Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www ire gov/Form990 for instructions and the latest information

Open to Public

		ue Service	londar year or tay year beginning		/2017					0/2018	шор	GGLIGI	
		applicable:	lendar year, or tax year beginning C Name of organization JUSTICE FOR		2017	, ai	na er	nding	9/3 Employe		ation numbe		
	Address		Doing business as	R ALL, INC					Linploye	identine	ation name		
₩,	Address	change	Number and street (or P.O. box if mail is not	t delivered to stree	at address)	Room/sui	ite		8-112894	1			
Ш	Name ch	ange	113 N MARTINSON	denvered to stree	it additess)	T (OOIII/ Sui	ito		Telephone				
\Box	nitial retu	ırn	City or town	St	tate	ZIP code			•				
'	muai reu	all I	WICHITA		S	67203		3	16-683-64	-26			
Ш	inal returr	/terminated		province/state/co		Foreign p	netal	code					
\Box	Amended	l return	1 dreight dountay flame	province/state/co	unty	i oreign p	Jostai		Gross rec	eints \$		7!	57,625
Η'	Amended	retuiii							01000100	οιριο ψ			
\square	Application	on pending	F Name and address of principal officer:					H(a) Is this	a group return	for subordii	nates?	Yes	X No
			STEPHEN WAGNER 113 N MARTIN	NSON, WICHI	TA, KS 67	7203		H(b) Are a	II subordinate	es include	d?	Yes	No
1 Т	ax-exem	pt status:	X 501(c)(3) 501(c) ()	(insert no.)	4947(a)(1)	or :	527	If "No	o," attach a lis	st. (see in	structions)		
		<u>'</u>	VW.JFAWEB.ORG	(<u> </u>		II(a) Crau					
									p exemption				
KF	orm of o	rganization:	: X Corporation Trust Associa	ation Other	r >		L Yea	r of formation	on: 1993	M Sta	ate of legal d	omicile:	KS
Р	art I	Su	mmary										
	1	Briefly d	describe the organization's mission or	most significa	nt activities	s: E	EDU	CATION	AND TRA	INING I	REGARDI	NG	
9		BIO-ETI	HICAL ISSUES.										
Jar													
/er	2	Check t	this box ▶ if the organization dis	continued its	onerations	or disno	sed	of more t	han 25%	of its ne	t assets		
Ó	3		r of voting members of the governing b		•					3	n accord.		4
ૐ	4		r of independent voting members of th							4			3
es													
ξ	5		umber of individuals employed in caler	-	•					5			17
Activities & Governance	6		umber of volunteers (estimate if neces							6			130
٩	7a		nrelated business revenue from Part V							7a			0
	b	Net unre	elated business taxable income from I	Form 990-1, II	ne 34					7b			0
		0 4!	ortions and monte (Deat) (III live Ale)				ł	F	Prior Year	F 707	Curre	ent Year	
ne	8		utions and grants (Part VIII, line 1h).						70:	5,727			49,543
Revenue	9		m service revenue (Part VIII, line 2g) .							0			0
è	10								506			8,082	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							-951			0	
	12								70:	5,282		75	57,625
	13												0
	14		s paid to or for members (Part IX, colu					(<u> </u>		0
es	15		, other compensation, employee benefits	•	. ,	,		573,720			531,897		<u>31,897</u>
Sus	16a		ional fundraising fees (Part IX, columr		,					0			0
Expenses	b	Total fu	ndraising expenses (Part IX, column ((D), line 25) 🕨	>	150,	711						
Ш	17	Other ex	xpenses (Part IX, column (A), lines 11	a–11d, 11f–2	4e)				16	7,882		16	60,899
	18	Total ex	penses. Add lines 13–17 (must equal	Part IX, colur	nn (A), line	25)	. [74	1,602		69	92,796
	19	Revenu	le less expenses. Subtract line 18 fron	n line 12					-30	6,320		•	64,829
Net Assets or Fund Balances								Beginnin	g of Current	Year	End	of Year	
sets	20	Total as	ssets (Part X, line 16)						489	9,623		54	42,743
t As	21	Total lia	abilities (Part X, line 26)						4	1,162		- 7	29,453
FR	22	Net ass	ets or fund balances. Subtract line 21	from line 20					448	8,461		51	13,290
	rt II	Sig	nature Block										
		ies of perjur	ry, I declare that I have examined this return, inclu	uding accompanyi	ng schedules	and staten	nents,	and to the	best of my kr	nowledge			
and	belief, it i	s true, corre	ect, and complete. Declaration of preparer (other	than officer) is bas	sed on all info	rmation of	which	n preparer h	as any know	ledge.			
Sig	ın												
He			Signature of officer						Date				
116	16												
			Type or print name and title										
		Prin	nt/Type preparer's name	Preparer's signa	ture			Date			PTIN		· <u> </u>
Pa	id	DE	TEP COOK	DETER COO	ıK			2/42		heck elf-emplo	if ved D01'	2/10020	۵
	parei		TER COOK	PETER COO	'IX							248839	2
Us	e Only	, –	n's name ► COOK CPA, LLC					F	irm's EIN 🕨				
		Firm	n's address ▶ 1445 N ROCK RD, SUITE	E 140, WICHI	TA, KS 672	206		P	hone no.	316-31	13-2220		
Ma	the IF	RS discus	ss this return with the preparer shown	above? (see i	instructions	:)					. X	/as [No

d	Other program services. (Describ	e in Schedule O.)				
	(Expenses \$	0 including grants of	\$	0)(Revenue \$	0)
e	Total program service expenses	>	448,338			
						Form 990 (2017)

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ 2 Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. 5 Χ 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Χ 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." 12b and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Χ 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.............. 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IV Checklist of Required Schedules (continued) Yes No 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Χ 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ 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 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		-^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
⊤ a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Х
h		4a		Ĥ
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			İ
				İ
E.c.	(FBAR).	E-		V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-	V	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	\vdash
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
_	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	\ \	
	and services provided to the payor?	7a	X	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		.,
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			.,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ь—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			l
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			İ
40-	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l .

Form 990 (2017) JUSTICE FOR ALL, INC 48-1128944

Part VI

Sect	ion A. Governing Body and Management				
_				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4	_		
	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 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		Χ
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
4			-		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5	· ·	
6	Did the organization have members or stockholders?		6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				
	one or more members of the governing body?		7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,			
	stockholders, or persons other than the governing body?		7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
	the year by the following:	Ü			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х
Saat				١	
Seci	ion B. Policies (This Section B requests information about policies not required by the	internal Neveriue C	Joue.	/ Yes	No
100	Did the erganization have local chapters, branches, or affiliates?		10a	162	X
	Did the organization have local chapters, branches, or affiliates?		IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such		401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the	re filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		Χ
14	Did the organization have a written document retention and destruction policy?		14		Χ
15	Did the process for determining compensation of the following persons include a review and appro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	Χ	
b	Other officers or key employees of the organization		15b		Χ
	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 arrang	ement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		1.00		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed AL, CA, KS, TX,	VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		s only	/)	
. •	available for public inspection. Indicate how you made these available. Check all that apply.	. (5556511 55 1(5)(5	, = = 1119	,	
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	•	cv an	Ч	
13	financial statements available to the public during the tax year.	ornilor or interest boil	oy, all	u	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooke and records:	_		
20	ANOIE DEWEDEE	040 000 0400			
	ANGIE DEWERFF 113 N MARTINSON, WICHITA, KS 67203	310-003-0420			

7 5111 500 (2017) 300 FIOL FOR ALL, INO	Form 990 (2017)	JUSTICE FOR ALL, INC	48-1128944	Page 7
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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.

compensated employees, and former such persons.										
Check this box if neither the organization nor any	/ related organiz	ation	con	npei	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
				((C)					
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	òοx,	unles er an	Pos neck ss pe	ition more rson irect	than both the is in the compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHEN WAGNER	40.00									
PRESIDENT	0.00	Χ		Χ				72,000		
(2) STEVE FISHER	1.00	1								
TREASURER	0.00	Χ		Χ						
(3) REVA REDMOND	1.00									
DIRECTOR	0.00									
(4) ANDREA LUBITZ	1.00									
DIRECTOR	0.00	Χ								
(5) TAMMY COOK	40.00									
SECRETARY	0.00			Χ				58,000		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than of is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est ame comp fro orga and	(F) imated ount of other oensation om the inization related nizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total . Total from continuation sheets to Part VII, S Total (add lines 1b and 1c). Total number of individuals (including but not li	ection A		 abov	'e) v	 		>	130,000 0 130,000 more than \$100	0 0 0 0,000 of		0
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>	ector, or trustee,			loye						3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	ater than \$150,00	00? <i>I</i> 1	f "Ye	es,"	con	nplete	So	hedule J for suci	h 	4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y	•			-			_			5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest compecompensation from the organization. Report co										tax	
	year. (A) Name and business add	ress							(B) Description of serv	vices ((C)	
									<u> </u>			0
												0
												0
												0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	•		tho	se l	iste	d abo	ve)	who received			

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Stateme	nt of	Reve	ทแต

		Check if Schedule O contains a response or note to	any line in				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
s, G Amo	С	Fundraising events	0				
3ifts ar /	d	Related organizations	0				
ıs, (imil	е	Government grants (contributions) 1e	0				
ıtior er S	f	All other contributions, gifts, grants, and					
ribu Oth		similar amounts not included above 1f	749,543				
ont nd (g	Noncash contributions included in lines 1a-1f: \$	0				
a C	h	Total. Add lines 1a–1f	▶	749,543			
ne l		Bus	iness Code				
'n	2a			0			
Program Service Revenue	b			0			
ice	С			0			
serv	d			0			
E S	е			0			
ogra	f	All other program service revenue		0			
Pro	g	Total. Add lines 2a–2f	•	0			
	3	Investment income (including dividends, interest, and					
		other similar amounts)	▶	82	82		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties	▶	0			
		Royalties) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	🕨	0			
	7a		(ii) Other				
		assets other than inventory 0	8,000				
	b	Less: cost or other basis					
		and sales expenses 0	0				
	С	Gain or (loss) 0	8,000				
	d	Net gain or (loss)	•	8,000			
je Te	8a	Gross income from fundraising					
enı	-	events (not including \$ 0					
eV		of contributions reported on line 1c).					
r R		See Part IV, line 18 a	0				
Other Revenue	b	Less: direct expenses b	0				
ō	C	Net income or (loss) from fundraising events	•	0			
		Gross income from gaming activities. See Part IV, line 19	0				
	b	Less: direct expenses b	0				
	C	Net income or (loss) from gaming activities	▶	0			
		Gross sales of inventory, less		U			
	iva	returns and allowances	0				
	h		0				
		Less: cost of goods sold b Net income or (loss) from sales of inventory		0			
	C		iness Code	U			
	110		mess code	0			
	11a			0			
	b			0			
	C	All other revenue		0			
	d	All other revenue		0			
	42	Total. Add lines 11a–11d		757,625	00	0	0
	12	I Otal revenue. See Instructions		151,625	82	0	

JUSTICE FOR ALL, INC Statement of Functional Expenses Part IX Section 501

	ction 501(c)(3) and 501(c)(4) organizations mu	ust complete all columns. All other org	ganizations must complete column (A).
--	--	---	---------------------------------------

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		·	-	·				
	domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	130,000	85,300	18,000	26,700				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	363,900	235,857	45,441	82,602				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	37,997	24,698	5,130	8,169				
11	Fees for services (non-employees):								
а	Management	0							
b	Legal	0							
С	Accounting	500		500					
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	0		0					
12	Advertising and promotion	8,622			8,622				
13	Office expenses	0							
14	Information technology	17,917	8,959	4,479	4,479				
15	Royalties	0							
16	Occupancy	24,798	19,289	4,960	549				
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	1,252	1,002	188	62				
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	6,515	5,212	977	326				
23	Insurance	0							
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)		21						
а	REGIONAL TRAINING	31,753	31,753						
b	SUPPLIES	8,478	6,745	1,207	526				
C	POSTAGE AND SHIPPING	18,815	11,289	0	7,526				
d	PRINTING AND PUBLICATIONS	17,207	10,324	0	6,883				
e	All other expenses VARIOUS EXPENSES	25,042	7,910	12,865	4,267				
25	Total functional expenses. Add lines 1 through 24e	692,796	448,338	93,747	150,711				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)								

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Total liabilities and net assets/fund balances

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 44.712 124.266 2 85,852 2 65,934 3 0 3 0 0 4 0 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. n 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 6 0 7 8 0 8 Prepaid expenses and deferred charges 0 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 352,543 Less: accumulated depreciation 10b 189.736 359,059 10c b 11 0 11 0 0 0 12 Investments—other securities. See Part IV, line 11 12 0 0 13 Investments—program-related. See Part IV, line 11 13 14 14 0 0 15 0 15 0 16 489,623 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 542.743 17 17 0 0 18 18 19 0 19 20 0 20 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 30,423 22 25,001 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 10,739 4,452 **Total liabilities.** Add lines 17 through 25 41,162 29,453 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 0 27 28 0 28 0 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 0 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 513,290 448,461 32 32 Retained earnings, endowment, accumulated income, or other funds . . . 33 448,461 33 513,290

542,743

489,623

48-1128944 Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		757	,625
2	Total expenses (must equal Part IX, column (A), line 25)	2		692	,796
3	Revenue less expenses. Subtract line 2 from line 1	3		64	,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		448	,461
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		513	,290
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
٥-	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				V
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		

Form **990** (2017)

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2017

Attachment

Internal Revenue Service (99

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return 48-1128944 JUSTICE FOR ALL, INC **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 510.000 2 3 2.030.000 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 510,000 6 (a) Description of property (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 0 10 2,515 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 2.515 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS). . 16 MACRS Depreciation (Don't include listed property.) (See instructions.) Part III Section A 6,515 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use vear placed (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 3-year property **b** 5-year property 7-year property **d** 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM property i Nonresidential real MM S/L 39 yrs. S/I MM property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year S/L 12 yrs. MM S/L c 40-year 40 yrs. Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 6,515 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

JUSTICE FOR ALL, INC 48-1128944 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	924,548	700,180	783,110	705,727	749,543	3,863,108
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
5	Total. Add lines 1 through 3	924,548	700,180	783,110	705,727	749,543	3,863,108
6	Public support. Subtract line 5 from line 4						3,863,108
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	924,548	700,180	783,110	705,727	749,543	3,863,108
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	48	350	506	82	988
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	3,198	1,707	0	0	4,905
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						3,869,001
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the or organization, check this box and stop here.	rganization's first, s	econd, third, fourth		s a section 501(c)		
Sec	tion C. Computation of Public Sur	oport Percenta	iae				
14	Public support percentage for 2017 (line 6, c Public support percentage from 2016 Schedu	olumn (f) divided by	y line 11, column (14 15	99.85% 99.85%
	33 1/3% support test—2017. If the organization qualifies as	s a publicly supporte	ed organization .				> X
D	33 1/3% support test—2016. If the organization qualified box and stop here. The organization qualified			,		•	•
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization	s the "facts-and-cire s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	stop here. Explai	in in ed	▶ □
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization metaplain in Part VI how the organization meet supported organization.	eets the "facts-and- ts the "facts-and-cir	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. ualifies as a public	sly	▶ □
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1					1
	furnished in any activity that is related to the	1					
•	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
4	benefit and either paid to or expended on	1					1
	its behalf						0
5	The value of services or facilities	i					
,	furnished by a governmental unit to the						1
	organization without charge	1					0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	-				-	
	received from disqualified persons	1					0
b	Amounts included on lines 2 and 3						
-	received from other than disqualified	1					1
	persons that exceed the greater of \$5,000	1					1
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						1
	payments received on securities loans, rents,						1
	royalties, and income from similar sources	<u> </u>					0
b	Unrelated business taxable income (less	1					1
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	1					1
	activities not included in line 10b, whether	1					
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						1
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o						
	organization, check this box and stop here	-		•	` '	,	
Sec	tion C. Computation of Public Su	pport Percenta	iae				
15	Public support percentage for 2017 (line 8, c		_	f))		15	0.00%
16	Public support percentage from 2016 Sched					16	0.00%
Sec	tion D. Computation of Investmer	it Income Perc	entage				
17	Investment income percentage for 2017 (line	10c, column (f) div	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2016 Se					18	0.00%
19a	33 1/3% support tests—2017. If the organi						1
	not more than 33 1/3%, check this box and \$	-			-		▶
b	33 1/3% support tests—2016. If the organi						
_	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

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

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Part	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?	110		
b		11a 11b		
C	, , , , , , , , , , , , , , , , , , ,	11c		
	ion B. Type I Supporting Organizations	110		
Jecu	on b. Type roupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	T		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			
04:	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		Yes	Na
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		res	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? <i>If</i> "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		
Secti	ion 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 year (see instruc	tion	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ıstruc	ctions).
•		1		
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	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? <i>If</i> "Yes," <i>explain in Part VI the</i>			
	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. <i>Answer (a) and (b) below.</i>			
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		

 Schedule A (Form 990 or 990-EZ) 2017
 JUSTICE FOR ALL, INC
 48-1128944
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sections	s A through E.
Section 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	0	0
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		1
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e 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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting	organization (see

instructions).

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
		(1)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2013 0			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Fo	orm 990 or 990-EZ) 2017 JUSTICE FOR ALL, INC	48-1128944	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a		
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1 and 2; Part IV, Section E, lines 2 and 3; Part IV, Section E, lines 3 and 3		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	, ,	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

		Form990 for instructions and			
Name	of the organization			Employer iden	tification number
	ICE FOR ALL, INC				48-1128944
Part	Organizations Maintaining Donor			ds or Acc	ounts.
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 6.		
		(a) Donor advised fund	s	(b) i	Funds and other accounts
1	Total number at end of year		2		
2	Aggregate value of contributions to (during year) .		0		
3	Aggregate value of grants from (during year)		0		
4	Aggregate value at end of year		0		
5	Did the organization inform all donors and don	•			
	funds are the organization's property, subject t	_	-		Yes X No
6	Did the organization inform all grantees, donor				
	used only for charitable purposes and not for the				
	purpose conferring impermissible private bene	πτ?			Yes X No
Part	Conservation Easements.				
	Complete if the organization answere				
1	Purpose(s) of conservation easements held by	Ŭ \	113/		
	Preservation of land for public use (e.g., re	ecreation or education)			ally important land area
	Protection of natural habitat		Preservation	of a certified	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	n contribution	in the form of	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				
b	Total acreage restricted by conservation easer	ments		2b	
С	Number of conservation easements on a certif			2c	
d	Number of conservation easements included in				
_	historic structure listed in the National Register			<u>2d</u>	<u> </u>
3	Number of conservation easements modified,	transferred, released, extingui	shed, or term	inated by the	organization during
	the tax year •				
4	Number of states where property subject to co		· -	bondling of	
5	Does the organization have a written policy requipolations, and enforcement of the conservation			_	Yes No
6	Staff and volunteer hours devoted to monitoring, in:				
U	Stan and volunteer nours devoted to monitoring, in:	specing, nanding of violations, a	and emorcing d	onservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and e	enforcing conse	rvation easem	nents during the year
'	► \$	ung, nanding of violations, and e	illording conse	i valion casen	ients during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the re	auirements of	section 170	(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		-		Yes No
9	In Part XIII, describe how the organization repo				
	balance sheet, and include, if applicable, the te				
	the organization's accounting for conservation				
Part	III Organizations Maintaining Collect			Other Sim	ilar Assets.
	Complete if the organization answere				
1a	If the organization elected, as permitted under				
	works of art, historical treasures, or other similar				
	of public service, provide, in Part XIII, the text				
b	If the organization elected, as permitted under				
	works of art, historical treasures, or other simil				
	of public service, provide the following amount	s relating to these items:			
	of public service, provide the following amount (i) Revenue included on Form 990, Part VIII, li (ii) Assets included in Form 990, Part X	ne 1			\$
_	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of ar	t, historical treasures, or othe	r similar asset	s for financia	ll gain, provide the
	following amounts required to be reported und	er SFAS 116 (ASC 958) relati	ng to these ite	ems:	

Assets included in Form 990, Part X . . .

a Revenue included on Form 990, Part VIII, line 1

▶ \$

Part	Organizations Maintaining Co	llections of A	t, Histor	rical Tre	asures, or	Other	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, acce	ession, and other	records, o	check any	of the followi	ng that	t are a significant	use of it	S	
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange <mark>լ</mark>	orograi	ms			
b	Scholarly research		е	Other						
С	Preservation for future generations	\$		ı						
4	Provide a description of the organization'		explain h	ow they fi	irther the orga	anizatio	on's exempt purpo	se in Pa	art	
•	XIII.	o concentration and	охрантт	ow thoy ic	iraior alo orga	ai iiZutiv	on o oxompt purpo		411	
5	During the year, did the organization soli	cit or receive don	ations of a	art histori	cal treasures	or oth	er similar			
•	assets to be sold to raise funds rather that							Y	es	No
Part			<u>'</u>		,				<u> </u>	
rait	Complete if the organization and		n Form (000 Part	IV line 0 o	r renc	orted an amount	on Fo	rm	
	990, Part X, line 21.	sweled les o	ii i Oiiii s	990, Fait	iv, iiie a, c	птерс	nteu an amount	. 01110	1111	
1a	Is the organization an agent, trustee, cus	todian or other in	termediar	v for cont	ributions or of	hor ac	eete not			
ıa	included on Form 990, Part X?			-					es 🗌	No
b	If "Yes," explain the arrangement in Part							ш.	,s	140
	ii res, explain the arrangement ii r art	Am and complete	, the follow	wing table	•			Amount		
С	Beginning balance					10		unount		0
d	Additions during the year					10				
e	Distributions during the year					10				
f	Ending balance					1				0
2a	Did the organization include an amount of						•		es X	No
	_								*	NO
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the expl	anation ha	as been provi	ded on	Part XIII			
Part										
	Complete if the organization ans							1		
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0		0						
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	0		0		0	()		0
2	Provide the estimated percentage of the	current year end	balance (line 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowment	>	<u></u> %							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c	•								
3a	Are there endowment funds not in the po	ssession of the o	rganizatio	n that are	held and adr	niniste	red for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		L
b	If "Yes" on line 3a(ii), are the related orga							3b		
4	Describe in Part XIII the intended uses of		's endowr	nent fund	S					
Part	, , , , , , , , , , , , , , , , , , , ,									
	Complete if the organization and	<u>swered "Yes" o</u>	n Form 9	990, Part	IV, line 11a	ı. See	Form 990, Part	X, line	10.	
	Description of property	(a) Cost or ot		` '	st or other	• • •	Accumulated	(d) B	ook value	е
		(investm	ent)	basi	s (other)		depreciation			
1a	Land	+	0		59,000					9,000
b	Buildings	1	0		375,415		81,872		29	3,543
С	Leasehold improvements	1	0		0		0			0
d	Equipment	1	0		107,864		107,864			0
е	Other		0		0		0			0
Total	Add lines 1a through 1e (Column (d) mu	ist equal Form 00	n Dart V	column (2) line 10c)				35	2 5/13

Part VII	Investments—Other Securities. Complete if the organization answer	ered "Yes" on Form 990) Part IV line 11h See Forn	n 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	luation:
(4) Financial	(including name of security)		Cost or end-of-year	market value
• •	derivatives	0		
1	• •			
. , (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answe	ered "Yes" on Form 990), Part IV, line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1)			Cost of end-of-year	nainet value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answe	ered "Yes" on Form 990), Part IV, line 11d. See Forr	n 990, Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<u> </u>	0
Part X	Other Liabilities.			
	Complete if the organization answer line 25.	ered "Yes" on Form 990), Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	0		
	DLL AND OTHER LIABILITIES	4,452		
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	4,452		
2. Liability for	uncertain tax positions. In Part XIII, provide the	e text of the footnote to the o	rganization's financial statements th	at 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

48-1128944

Schedule D (Form 990) 2017

Schedule D (Forn	m 990) 2017	JUSTICE FOR	R ALL, INC			48-1128944	Page 5
Part XIII	Supplem	nental Inform	ation (contin	ued)			
			•	•			

SCHEDULE L

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JUSTICE FOR ALL, INC 48-1128944 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In default? (i) Written with organization of loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No EX-EMPLOYE CASH FLOW Х Х (1) DAVID LEE Χ 119,800 25,001 (2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 25,001 \triangleright **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)

(6)(7) (8)(9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring o zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
10)						
Part V	Supplemental Information Provide additional information	n for responses to questions on	Schedule L (see ins	tructions).		

SCHEDULE O (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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
JUSTICE FOR ALL, INC

Employer identification number

JUSTICE FOR ALL, INC	48-1128944	
Form 990, Part VI, Section A, Line 7a: THE MEMBERS OF THE CORPORATION HAVE THE AU	THORITY TO	
ELECT AND REMOVE THE MEMBERS OF THE GOVERNING BODY.		
Form 990, Part VI, Section B, Line 11b: FORM 990 AND ASSOCIATED FORMS AND SCHEDULE	ES ARE	
EMAILED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING AND WHILE REVI	EW IS ENCOURAGED, NO	
REVIEW IS REQUIRED PRIOR TO FILING.		
Form 990, Part VI, Section B, Line 15a: THE BOARD OF DIRECTORS REVIEWS AND APPROVE	<u> </u>	
COMPENSATION FOR STEPHEN WAGNER.		
Form 990, Part VI, Section C, Line 19: JFA MAKES ITS GOVERNING DOCUMENTS, CONSTITU	TION,	
BYLAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS OFFICE AT 113 N MARTINSON,		
WICHITA, KS.		

Schedule O (Form 990 or 990-EZ) (2017)	Pa	ge 2
Name of the organization	Employer identification number	
JUSTICE FOR ALL, INC	48-1128944	