EXTENDED TO NOVEMBER 15, 2019

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2018 calendar year, or tax year beginning and end	ding	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change	JUSTICE VENTURES INTERNATIONAL			
	Name change			20-4	214306
	Initial return		m/suite	E Telephone number	
	Final return/	14500 NEW HAMPSHIRE AVENUE)657-5225
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	874706.
	Amend return	ed SILVER SPRING, MD 20904		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: JEFFREY PANKRATZ		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □	527	If "No," attach a	list. (see instructions)
		e: ► WWW.JUSTICEVENTURES.ORG		H(c) Group exemption	n number 🕨
			∟ Year o	of formation: 2007 N	State of legal domicile: MD
P		Summary			
ě	1 1	Briefly describe the organization's mission or most significant activities: OUR MI	SSIO	N IS TO SEC	URE
anc	-	FREEDOM, JUSTICE AND RESTORATION FOR THE PO			
Governance		Check this box if the organization discontinued its operations or disposed		1 1	
હુ		Number of voting members of the governing body (Part VI, line 1a)			9
જ		Number of independent voting members of the governing body (Part VI, line 1b)			7
ties		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			0.
Ą		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
	0	Net unrelated business taxable income from Form 990-T, line 38	· · · · · · · · · · · · · · · · · · ·	Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		817172.	847925.
		(5)		0.	13728.
š		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	· -	15.	95.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19942.	236.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		837129.	861984.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		77000.	121000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		168034.	127671.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Kpe	b -	Total fundraising expenses (Part IX, column (D), line 25) 45590			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	🗀	551560.	644011.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		796594.	892682.
		Revenue less expenses. Subtract line 18 from line 12		40535.	-30698.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		398582.	403812.
PASS PASS PASS PASS PASS PASS PASS PASS	21	Total liabilities (Part X, line 26)		104951.	140879.
		Net assets or fund balances. Subtract line 21 from line 20		293631.	262933.
_	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	nas any knowledge.	
C:		Signature of officer		I Date	
Sig		JEFFREY PANKRATZ, PRESIDENT		2410	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	T D	Date Check	PTIN
Pai		KATHLEEN BECK, CPA KATHLEEN BECK, CPA		1/07/19 if self-employe	
	- +	Firm's name BECK & COMPANY, CPAS, PC	<u> +</u>	Firm's EIN	54-1837722
		Firm's address P.O. BOX 1067		THIII 3 LIN	
	,	HERNDON, VA 20172		Phone no (7	03)834-0776
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Page 2

га	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 FOR THE POOF AND OPPRESSED BY STRENGTHENING VENTURES THAT PROMOTE JUSTICE.	R
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	No
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 others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 755084. including grants of \$ 121000.) (Revenue \$ 13964) ESTABLISH JUSTICE RESOURCE CENTERS AND GIVE GRANTS AND SUPPORT TO GRASSROOTS ORGANIZATIONS WORKING TO EMPOWER URBAN SLUM DWELLERS, THE	<u>4 •</u>)
	POOR AND MARGINALIZED	
	GIVE GRANTS AND SUPPORT TO GRASSROOTS ORGANIZATIONS WORKING TO	
	ELIMINATE HUMAN TRAFFICKING AND BONDED SERVANTHOOD	
	GIVE GRANTS TO ORGANIZATIONS WORKING TO PROVIDE LEGAL AID TO THE	
	MARGINALIZED AND VULNERABLE	
41-		
4b	(Code:) (Expenses \$	<u> </u>
4c	(Code:) (Expenses \$)
4 :	Other recovery and the Control of Control of the Co	
4d		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 755084 •	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	.0		<u></u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	L
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 25
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_~	
Pa	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 4	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			1.10
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
			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 0)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C-		x
b	any contributions that were not tax deductible as charitable contributions?		6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
·	to file Form 8282?		7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	المد			
	Gross income from members or shareholders	11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11h			
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		_	. 000	(00.10)

37

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.

	·				Λ
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain 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	p 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				
_	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		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		Х
_			6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a		-		
7a					Х
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		l		. v
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7.	
а	The governing body?		8a	X	
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 read				
	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 R	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	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 boo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
12a	Division of the state of the st		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		120		
Ŭ	in Schedule O how this was done		12c	х	
13	5		13	X	
				X	
14	Did the organization have a written document retention and destruction policy?		14	25	
15	Did the process for determining compensation of the following persons include a review and approv	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		4-	v	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Α_	
	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 arrange				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	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at	nd 990-T (Section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.	• • •			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks 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 , unle cer an	ss pe	ition more rson	than is bot	h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	hours for related organizations below line) Officer Complete Complete	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 PRESIDENT	43.00	$ _{\mathbf{x}}$		х				70055.	0.	0
(2) THOMAS KIM	1.50	^		^				70055.	0.	0
BOARD VICE CHAIR	1.50	\mathbf{x}		х				0.	0.	0
(3) DAVE MCDOWELL	1.50	 								
DIRECTOR		x						0.	0.	0
(4) ROBERT ANDERSEN	1.50									
TREASURER		X		Х				0.	0.	0
(5) DAVID EGGERT	1.50	.								
VICE PRESIDENT	1.50	Х		Х				0.	0.	0
(6) SAMSON WU	1.50	↓							_	_
DIRECTOR (7) NANCY SUNG	1.50	Х						0.	0.	0
SECRETARY	1.50	X		х				0.	0.	0
(8) RUSSELL POPE	7.50	 						•	•	
BOARD CHAIR		x		х				0.	0.	0
(9) EDWARD SOHN	1.50									
DIRECTOR		Х						0.	0.	0
		\vdash								
		1								
										000 (004

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable	1		timate	
		hours per week					is bot or/trus		· ·	compensatio			nount	of
		(list any	jo:					Ĺ	from the	from related organization	1		other pensa	tion
		hours for	Individual trustee or director				D.		1	(W-2/1099-MIS			om th	
		related	ee or	stee			ınsate		(W-2/1099-MISC)	(,		anizat	
		organizations	trus	nal tru		oyee	ompe					and	d relat	ed
		below	vidua	Institutional trustee	Je J	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	ib	Inst	Officer	Key	High	Por						
						<u> </u>								
						<u> </u>					\longrightarrow			
						<u> </u>					\longrightarrow			
						<u> </u>					\longrightarrow			
						<u> </u>								
											\longrightarrow			
											\longrightarrow			
						<u> </u>					\longrightarrow			
		<u> </u>						<u> </u>	70055		$\overline{}$			_
	Sub-total								70055.		0.			0.
	Total from continuation sheets to Part V								70055.		0.			0.
	Total (add lines 1b and 1c)								l .		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bov	e) wh	no r	received more than \$100	0,000 of reportab	e			0
	compensation from the organization												Vaa	
_	5										г		Yes	No
3	Did the organization list any former officer,			-	•	•	•							Х
	line 1a? If "Yes," complete Schedule J for s											3		Λ
4	For any individual listed on line 1a, is the su	-		-					•	the organization				Х
_	and related organizations greater than \$15											4		Λ
5	Did any person listed on line 1a receive or a	•				•			ted organization or indiv	idual for services		_		Х
500	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scheaui	e J i	or s	ucn	pers	son .					5		Λ
	· · · · · · · · · · · · · · · · · · ·		.1			4			H4	\$400,000 of a and		-4: 4		
1	Complete this table for your five highest co										ipensa	ation t	rom	
	the organization. Report compensation for	tne calendar y	ear	enai	ing v	vitn	or w	itnii		year.			•••	
	(A) Name and business	address							(B) Description of s	services	Co	(C ompe	رَ) nsatio	n
7ज़त	/ELOPMENT SOURCING ADV		·.c					\dashv	CONSULTING S				Tourio	••
	317 DUVALL COURT, BURT			мт	,	2 N S	866	- 1	AND EXPENSES			1	390	0.0
	JI, DOVALL COOKI, BOKI	O140 A TUUI	<u>', </u>	1.11		<u>.</u>	-	\dashv		+			J J U	.

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

Form 990 (20	118)	JUSTICE	VENTURES	INTERNATIONAL
Part VIII	Statement	of Revenue		
	Check if Sche	dule O contains a	a response or note	to any line in this Part VIII

		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
		5.1.55.1.11	u ,,		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections 512 - 514
(0.40						revenue	revenue	512 - 514
nts		Federated campaigns						
اق ق		Membership dues						
ts,	С	Fundraising events	1c					
ig i	d	Related organizations	1d					
ıs,		Government grants (contributi	· -					
tio X	f	All other contributions, gifts, grant	ts, and					
la par		similar amounts not included abov	/e 1f	847925.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>a C</u>	h	Total. Add lines 1a-1f			847925.			
				Business Code				
e e	2 a	FEES FOR SERVIC	ES	900099	13728.	13728.		
e Ž	b)	_					
Sur	С	:						
eve	d							
Program Service Revenue	е	,						
<u>-</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			13728.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			95.			95.
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
anı		Gross income from fundraising	g events (not					
Other Reven		including \$	of					
Be		contributions reported on line	•					
her		Part IV, line 18						
ŏ		Less: direct expenses						
		Net income or (loss) from fund		>				
	эa	Gross income from gaming ac						
	L	Part IV, line 19						
		Less: direct expensesNet income or (loss) from gam						
			-	······				
	IU a	Gross sales of inventory, less		12958.				
	L	and allowances		1000				
		Less: cost of goods sold			236.	236.		
		Net income or (loss) from sales				2501		
	11 a	Miscellaneous Revenu	<u> </u>	Business Code				
	ii a							
	q	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			861984.	13964.	0.	95.
	14	i viai i viviliao. Occ ilibili ucilollo					_ ~	

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).

ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
b, 3b, and 10b of Fait viii.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
• • • • • • • • • • • • • • • • • • • •				
-				
	121000	121000		
	1210001	1210001		
	71365	44960	16414	9991
	71303.	44000	10414.	
	17217	29765	10867	6615
	4/24/•	29703.	10007.	0013
	0.050	5707	2004	1268
	3033.	5707.	2004.	1200
` ' ' '	12206		11720	1 5 5 0
	13290.		11/30.	1558
	1 2006		12006	
	12000.		12806.	
,	400000	400000		
	408379.	408379.		
	F (2 2		5622	
	6167.		6167.	
Royalties	000			
Occupancy		1 1 1 0 0 0		
Travel	148504.	144208.	3605.	691
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance	2064.		2064.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	25467.			25467
	15148.	889.	14259.	
	4420.		4420.	
		176.	= : = •	
			92008	45590
educational campaign and fundraising solicitation.				
oudounonal ourrepaign and fulful aloning solicitation.		I		
	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 9059. Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List misscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (). FUNDRAISING EXPENSES MISCELLANEOUS ORGANIZATION EXPENSES SHIPPING All other expenses. All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) Chre salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Chre employee benefits Payroll taxes Payroll taxes Payroll taxes Payroll taxes Pothers (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royalties Coccupancy Travel Payments to affiliates Payrolled or entertainment expenses for any federal, state, or local public officials Interest Payments to affiliates Payments to affiliates Peperciation, depletion, and amortization Insurance Other expenses. limize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Sch O.) FUNDRAISING EXPENSES MISCELLANEOUS ORGANIZATION EXPENSES MISCELLANEOUS SHIPPING All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization Joint costs. Complete this line only if the organization Joint costs. Complete this line only if the organization	Grants and other assistance to domestic individuals. See Part IV, line 22 (arrants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 (benefits paid to or for members (compensation of current officers, directors, trustees, and key employees (compensation or included above, to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(1) and persons described in section 4958(n)(3)(8) (compensation or included above, to disqualified persons (as defined under section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3)(8) (compensation or included above, to disqualified persons described in section 4968(n)(3) (compensation or included above, to disqualified persons described in section 4968(n) (compensation or included above, to disqualified persons described in section 4968(n) (compensation or included above, to disqualified persons described in section 4968(n) (compensation or included above, to disqualified persons described in section 4968(n) (compensation or included above, to disqualified persons described in section 4968(n) (compensation or included above, to disqualified persons described in section 4968(n) (compensation or included above, to disqualified persons described in the section 4968(n) (compensation or included above, to disqualified persons described in the organization or included above, to dis

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		148364.	1	224712.
	2	Savings and temporary cash investments		133076.	2	34359.
	3	Pledges and grants receivable, net		107920.	3	137450.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form	er officers, directors.			
		trustees, key employees, and highest compensated				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section				
छ		employees' beneficiary organizations (see instr). Co	·		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	8457.	8	6572.	
	9	Prepaid expenses and deferred charges		765.	9	719.
	10a	Land, buildings, and equipment: cost or other				
		· · · · · · · · · · · · · · · · · · ·	0a			
	b		0b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal li	398582.	16	403812.	
	17	Accounts payable and accrued expenses		104951.	17	140879.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Par			21	
es	22	Loans and other payables to current and former of	ficers, directors, trustees,			
Ě		key employees, highest compensated employees,	and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the	nird parties		24	
	25	Other liabilities (including federal income tax, payab	oles to related third			
		parties, and other liabilities not included on lines 17	7-24). Complete Part X of			
		Schedule D		104054	25	1 400 00
	26	Total liabilities. Add lines 17 through 25		104951.	26	140879.
		Organizations that follow SFAS 117 (ASC 958), o				
Ses		complete lines 27 through 29, and lines 33 and 3		105510		24000
Fund Balances	27	Unrestricted net assets		105512.	27	249990.
Bal	28	Temporarily restricted net assets		188119.	28	12943.
pu	29				29	
		Organizations that do not follow SFAS 117 (ASC				
ğ		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equip			31	
Net Assets or	32	Retained earnings, endowment, accumulated incor		202624	32	26222
_	33	Total net assets or fund balances		293631.	33	262933.
	34	Total liabilities and net assets/fund balances		398582.	34	403812.

Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				$\frac{84}{82}$.		
2	(),							
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		26	529	33.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>[</u> 2	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit					
	Act and OMB Circular A-133?		१	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	tit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		g	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

Open to Public Inspection

JUSTICE VENTURES INTERNATIONAL

Employer identification number 20-4214306

Pa	ırt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or			
		university:									
10	X	An organization that norma									
		activities related to its exen	-	•				-			
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Con	,								
11	Н	An organization organized	•	•	•						
12		An organization organized	=	•	•		•				
		more publicly supported or						neck the box in			
_		lines 12a through 12d that				•	, ,	, aivina			
а			· · · · · · · · · · · · · · · · · · ·	•	•						
		the supported organization			a majority	or the dire	ctors or trustees of the s	supporting			
h		organization. You must o	=		tion with it	o cupport	ad arganization(a) by bo	wing			
b	'	Type II. A supporting org control or management or	· ·					-			
		organization(s). You mus			arrie perso	JIIS IIIAI CO	ontrol of manage the sup	pported			
c		Type III functionally inte			in connec	tion with :	and functionally integrat	ed with			
·		its supported organizatio					•	od Willi,			
d		Type III non-functionally		•				ization(s)			
		that is not functionally int					• • • • • •	• •			
		requirement (see instruct	-	•	•		•				
е		Check this box if the orga	•	-							
		functionally integrated, or									
f	Ente	er the number of supported o	organizations								
g	Prov	vide the following information	about the supporte	ed organization(s).							
	(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)			
								<u> </u>			
Γota	al										
	41						i	1			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 004.4	(h) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor		•				• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2018 (column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	d stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 990	0 or 990-EZ) 2018

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.)

50	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
		(=) 0014	(h) 0015	(-) 0010	(4) 0017	(=) 0010	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	767414.	704885.	715759.	817172.	847925.	3853155.
•	include any "unusual grants.")	707414.	704003.	113139.	01/1/2•	04/343•	2022122.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	90310.	63738.	46850.	30816.	12958.	244672.
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	857724.	768623.	762609.	847988.	860883.	4097827.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	419297.	307080.	366252.	444244.	547317.	2084190.
	amount on line 13 for the year	419297.	307080.	366252.	444244.	547317.	2084190.
	Add lines 7a and 7b	419497.	307000.	300232.	444244.	34/31/•	2013637.
	Public support. (Subtract line 7c from line 6.)						2013037.
			#110045	() 2040	(1) 0047	() 0010	(O.T.)
	endar year (or fiscal year beginning in)	(a) 2014 857724.	(b) 2015 768623.	(c) 2016 762609.	(d) 2017 847988.	(e) 2018 860883.	(f) Total 4097827.
	Amounts from line 6 Gross income from interest,	03//24•	700023.	702009.	047900.	000003.	4037027
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources	23.	23.	25.	15.	95.	181.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
		23.	23.	25.	15.	95.	181.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	23.	23.	23.	13.	93.	101.
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.)	857747.	768646.	762634.	848003.	860978.	4098008.
	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiz	zation,
	check this box and stop here						
Se	ction C. Computation of Publi						
15	Public support percentage for 2018 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	49.14 %
	Public support percentage from 2017				T T	16	50.94 %
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lin	e 13, column (f))		17	.00 %
18	Investment income percentage from 2				r	18	%
19a	a 33 1/3% support tests - 2018. If the					3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar						▶ X
k	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st c	p here. The organ	ization qualifies as	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check th	is box and see ins	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	t 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		
	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			
2				
	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,			
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		V	
_	Many and the file and the district district and the state of the state		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			
<u></u>	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		<u> </u>
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		
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			
	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			
	trustees of each of the supported organizations? Provide details in Part VI.	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		<u> </u>

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	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-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amou				
2	Amou				
	organi				
3	Admir				
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
		s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

D 110	(10111 000 c) 000 L2) 2010 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
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.)
	Tocc instructions.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

0040

2018

OMB No. 1545-0047

Name of the organization

JUSTICE VENTURES INTERNATIONAL

Employer identification number

20-4214306

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Name of organization

	E VENTURES INTERNATION			20-4214306			
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations				
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
_	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee			
- -							
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-		(e) Transfer of gif	t				
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-	(e) Transfer of gift						
- -	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
- - -		(e) Transfer of gif	<u> </u>				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			

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		▶ \$

832051 10-29-18

Schedule D (Form 990) 2018

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simi	lar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following th	at are a s	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	rams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizat	tion's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	ner simila	ır assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			L	Yes	└─ No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liab	ility?	L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administ	ered for	the organi	ization		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 99	0, Part X	, line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	de	preciation	1		
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			. ▶		0.

Schedule D (Form 990) 2018

Schedu	le D (Form 990) 2018 JUSTICE VEN	TURES	INTER	NATIONAL	20	-4214306	Page
	VII Investments - Other Securities.						
	Complete if the organization answered "Yes"	on Form 99	90, Part IV,	line 11b. See Form 99	0, Part X, line 12.		
(a) Des	scription of security or category (including name of security)	(b) B	ook value	(c) Method o	f valuation: Cost or end	d-of-year market v	value
(1) Fina	ncial derivatives						
(2) Clos	sely-held equity interests						
(3) Oth	er						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part	Investments - Program Related.						
	Complete if the organization answered "Yes"						
	(a) Description of investment	(b) B	ook value	(c) Method o	f valuation: Cost or end	d-of-year market v	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	al (b) must assual Farms 000 Part V and (D) line 10 \						
Part I	ol. (b) must equal Form 990, Part X, col. (B) line 13.)						
I alt	Complete if the organization answered "Yes"	on Form O	00 Part IV	ling 11d Soc Form 00	O Part V line 15		
		Description		ille 11a. See Form 98	o, Part A, line 15.	(b) Book va	alue
(1)	(4)	Boodilptiol	<u>. </u>			(3) 2001. 10	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			>		
Part							
	Complete if the organization answered "Yes"	on Form 99	90, Part IV,	line 11e or 11f. See Fo	orm 990, Part X, line 25	i.	
1.	(a) Description of liability			(b) Book value			
-	Federal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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) 2018

(8)

951257.

Schedule D (Form 990) 2018	DOSTICE VENTURE	'S INTERNATIONAL	20-4214300
Part XI Reconciliation of	Revenue per Audited I	Financial Statements With	Revenue per Return.

	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	920559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	58575.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	58575.
	Subtract line 2e from line 1			3	861984.
4	Amounts included on Form 990, Part VIII, line 12, 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.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	861984.
n -	at VIII December 11 at the conference of the Architecture of the Conference of the C		··· -		

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements

2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	58575.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	2e	58575.		
3	Subtract line 2e from line 1			3	892682.
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	892682.

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) 2018

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

lacktriangle 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.

2018
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,	
JUS	STICE VENTURE	S INTERN	ATIONAL			20-421430	06
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV			·			
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	iside the
3		he following Part	· L line 3 table c	an be duplicated if additional space is a	needed)		
	(a) Region	(b) Number of	(c) Number of		1	vity listed in (d)	(f) Total
	() 3	offices	employees	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to		e specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				GRANTS TO RECIPIENTS			
SOU	TH ASIA	1	1	LOCATED IN REGION	ANTI HUMAN	TRAFFICKING	121000.
				GRANTS TO RECIPIENTS			
EAS	r Asia	1	0		LEGAL AID F	ROGRAM	0.
3 2	Subtotal	2	1				121000.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 2h))	l 1				121000

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

Schedule F (Form 990) 2018

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, FMV appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	121000.	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	0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	ANTI HUMAN					
		BHUTAN, INDIA,	TRAFFICKING	0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,		0.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,		0.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2018

3 Enter total number of other organizations or entities

Part III Grants and Other Assistan	ce to Individuals Outsid	le the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is neede						
(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) 2018

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 F (Form 990) 2018

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

	J	USTIC	ΕV	ENTURES	TNT	'ERN	A.I.T	ONAL			20	-42	143	06				
Part I	Excess Bene	fit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and 50)1(c)	(29) organizatior	ns only	/).						
	Complete if the o	organizatio	n ansv	vered "Yes" on	Form !	990, Pa	art IV,	line 25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	Db.					
1 (-) N/-			(b) F	Relationship betv			lified		7 D-		4:-	_		(d) Corrected				
(a) Na	me of disqualified p	erson		person and or	ganiz	ation		,,	;) DE	escription of tran	isactio	П		Y	es	No		
2 Enter	the amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualifie	ed persons du	ring	the year under								
section	on 4958											> \$						
3 Enter	the amount of tax,	if any, on li	ine 2, a	above, reimburs	ed by	the or	ganiza	ition				> \$						
Part II	Loans to and	d/or Fror	n Int	erested Per	sons	: -												
	Complete if the o	organizatio	n ansv	vered "Yes" on	Form 9	990-EZ	, Part	V, line 38a or F	orn	n 990, Part IV, lin	ne 26;	or if th	ne orga	anizati	on			
	reported an amo	unt on For	m 990	, Part X, line 5, 6	3, or 2	2.												
	a) Name of	(b) Relatio		(c) Purpose		an to or		e) Original	(f) Balance due	(g)		(h) Approved by board or		(i) W	/ritten		
inter	rested person	with organi	ization	of loan		ization?	princ	cipal amount			defa	ult?	comm	ittee?	agree	ment?		
					То	From								No	Yes	No	Yes	No
otal								> \$										
Part III	Grants or As	sistance	e Ber	nefiting Inter	reste	d Pe	rsons	s.										
	Complete if the c	organizatio	n ansv	vered "Yes" on	Form 9	990, Pa	art IV,	line 27.										
(a) N	lame of interested p	person		(b) Relationship	betwe	een	(c) Amount of	f (d) Type of (e)) Purp	ose o	f					
				interested pers		ıd		assistance		assistan	ce		á	assista	ance			
				the organiza	ation													
			\perp															
			1				1					- 1						

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

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz rever	aring of zation's
	person and the organization	transaction	transaction	rever Yes	nues?
JEFFREY PANKRATZ	CURRENT PRESIDENT	438000	.CONSULTING	162	X
Part VI Complete Line					
Provide additional information for	1. responses to questions on Schedule L (see	instructions)			
Trovide additional information for	responses to questions on coneduce E (see	matractions).			
_					

SCHEDULE 0

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

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 SALAR
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 408379
MANAGEMENT AND GENERAL EXPENSES 0
FUNDRAISING EXPENSES 0
TOTAL EXPENSES 408379
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018