Form **990** 

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Α	For the	e 2018 ca	lendar year, or tax year b	eginning	10/1/2018	, and e	nding	9/3	0/2019	)
В	Check if	applicable:	C Name of organization	JUSTICE FOR A	LL, INC			D Employe	r identifi	cation number
	Address	change	Doing business as							
П	Name ch	ange	Number and street (or P.O.	box if mail is not de	livered to street address)	Room/suite		48-112894		
$\vdash$		_	113 N MARTINSON					E Telephon	e numbe	r
Ш	Initial retu	urn	City or town		State	ZIP code		316-683-64	126	
	Final return	n/terminated	WICHITA		KS	67203	l and a			
$\overline{\Box}$	Amended	d roturn	Foreign country name	Foreign pro	vince/state/county	Foreign postal	code	<b>G</b> Gross red	einte ¢	701,087
	Amended	ı return						G Glossie	cibis à	
Ш	Application	on pending	F Name and address of princi				H(a) Is thi	s a group return	for subord	dinates? Yes X No
			STEPHEN WAGNER 1	13 N MARTINS	ON, WICHITA, KS 6	7203	H(b) Are	all subordinat	es includ	led? Yes No
1	Tax-exem	npt status:	X 501(c)(3) 501(c)	( ) <b>◄</b> (ii	nsert no.) 4947(a)(1	) or 527	If "I	No," attach a li	st. (see i	nstructions)
J	Website	e: ► WW	/W.JFAWEB.ORG			<u> </u>	H(c) Gro	up exemption	number	<b>&gt;</b>
		rganization:		st Association	n Other ▶	I Vo	ar of forma			
_				St ASSOCIATION	Other -	Life	ai oi ioiiiia	tion: 1993	IVI C	State of legal domicile: KS
ŀ	Part I		mmary			<b>ED.</b>				DECARDING
Φ	1		escribe the organization'	s mission or mo	est significant activities	es: EDU	ICATION	N AND TRA	AINING	REGARDING
2		BIO-F11	HICAL ISSUES.							
Governance			·							
Š	2		his box ▶ if the org						of its n	et assets.
	3		of voting members of the						3	4
တ္တ	4		of independent voting m						4	3
į	5		mber of individuals empl	-	•				5	14
Activities &	6		mber of volunteers (estir						6	191
Ĭ	7a		related business revenue						7a	0
	b	Net unre	elated business taxable in	ncome from For	m 990-T, line 38				7b	0
								Prior Year		Current Year
ne	8		utions and grants (Part V					74	9,543	700,916
Revenue	9		n service revenue (Part V						0	0
Š	10		ent income (Part VIII, col						8,082	171
	11		evenue (Part VIII, column	• •		•			0	0
	12		enue—add lines 8 through					/5	7,625	701,087
	13		and similar amounts paid						0	0
	14		paid to or for members (						0	510.517
ses	15		other compensation, empl	•		,	-	53	1,897	519,547
en	16a		ional fundraising fees (Part		•				0	0
Expenses	1 b		ndraising expenses (Part			138,064		16	0.000	171 067
_	17 18		kpenses (Part IX, column penses. Add lines 13–17	, ,	· ·				0,899 2,796	171,267 690,814
	19		e less expenses. Subtrac	•	. , ,	e 23) .   .	-		4,829	10,273
<u> </u>		Nevenu	e less expenses. Subtrac	tille to lioitil	116 12		Reginn	ing of Curren		End of Year
Net Assets or	20	Total as	sets (Part X, line 16)				Dog		2,743	546,663
Ass	21		bilities (Part X, line 26).						9,453	23,100
Net	22		ets or fund balances. Sub						3,290	523,563
	art II		nature Block				ı		0,200	020,000
			y, I declare that I have examined	I this return, includin	g accompanying schedules	s and statements	, and to th	e best of my k	nowledge	e
and	belief, it	is true, corre	ect, and complete. Declaration of	preparer (other tha	n officer) is based on all inf	ormation of whic	h preparer	has any know	ledge.	
Çi,	an									
Sig He			Signature of officer					Date		
пе	ei <del>C</del>									
			Type or print name and title							
_		Prin	t/Type preparer's name	Pr	eparer's signature		Date		Short F	PTIN
Pa		DE-	TER COOK	DE	ETER COOK		1/2		Check self-empl	if
	eparei			•	- I LIN OOON				-	
Us	e Only	y —	o's name ► COOK CPA,		40.1411011177		+	Firm's EIN		
		•	n's address ► 1445 N ROC					Phone no.	316-3	313-2220
1/1~	w tha IF	C diagua	a thic return with the pro-	aarar ahauun ah		- ^ \				V Vaa   Na

Pa	rt III	Statement of Program Service Check if Schedule O contains a	e Accomplishments response or note to any line in this F	Part III	
1	-	escribe the organization's mission: TION AND TRAINING REGARDING B	IO ETHICAL ISSUES		
2	the prior	Form 990 or 990-EZ?	program services during the year which we		X No
3		describe these new services on Scheo organization cease conducting, or mak	dule O. e significant changes in how it conducts, a	ny program	
	services?	?		Yes [	X No
4	expenses		eccomplishments for each of its three larges anizations are required to report the amou th program service reported.	· · · · · · · · · · · · · · · · · · ·	
4a	PARTICI CAMPUS WORKSI GA, NE, DURING TRAININ MEDIA,	549 PEOPLE PARTICIPATED IN 29 PATED AS FIRST-TIME VOLUNTEE SES. 828 PEOPLE LISTENED TO 36 HOPS. JFA CONDUCTED THESE SF CO, MD, AZ, VA, CA, MI, PA, OH). JF 2019 AND 19,013 UNIQUE VISITS F IG MATERIALS AVAILABLE FOR FRI AND TRAINING EVENTS.	457,912 including grants of \$ INTERACTIVE SEMINARS PRODUCED INTERACTIVE SEMINARS PRODUCED IN INTERACTIVE SEMINARS PRODUCED IN ITERACTIONS. 559 PEOPLE PARTICULAR PEAKING AND OUTREACH EVENTS IN 15 PA'S WEBSITE (WWW.JFAWEB.ORG) RESEMENT OF SEMINARY	BY JFA TRAINERS. 161 PEOPLE CH EVENTS ON 19 COLLEGE CIPATED IN 34 INTERACTIVE 6 STATES (KS, SD, TX, LA, OK, NM, ECEIVED 54,841 PAGE VIEWS DNTINUED TO MAKE ITS THROUGH ITS WEBSITE, SOCIAL	
4b					
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d		ogram services. (Describe in Schedule			
40	(Expense	es \$ 0 including of the distribution of the di	grants of \$ 0 ) (Reven	ue \$ 0)	

# **Public Inspection Copy** Form 990 (2018) JUSTICE FOR ALL. INC 48-1128944 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . . 2 Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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, Part III 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, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . . . . Χ 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . Χ 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.

11	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	3 3 3 1 1 1 1 3 3 3			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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
		Form	990	(2018)

	Public Inspection Copy			
		1128944	Р	age <b>4</b>
Par	t 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			.,
	employees? If "Yes," complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a			Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26	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			
	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		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b		Χ
С	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	. 28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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		Χ
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	. 34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		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	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	. 38	Х	
Par		.   30		
ı el	Check if Schedule O contains a response or note to any line in this Part V			П
	Shook in Contourie C contains a response of note to any line in this fact v	<u> </u>	Yes	No
12	Enter the number reported in Box 3 of Form 1006. Enter -0- if not applicable	٥	res	NO

Test No

The state of the content of

48-1128944

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 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 e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . . . . . . 3a Χ 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Х a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5b 5с C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Х 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Χ b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Χ If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . . . . . . d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Х 8 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . . . . . Χ Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . 9b b 10 Section 501(c)(7) organizations. Enter: 10a а 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which b 13b 13c С Χ 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . . . 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Χ If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Χ 16 16 If "Yes," complete Form 4720, Schedule O.

48-1128944 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Section A. Governing Body and Management

seci	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	<b>1a</b> 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	<b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	= -			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		Χ
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertake			, ,	
Ū	the year by the following:	rading			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		OD		
9	at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> .		9		~
C 1				١	Χ
Seci	ion B. Policies (This Section B requests information about policies not required by the	<u>internal Revenue C</u>	oae.	<i>)</i> Yes	No
100	Did the ergenization have level chanters branches or effiliates?		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	Territoria de la companya de la comp	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the control of the	re filing the form?.	11a	Χ	
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? <i>If "No," go to line 13</i>		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	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		X
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				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
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 arrange				
	with a taxable entity during the year?		16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► AL, CA, KS, MI,	ΓX, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	oly.			
	Own website Another's website X Upon request Other (ex	plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	d	
	financial 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 b	ooks and records:	•		
	ANGIE DEWERFF	316-683-6426			
	113 N MARTINSON, WICHITA, KS 67203				

000 (0040)	WOTIOT TOD ALL IN
Form 990 (2018)	JUSTICE FOR ALL, INC

Part VII

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

Employees, and macpendent contractors							_	
Check if Schedule O contains a response or note to any line in this Pa	art VII							l

48-1128944

Page 7

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average box, unless person is both officer and a director/tru				is both	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) STEPHEN WAGNER	40.00											
PRESIDENT	0.00	4		Х				76,500				
(2) STEPHEN FISHER	1.00							,				
TREASURER	0.00	Х		Х					ļ			
(3) REVA REDMOND	1.00											
DIRECTOR	0.00	Χ										
(4) ANDREA LUBITZ	1.00								ļ			
DIRECTOR	0.00	Χ										
(5) TAMMY COOK	40.00	1										
SECRETARY	0.00			Χ				58,000				
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												

Form **990** (2018)

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos eck s pe	rson irecto	than both or/trust Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) titimated nount of other pensation om the anization d related unizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total	ection A	· ·	 <u></u> abov	e) v	 	 	<b>•</b>	134,500 0 134,500 more than \$100	0 0 0 ,000 of		0 0
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>	ector, or trustee,	•	emp	-		_		•		3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	nter than \$150,00	00? //	"Ye						ነ 	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo										5	X
Sec	tion B. Independent Contractors											1
1	Complete this table for your five highest compecompensation from the organization. Report coyear.										tax	
	<b>(A)</b> Name and business add	ress							(B) Description of ser	vices	(C) Compen	
												0
												0
												0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se l	iste	d abo	ve)	who received			<u>_</u>

#### 

		•		,				
					(A)	<b>(B)</b> Related or	(C) Unrelated	( <b>D</b> ) Revenue
					Total revenue	exempt	business	excluded from
						function	revenue	tax under sections
	1a	Federated campaigns	1a	0		revenue		512–514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0				
Gra		Fundraising events		0				
fts, r Ar	d	Related organizations		0				
nia nia		Government grants (contributions)		0				
ons	e	All other contributions, gifts, grants, and	. 16	0				
buti		similar amounts not included above	1f	700,916				
Contributions, Gifts, Grants and Other Similar Amounts	а	Noncash contributions included in lines 1a–1i		700,910				
S E	g	Total. Add lines 1a–1f	*		700,916			
0	- "	Total. Add lines la-II	• •	Business Code	700,910			
Program Service Revenue	2a				0			
Seve	b				0			
Se F	C				0			
eΖ	d				0			
٦.	e				0			
grar	f	All other program service revenue			0			
Po	q	Total. Add lines 2a–2f		<b>•</b>	0			
	3	Investment income (including dividends, in						
	•	other similar amounts)			171			
	4	Income from investment of tax-exempt bo			0			
	5	Royalties	•		0			
		(i) Re		(ii) Personal	9			
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Sect		(ii) Other	J			
		assets other than inventory	0	0				
	b	Less: cost or other basis						
	~	and sales expenses	0	0				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)			0			
	-	1101 gain of (1000)			Ü			
e	8a	Gross income from fundraising						
eu		events (not including \$	)					
Se		of contributions reported on line 1c).						
Other Revenu		See Part IV, line 18	. а	0				
the	b	Less: direct expenses		0				
0	С	Net income or (loss) from fundraising ever	nts		0			
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а	0				
	b	Less: direct expenses	. <b>b</b>	0				
	С	Net income or (loss) from gaming activities	S		0			
	10a	Gross sales of inventory, less						
		returns and allowances	. а	0				
	b	Less: cost of goods sold	. <b>b</b>	0				
	С	Net income or (loss) from sales of invento	ry		0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			701,087	0	0	0

following SOP 98-2 (ASC 958-720)

Form 9	990 (2018) JUSTICE FOR ALL, INC			48-112	8944 Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must c	omplete column (A).	
	Check if Schedule O contains a response or note t	to any line in this Pa	rt 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	0			
4	individuals. See Part IV, lines 15 and 16	0			
4 5	Compensation of current officers, directors,	U			
3	trustees, and key employees	134,500	87,550	19,125	27,825
6	Compensation not included above, to disqualified	104,000	07,000	10,120	21,020
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	348,006	228,548	45,720	73,739
7	Other salaries and wages	0	-,-	-,	-,
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	37,041	24,076	5,001	7,964
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	650		650	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
†	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0		0	
10	(A) amount, list line 11g expenses on Schedule O.)	7,891		0	7,891
12 13	Advertising and promotion	7,091			1,091
14	Information technology	15,565	7,783	3,891	3,891
15	Royalties	0	7,700	0,001	0,001
16	Occupancy	22,412	17,929	4,483	
17	Travel	0	,626	.,	
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,155	924	173	58
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.)	46 606	46 607		
a	REGIONAL TRAINING	46,606	46,607	2 021	E62
b C	SUPPLIES POSTAGE AND SHIPPING	11,395 15,947	8,011 9,568	2,821	563 6,379
d	PRINTING AND PUBLICATIONS	17,598	10,559		7,039
u e	All other expenses VARIOUS EXPENSES	25,533	11,145	11,999	2,389
25	Total functional expenses. Add lines 1 through 24e	690,814	457,912	94,840	138,064
26	Joint costs. Complete this line only if the	000,014	107,012	01,010	100,004
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here  if				

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Part $\boldsymbol{X}$			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		124,266	1	134,530
	2	Savings and temporary cash investments		65,934	2	66,105
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees.			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
ets		organizations (see instructions). Complete Part II of Sche	dule L	0	6	
Assets	7	Notes and loans receivable, net		0	7	0
⋖	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	<b>10a</b> 542,279			
	b	Less: accumulated depreciation	<b>10b</b> 196,251	352,543	10c	346,028
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line	11	0	12	0
	13	Investments—program-related. See Part IV, line	911	0	13	0
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	542,743	16	546,663
	17	Accounts payable and accrued expenses		0	17	
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	0	21	
es	22	Loans and other payables to current and former	officers, directors,			
≣		trustees, key employees, highest compensated	employees, and			
Liabilities		disqualified persons. Complete Part II of Sched	ule L	25,001	22	19,001
$\exists$	23	Secured mortgages and notes payable to unrela	-	0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17–24). Complete Part X			
		of Schedule D	ŀ	4,452	25	4,099
	26	<b>Total liabilities.</b> Add lines 17 through 25		29,453	26	23,100
ses		Organizations that follow SFAS 117 (ASC 956 complete lines 27 through 29, and lines 33 ar	· — —			
an	27	Unrestricted net assets		0	27	
Bal	28	Temporarily restricted net assets		0	28	
ᅙ	29	Permanently restricted net assets		0	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here ► X and			
şţ	30	Capital stock or trust principal, or current funds		0	30	
SSE	31	Paid-in or capital surplus, or land, building, or ea	ľ	0	31	
Net Assets	32	Retained earnings, endowment, accumulated in		513,290		523,563
Š	33	Total net assets or fund balances		513,290		523,563
	34	Total liabilities and net assets/fund balances .	ľ	542,743		546,663

Part	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)		701	,087
2	Total expenses (must equal Part IX, column (A), line 25)		690	,814
3	Revenue less expenses. Subtract line 2 from line 1		10	,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		513	,290
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))		523	,563
Part			ſ	
	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.			
2-		20		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
	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		X
	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			
_	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	01-		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b		

Form **990** (2018)

Form **4562** 

Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

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. 1.000.000 2 3 2.500.000 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . 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 1,000,000 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 2019. 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 17 MACRS deductions for assets placed in service in tax years beginning before 2018 . . . . . . . 17 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 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 3-year property **b** 5-year property c 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 39 yrs. MM MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year S/L 12 yrs. 30 yrs. MM S/L c 30-year **d** 40-year 40 yrs. S/L 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)

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

Employer identification number

		E FOR ALL, INC						28944	
Par	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.		
The	orga	anization is not a private foundat	•	•	-		•		
1	Ш	A church, convention of church	es, or association o	f churches described in	n <b>section</b>	170(b)(1)(	(A)(i).		
2		A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	0-EZ).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(l	o)(1)(A)(iii	).		
4		A medical research organizatio	n operated in conju	nction with a hospital d	lescribed i	n <b>section</b>	<b>170(b)(1)(A)(iii)</b> . En	ter the	
		hospital's name, city, and state	:	· 					
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmer	ntal unit described in <b>se</b>	ection 170	(b)(1)(A)(	v).		
7		An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ເ	ınit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organi			•	d in coniur	nction with a land-gra	ant collea	е
		or university or a non-land-grar university:							
10	Χ								ss
		receipts from activities related t support from gross investment							
		acquired by the organization af	ter June 30. 1975. S	See <b>section 509(a)(2).</b>	Complet)	e Part III.)	orr (ax) nom busine	5505	
11		An organization organized and							
12		An organization organized and	·	•	•			he nurno	242
-		of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(	3).
а		Type I. A supporting organiz	ation operated, sup	ervised, or controlled b	by its supp	orted orga	anization(s), typically	by givin	q
		the supported organization(s organization. <b>You must con</b>	s) the power to regu	larly appoint or elect a					
b		Type II. A supporting organia							
		control or management of th			me perso	ns that co	ntrol or manage the	supporte	d
_	ĺ	organization(s). You must o			n connoct	ion with a	and functionally into	rated wit	h
С		its supported organization(s						rated with	1,
d		Type III non-functionally in	, ,	•			•	anization	(s)
	,	that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
	ĺ	requirement (see instruction							
е		Check this box if the organized functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported							(
g		Provide the following information							-
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary		mount of
				(described on lines 1–10 above (see instructions))	-	r governing nent?	support (see instructions)		ipport (see uctions)
				//			,		,
					Yes	No			
A)									
B)									
C)									
C)									
D)									
-,									
E)									
Tota	1						0		

48-1128944 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check Part III. If the organization fa						der
Sec	ction A. Public Support	mo to quality arr	dor the toole in	nou bolow, ploc	acc complete i	art m.,	
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, ,		,	,		0
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	0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4						0
	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>	rganization's first, s	econd, third, fourtl	n, or fifth tax year a	s a section 501(c)(	·	▶ □
Sec	ction C. Computation of Public Su						
14 15	Public support percentage for 2018 (line 6, c Public support percentage from 2017 Sched	column (f) divided by	y line 11, column (	• •		14 15	0.00% 0.00%
	33 1/3% support test—2018. If the organiz and stop here. The organization qualifies as	s a publicly support	ed organization .				
b	<b>33 1/3% support test—2017.</b> If the organiz box and <b>stop here</b> . The organization qualifies			,			▶
17a	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets Part VI how the organization meets the "fact organization	the "facts-and-circu s-and-circumstance	mstances" test, ch es" test. The organ	eck this box and <b>st</b> ization qualifies as	t <b>op here.</b> Explain i a publicly supporte	n ed	<b>&gt;</b> [
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization mees supported organization	eets the "facts-and ts the "facts-and-cir	-circumstances" te cumstances" test.	st, check this box a The organization q	and <b>stop here.</b> ualifies as a public	ly	▶□
18	Private foundation. If the organization did	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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	700,180	783,110	705,727	749,543	700,916	3,639,476
2	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						(
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						(
4	Tax revenues levied for the						
	organization'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	700.400	700 440	705 707	740.540	700.040	0.000.470
6	Total. Add lines 1 through 5	700,180	783,110	705,727	749,543	700,916	3,639,476
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from	0	0	U	U	U	
0	line 6.)						3,639,476
Sec	ction B. Total Support						0,000,110
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	700,180	783,110	705,727	749,543	700,916	3,639,476
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	48	350	506	82	171	1,157
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
С	Add lines 10a and 10b	48	350	506	82	171	1,157
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .	3,198	1,707				4,905
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,	700 400	705 407	700 000	740.005	704.007	0.045.500
4.4	and 12.)	703,426	785,167	706,233	749,625	701,087	3,645,538
14	<b>First five years.</b> If the Form 990 is for the or organization, check this box and <b>stop here</b> .	-					. □
800				· · · · · · · ·		· · · · · · · · ·	· · · · · <u> </u>
	Ction C. Computation of Public Sup			<b>f</b> //		15	99.83%
15 16	Public support percentage for 2018 (line 8, co Public support percentage from 2017 Schedu	. ,	•	**		16	0.00%
	ction D. Computation of Investmen			<u> </u>		10	0.0076
17	Investment income percentage for 2018 (line			olumn (f))		17	0.03%
18	Investment income percentage from 2017 Sc		-			18	0.00%
	33 1/3% support tests—2018. If the organization						0.0070
	not more than 33 1/3%, check this box and <b>s</b>						<b>▶</b> 🛚 🗙
b	33 1/3% support tests—2017. If the organiz				-		<u>-</u>
	line 18 is not more than 33 1/3%, check this b	oox and <b>stop here</b>	. The organization	qualifies as a publ	licly supported orga	anization	▶ 🗌
20	Private foundation. If the organization did n	ot check a box on	line 14 19a or 19l	check this box a	nd see instructions	<b>.</b>	▶ □

48-1128944

### 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 (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		
0 -		
3c		
4a		
4b		
4c		
40		
5a		
5b		
5c		
00		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
10b		
	990-F7	\ 2019

48-1128944

Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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 <b>Part VI.</b>	11c		
Secti	ion 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 <b>Part VI</b> 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? <i>If</i> "Yes," <i>explain in Part</i>			
	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			
			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			
C4:	the supported organization(s).	1		
Secu	ion 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		163	140
•	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			
Cooti	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	Juon	<b>S</b> ).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
			- 4. <sup>1</sup>	,
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	istruc		
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 <b>Part VI identify</b>			
	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	Za		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> the role played by the organization in this regard	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•	, ,	,
instructions. All other Type III non-functionally integrated supporting orga	nizatio	ns must complete Sections	
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		
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)
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>b</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	lly integ	grated Type III supporting of	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 exemp	ot purposes of supported							
	organizations, in excess of income from activity								
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in <b>Part VI</b> ). See instructions.								
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0					
8	Distributions to attentive supported organizations to which the	ne organization is respor	sive						
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2018 from Section C, line 6			0					
10	Line 8 amount divided by line 9 amount	 	/m	0.000					
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6			0					
2	Underdistributions, if any, for years prior to 2018								
	(reasonable cause required—explain in <b>Part VI</b> ). See								
	instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
<u> </u>	From 2015								
d	From 2016								
<u>e</u>	From 2017 0								
	Total of lines 3a through e	0							
<u>g</u>	Applied to underdistributions of prior years		0						
	Applied to 2018 distributable amount			0					
<u>i</u>	Carryover from 2013 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0							
4	Distributions for 2018 from								
	Section D, line 7: \$ 0		0						
	Applied to underdistributions of prior years  Applied to 2018 distributable amount		U	0					
C		0		0					
5	Remaining underdistributions for years prior to 2018, if	0							
J	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in <b>Part VI</b> . See instructions.		0						
6	Remaining underdistributions for 2018. 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 2019. Add lines 3j								
•	and 4c.	0							
8	Breakdown of line 7:								
a	Excess from 2014 0								
<u>u</u> b	Excess from 2015								
C	Excess from 2016								
d	Excess from 2017 0								
	Excess from 2018								

### **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 Inspection

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number JUSTICE FOR ALL, INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year . . . . . . 2 0 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . 0 Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes X Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

**b** Assets included in Form 990, Part X.

Sched	ule D (Form 990) 2018				48-1128	3944		Page 2
Part	Organizations Maintaining Collect	tions of Art, Histo	rical Treas	ures, or Oth	ner Similar Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of	the following	that are a significant	use of its	S	
	collection items (check all that apply):		_					
а	Public exhibition	d	Loan or ex	change progra	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations	<u></u>						
4	Provide a description of the organization's co XIII.	llections and explain h	ow they furth	ner the organiz	ration's exempt purpo	se in Pa	art	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					☐ Ye	es 🗆	No
Part		· · · · · · · · · · · · · · · · · · ·						
r ar c	Complete if the organization answe 990, Part X, line 21.		990, Part IV	/, line 9, or re	eported an amount	on For	m	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	y for contribu	utions or other	assets not			
b	included on Form 990, Part X?					Ye	es	No
		·	Ü		A	Amount		
С	Beginning balance			[	1c			0
d	Additions during the year			[	1d			
е	Distributions during the year			[	1e			
f	Ending balance				1f			0
2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	1. for escrow	or custodial a	ccount liability?	Υe	s X	No
b	If "Yes," explain the arrangement in Part XIII.							i
Part		<u> </u>						1
ı aıt	Complete if the organization answe	red "Yes" on Form	990 Part I\	/ line 10				
	<u> </u>			(c) Two years bac	k (d) Three years back	(e) Fo	ur years	s back
1a	Beginning of year balance	0	0	(0) you.o 240	0	(0):0	u. youre	, buon
b	Contributions					-		
C	Net investment earnings, gains,					+		
•	and losses							
d	Grants or scholarships					+		
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
а	End of year balance	0	0		0 (	0		0
2	Provide the estimated percentage of the curre		•	mn (a)) held a		<u>- 1                                   </u>		
а	· -	<b>▶</b> %	3,	( //				
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posses		on that are he	eld and admini	stered for the			
	organization by:	•					Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ntions listed as require	d on Schedu	le R?		3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.					
Part	VI Land, Buildings, and Equipment.							
	Complete if the organization answe	red "Yes" on Form	990, Part I\	/, line 11a. S	ee Form 990, Part	X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or o		(c) Accumulated		ook valu	е
		(investment)	(othe		depreciation			
1a	Land	0		59,000			5	59,000
b	Buildings	0		375,415	88,387			37,028
С	Leasehold improvements	0		0	0			0
d	Equipment	0		107,864	107,864			0
е	Other	0		0	0			0
Total	Add lines 12 through 1e (Column (d) must e	gual Form 000 Port V	column (P)	line 10c)	<b>•</b>		2/	16 U28

Part VII Investments—Other Securities.

Page 3

_	<u> </u>	<u>u 100 0111 01111 000;</u>	Part IV, line 11b. See Forr	1 330, I alt A, ille 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financia	ll derivatives	0		
(2) Closely-	held equity interests	0		
(3) Other				
(B)				
(C)				
(D)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Related. Complete if the organization answere	d "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 o Cost or end-of-ye	f valuation:
(1)			Cook of one of yo	ai manot valuo
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				
(8)				
(9)	Other Assets.	0 "Ves" on Form 990	Part IV line 11d. See Form	a 000 Part Y line 15
(9) Total. (Colum Part IX	Other Assets. Complete if the organization answere		Part IV, line 11d. See Forr	n 990, Part X, line 15.
(9) Total. (Column Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forr	
(9) Total. (Colum Part IX  (1) (2)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forr	
(9) Total. (Column Part IX  (1) (2) (3)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forr	
(9) Total. (Column Part IX  (1) (2) (3) (4)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forr	
(9) Total. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forr	
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forn	
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forn	
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Forr	
(9) Total. (Column (Co	Other Assets.  Complete if the organization answere  (a) De	d "Yes" on Form 990, scription		(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2)	Other Assets.  Complete if the organization answere  (a) De	d "Yes" on Form 990, scription		(b) Book value
(9) Total. (Column (Co	Other Assets.  Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.	d "Yes" on Form 990, scription		(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2)	Other Assets.  Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answere	d "Yes" on Form 990, scription		(b) Book value
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.	d "Yes" on Form 990, scription		(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Part X	Other Assets.  Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answere line 25.	d "Yes" on Form 990, scription		(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Part X	Other Assets.  Complete if the organization answere  (a) De  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Part X	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Part X	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federa (2) PAYR((3)	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federa (2) PAYR((3) (4)	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federa (2) PAYR((3) (4) (5)	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PAYR(1) (3) (4) (5) (6)	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federa (2) PAYR( (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere  (a) De  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability I income taxes	d "Yes" on Form 990, scription  e 15.)		(b) Book value

	t XI Reconciliation of Revenue per Audited Financial Statements		•		
	Complete if the organization answered "Yes" on Form 990, Part			1	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	i · · · · · ·		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		40	0
С 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		-	4c 5	0
	XII Reconciliation of Expenses per Audited Financial Statement				U
rai	Complete if the organization answered "Yes" on Form 990, Part I		ilises pei n	etuiii.	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	0
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			
		40			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
с 5	Add lines <b>4a</b> and <b>4b</b>			4c 5	0
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.			5	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and	art IV, lines 1b	and 2b; Part	5 V, line 4; P	0

Schedule D (For		JUSTICE FOR ALL, INC	48-1128944	Page <b>5</b>
Part XIII	Suppleme	ental Information (continued)		
r art Alli	Сиррісії	ontai information (continuou)		

## **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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. (b) Relationship between disqualified person and (d) Corrected? 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 of (d) Loan to or (e) Original (f) Balance due (g) In default? (i) Written with organization 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 19,001 (2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 19,001 **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (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)

Schedule L	Public Inspection Copy (Form 990 or 990-EZ) 2018 JUSTICE FOR ALL, INC			48-1128944 Page <b>2</b>		
Part IV	Business Transactions Invo	olving Interested Persons.  Answered "Yes" on Form 990, Particles	art IV, line 28a, 28b,	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	ween (c) Amount of	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)					-	
(4)						
(5)						
(6)						
(7)						
(8)						-
<u>(9)</u> (10)						
Part V	Supplemental Information.	-				<u> </u>
	Provide additional information	for responses to questions on	Schedule L (see inst	ructions).		

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

Department of the Treasury

# 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

Internal Revenue Service Name of the organization Employer identification number JUSTICE FOR ALL, INC 48-1128944 Form 990, Part VI, Section A, Line 7a: THE MEMBERS OF THE CORPORATION HAVE THE AUTHORITY TO ELECT AND REMOVE THE MEMBERS OF THE GOVERNING BODY. Form 990, Part VI, Section B, Line 11b: FORM 990 AND ASSOCIATED FORMS AND SCHEDULES ARE EMAILED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING AND WHILE REVIEW IS ENCOURAGED, NO REVIEW IS REQUIRED PRIOR TO FILING. Form 990, Part VI, Section B, Line 15a: THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION FOR STEPHEN WAGNER. Form 990, Part VI, Section C, Line 19: JFA MAKES ITS GOVERNING DOCUMENTS, CONSTITUTION, BYLAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS OFFICE AT 113 N MARTINSON, WICHITA, KS.

Name of the organization	Page Z Employer identification number
JUSTICE FOR ALL, INC	48-1128944