total Support			1			
	endar year (or fiscal year beginning in)	(a) 2013 629419.	(b) 2014 857724.	(c) 2015 768623.	(d) 2016 762609.	(e) 2017 847988.	(f) Total 3866363.
	Amounts from line 6 a Gross income from interest,	029419.	031124.	700025.	702009.	047300.	3000303.
10.	dividends, payments received on securities loans, rents, royalties, and income from similar sources	35.	23.	23.	25.	15.	121.
ı	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(c Add lines 10a and 10b	35.	23.	23.	25.	15.	121.
	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.)	629454.	857747.	768646.	762634.	848003.	3866484.
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	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1	FO 04
	Public support percentage for 2017 (li					15	50.94 %
	Public support percentage from 2016					16	50.92 %
	ction D. Computation of Inves			10 1 (0)		1	•00 %
	Investment income percentage for 20					17	
	Investment income percentage from 2			nn line 14 and line		18	%
198	a 33 1/3% support tests - 2017. If the						/ is not ► X
ı	more than 33 1/3%, check this box are 33 1/3% support tests - 2016. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						>
20	Private foundation If the organization	n aid not chack a h	10 10 10 10 10 10 10 10 10 10 10 10 10 1	a or tun chackth	ie nov and cad inc	TRUCTIONS	

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.)

	Yes	No
1		
2		
За		
3b		
_		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		_
33		
6		
7		
8		
9a		
9d		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^ -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	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	1 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-functiona	lly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_	_,,5555 5111 E 0 1 1			

Schedule A (Form 990 or 990-EZ) 2017

50110441071	(10111 000 01 000 LZ) Z011
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 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.

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

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	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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	on (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,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
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	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	bes 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		> \$
	(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		> \$
h	Assets included in Form 990, Part X		▶ \$

732051 10-09-17

Schedule D (Form 990) 2017

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collections and public exhibition dlate and programs black and provided a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 11 In	XIII. Yes No
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its cole (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 1b If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	XIII. Yes No ine 9, or Yes No Amount
(check all that apply): a Public exhibition	XIII. Yes No ine 9, or Yes No Amount
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 11c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	Yes No ine 9, or Yes No Amount
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During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	Yes No ine 9, or Yes No Amount
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	Yes No ine 9, or Yes No Amount
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	Yes No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	Yes No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	Amount
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b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Amount
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d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	Yes No
e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	Yes No
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Three years back (figure or the explanation has been provided on Part XIII (c) Three years back (d) Three years back (e) Part V (figure or the explanation has been provided on Part XIII (figure or the explanation has been provided or the expl	Yes No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Three years back (f) T	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	<u></u>
1a Beginning of year balance	(e) Four years back
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment	
b Permanent endowment \(\bigcup_{\text{\tinit}\\ \text{\tin}\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texit{\text{\text{\tin\tii}\text{\text{\texi}\texitt{\tiinttit{\text{\texi}\til\text{\texit{\texi{\text{\texicl{\	
c Temporarily restricted endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	[]
by:	Yes No
	3a(i)
	3a(ii)
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
	(d) Book value
basis (investment) basis (other) depreciation	(u) DOOR VAIUE
1a Land	

Schedule D (Form 990) 2017

e Other.

b Buildings c Leasehold improvements _____ d Equipment

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

Schedule D (Form 990) 2017 JUSTICE VEN	TURES INT	ERNATIONAL	20	-4214306 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990. Par	t IV. line 11b. See Form 990). Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book val			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book val	ue (c) Method of	valuation: Cost or en	d-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 000 Par	t IV line 11d See Form 990) Part V lino 15	
	Description	trv, line Tru. See Form 990	, Fait A, IIIIe 13.	(b) Book value
(1)	Bootiplion			(a) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.	·			
Complete if the organization answered "Yes"	on Form 990, Par	t IV, line 11e or 11f. See Fo	rm 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(7) (8)

Sch	edule D (Form 990) 2017 JUSTICE VENTURES INTERNATIONAL	20-	4214306	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	94:	3629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	a Net unrealized gains (losses) on investments			

106500. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 106500. e Add lines 2a through 2d 2e 837129. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	903094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	106500.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	106500.
3	Subtract line 2e from line 1			3	796594.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	796594.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES ISSUED BY THE FASB, THE ORGANIZATION RECOGNIZES TAX

LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN 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) 2017

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.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2017

JUSTICE VENTURE	ES INTERN	ATIONAL			20-421430)6
			tside the United States. Comple	ete if the organ		
Form 990, Part I						
			ds to substantiate the amount of its grather the selection criteria used to award the			Yes X No
United States.		-	procedures for monitoring the use of it	-	ther assistance out	side the
3 Activities per Region. (T	(b) Number of offices in the region		an be duplicated if additional space is a (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activis a production describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	1	1	GRANTS TO RECIPIENTS LOCATED IN REGION	ANTI HUMAN	TRAFFICKING	77000.
EAST ASIA	1	0	GRANTS TO RECIPIENTS LOCATED IN REGION	LEGAL AID F	PROGRAM	0.
3 a Sub-total	2	1				77000.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	2	1				77000.

732071 10-06-17

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

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) 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, FM\ appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,						
		· ·	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	50000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	LEGAL AID	0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	14000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	10000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,		3000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,		0.	WIRE TRANSFER	0.		

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	ightharpoons	
_		_	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(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)		

Page 4

Part IV	Foreign	Forms

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; don't 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

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

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

			NTURES								143	06				
Part I Excess Bene	efit Transa	ctio	ns (section 50)1(c)(3	3), sect	ion 501(c)(4), and 5	01(c))(29) organization	ns only	/).						
Complete if the o	organization a	nswe	ered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25	b, or	Form 990-EZ, P	art V,	line 40	Db.					
1	(b) Rel	lationship betv	veen o	disqual	lified	-) D			_		(d)	Corre	cted?		
(a) Name of disqualified p	person		person and or	ganiza	ation	(c) De	escription of tran	ISactio	n		Y	es	No		
2 Enter the amount of tax i	incurred by th	ne org	anization man	agers	or disc	qualified persons du	uring	the year under								
										> \$						
3 Enter the amount of tax,	if any, on line	2, ab	oove, reimburs	ed by	the or	ganization				> \$						
D	-1/ F	1														
Part II Loans to and	d/or From	Inte	rested Pers	sons	5.											
•	•					, Part V, line 38a or	Forn	n 990, Part IV, lin	ie 26;	or if th	ne orga	ınizati	on			
reported an amo	i										VI-X Ani	arovod				
(a) Name of interested person	(b) Relations with organizat		(c) Purpose of loan	fron	an to or	(e) Original principal amount	(f) Balance due	(g)	ln	(h) App by boa	ard or	(i) W	ritten ment?		
interested person	With Organiza	11011	OI IOAIT	Ť	ization?	principal amount			-		default?		comm			
		_		То	From		-		Yes	No	Yes	No	Yes	No		
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	1	_					+									
							-									
Fatal						> \$	<u> </u>									
^{[otal} Part III │ Grants or As	ssistance E	Bene	efiting Inter	este	d Pe											
Complete if the o			•													
(a) Name of interested			Relationship			(c) Amount of		(d) Type	of		(0)	Purn	ose of			
(a) Name of interested (person		nterested pers			assistance		assistan				assista				
			the organiza													
										$\neg \dagger$						
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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) 2017

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	person and the organization	transaction	transaction			
JEFFREY PANKRATZ	CURRENT PRESIDENT	371000	CONSULTING	Yes	No X	
Part V Supplemental Information	1					
	- responses to questions on Schedule L (see i	nstructions).				
		,				

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JUSTICE VENTURES INTERNATIONAL

Employer identification number 20-4214306

CODITION VENTORED INTERCENT
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 TO
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:
PROGRAM SERVICE EXPENSES 338503
MANAGEMENT AND GENERAL EXPENSES 0
FUNDRAISING EXPENSES 0
TOTAL EXPENSES 338503
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017

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 file	er's identifying nu	mber	
Type or print	Name of exempt organization or other filer, see instru	Employer	Employer identification number (El				
•	JUSTICE VENTURES INTERNATION		20-42143	06			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 14500 NEW HAMPSHIRE AVENUE	ee instruc	tions.	Social security number (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a for SILVER SPRING, MD 20904	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990	-T (trust other than above)	06	Form 8870			12	
Teleph If the c	books are in the care of \blacktriangleright 14500 NEW HAMPS none No. \blacktriangleright (202)657-5225 organization does not have an office or place of business is for a Group Return, enter the organization's four digit \blacksquare . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ited States, check this boxemption Number (GEN) I	f this is for	r the whole group,		
for : ▶[▶[quest an automatic 6-month extension of time until the organization named above. The extension is for the tax year beginning tax year entered in line 1 is for less than 12 months, collaboration.	NOVEI organizatio	MBER 15, 2018 , to file on's return for:		npt organization re		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, prefundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and	Ju	_ •		
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa				*		
	using EFTPS (Electronic Federal Tax Payment System).	,	, , ,	3с	\$	0.	
	If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 8879-EO	for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.