

Form **990** 

Department of the Treasury

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

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

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

OMB No. 1545-0047

Open to Public Inspection

A	or the	2017 cal	endar year, or tax year be	ginning		, and	ending				
		applicable		Community Justice, Inc.	-			D Employer	Identi	fication	number
	ddress	change	Doing business as								
$\Box$ .			Number and street (or P.O.	box if mail is not delivered to	street address)	Room/suite		20-1228751	<u> </u>	_	
	ame ch	ange	214 N Hamilton Street			101		E Telephone	numb	er	
	ital ret	ım	City or town		State	ZIP code		(608) 204-9	642		
Па	nal mhur	/terminated	Madison		WI	53703		(000) 204-9	042		
	iiai iewii	venniaeo	Foreign country name	Foreign province/sta	te/county	Foreign posts	al code				
∐^	mende	return						G Gross rec	sipts \$		389,139
$\square_{A}$	polication	on pending	F Name and address of princ	ipal officer			H(a) is th	is a group return f	or subo	rdinates?	Yes X No
_			Mara Bridgman Sherida	n 214 N. Hamilton Str	eet Suite 10	1 Madison	.1	all subordinate			Yes No
						7 = 5	- · ·	'No," attach a lis			
		pt status	X 501(c)(3) 501(c)	( ) <b>◄</b> (insert no.)	4947(a)(1	) er/527	↓ "	NO, altachatis	or (see	i ii su ucu	Olis)
J W	ebsite	: ► Cor	nmunityJustice.org			<u></u>	H(c) Gr	oup exemption	numbe	<u>r ▶</u>	
K Fo	orm of o	rganızatıon	X Corporation Tru	st Association C	Other >	LYe	ar of form	ation 2005	M	State of I	legal domicile WI
P	art I	Su	mmary				-				
	1		lescribe the organization	's mission or most sign	nificant activit	ies: Lea	al servic	es for low-in	ncom	e indivi	iduals
8			y otherwise not have ac				9199111				
ā		-1111011110	1 outor mod not have do		91911						
Activities & Governance	,	Chook	his hay a Distance		Lita anaratian	d	 -d -6	to then 250	 / af.4		
Š	2		his box ▶ if the org				ea or me	ne man 25%	ווט ס ב	s net a I	_
ن مح	3		of voting members of the					( . 7 3 ° ara	-3-		9
8	4		of independent voting r				) · [ / · ·	CEIVE	5	<u>Ľ</u>	9
7	5		imber of individuals emp				<u></u>			100	10
ŧ	6	Total nu	imber of volunteers (esti irelated business revent	mate if necessary)		. · · ·   🕱	1 1111	1 - 1 20	6		45
٩	7a						. 40!	V 4 20		0	0
	b	Net unr	elated business taxable	ncome from Form 990	-1, line 34.	<del></del>	<u> </u>		7b	S	0
	١,	04	.t	801 1 41.3		ļ	1 28 5	Prior Year	21000	1 0	Current Year
e	8		utions and grants (Part \				1000	100 my 100			150,723
θ.	9		n service revenue (Part				<u> </u>	248	3,4 <u>53</u>		230,151
Revenue	10		ent income (Part VIII, co				-		124		79
	11		evenue (Part VIII, columi				ļ		0,822		7,094
	12		enue-add lines 8 through				<del> </del> -	366	3,021	-	388,047
	13		and similar amounts paid						0	+	0
	14		paid to or for members						0		0
Expenses	15		, other compensation, emp				<u> </u>	293	3,673		277,163
Ě	16a		ional fundraising fees (P		: 11e)			a a sesse exact	0	1	0
χ	b		ndraising expenses (Pai			51	0 2 3834				11 - 20 / Sept 1
ш	17		xpenses (Part IX, colum				<u> </u>		3,941		72,478
	18		penses. Add lines 13-1				<u> </u>		7,614		349,641
	19	Revenu	e less expenses. Subtra	ct line 18 from line 12	<del></del>	<del></del>	+		3,407		38,406
Assets or 1 Balances	i						Begin	ning of Curren			End of Year
sset	20		ssets (Part X, line 16).				ļ		2,032		135,939
Net A Fund E	21		bilities (Part X, line 26)				<u> </u>		7,177	_	12,678
			ets or fund balances Su	btract line 21 from line	20	<del></del>	_l	84	4,855	<u> 1</u>	123,261
Pa			nature Block								
			ry, I declare that I have examin ect, and complete Declaration								
and	reper, it	is due, wit	ect, and complete Declaration	or preparer (outer trial) office	ij is based on all	momadon or	willcii prep	Dater has ally ki	IOWIEC		10040
Sig	n		Signature of officer	<del> </del>						5/15/	/2018
Her	e e	1.				0		Date			
			Mara Bridgman Sherida	an	A 10 1	Upi	erations	Director			
		I Par	Type or print name and title	Preparer's	signature /	111	Dai	<u> </u>			PTIN
Pai	d			1 1 1 ///		IAI			heck	X r	
		.	Richard Fair	child ha	11.11.W	10	5-	7/3~/ // //		ployed	P01694242
	pare	1	n's name > Richa	rd Fairchi	Id, Ac	countar	·F	Firm's EIN			
US	e Oni	у —		11. 61	Madison		704			130	5-9360
				J /		<del>/                                    </del>	101	rnone no	<i>y</i> 00		
May	the I	KS discu	ss this return with the pr	eparer shown above?	(see instructi	ons)		<u></u>			X Yes No
For	Paper	work Red	uction Act Notice, see the	separate instructions.							Form <b>990</b> (2017)

	90 (2017)	Community Justice, Inc.	20-1228751	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
_		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>
1	Briefly	describe the organization's mission:		
	Legal s	ervices for low-income individuals who may otherwise not have access to legal		
	<u>represe</u>	entation.		
		, ,		
2		organization undertake any significant program services during the year which were not listed on		<u></u>
		r Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		<del></del>
		s?	Yes	X No
		describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program service		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to oth	ners,
	tne tota	l expenses, and revenue, if any, for each program service reported.		
	<u> </u>	)/5		2054
4a	(Code	) (Expenses \$ 278,651 including grants of \$ ) (Revenue		
		ervices for low-income individuals who may otherwise not have access to legal		
	represe			
		•••••••••••••••••••••••••••••••••••••••		
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	ле \$	)
				<b></b>
				<b></b>
				<b></b>
				<b></b>
				<b></b>
		,		
		•••••••••••••••••••••••••••••••		
4c	(Code	) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
	(0000	/ (Expenses # ) (Notein	20 4	/
		••••••		
		•••••••••••••••••••••••••••••••••••••••		
4d		orogram services (Describe in Schedule O )		
	(Expen		0)	
40	LOTALO	rogram service evnenses > 278 651		

Form 9	90 (2017) Community Justice, Inc	<u>751                                    </u>	<u> </u>	age 3
Part				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	├	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6	<b>├</b> -	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	ļ	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
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	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
a	Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1	1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	-	X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			T
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	1.2.0	+-	+^
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\overline{}$	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\rightarrow$	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.40	+	+~
D	fundraising, business, investment, and program service activities outside the United States, or aggregate	ĺ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	176	<del>'                                     </del>	+~
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	igspace	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1,3	$\top$	<del>  ^`</del>
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  ''</del>	+	<del>  ^</del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1_	<u> </u> x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes." complete Schedule G. Part III	19		X

	Onsolinot of Hodganes Commission		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ł
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
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			ĺ
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		Ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ļ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			]
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			Ì
	current or former officers, directors, trustees, key employees, highest compensated employees, or	}		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ļ		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	├—	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
	Schedule L, Part IV	28b	-	+^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	23	├	<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
24	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	<del>                                     </del>	<del>  ^</del>
31	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		+ ~
32	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34				1
•	III, or IV, and Part V, line 1	34		x_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			-
	VI	37	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

	90 (2017) Community Justice, Inc 20-122	8/51	Р	age 3
Par			ı	
	Check if Schedule O contains a response or note to any line in this Part V			屵
	. 1.1.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	v	ŀ
_	gaming (gambling) winnings to prize winners?	1c	_X_	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return.			
		2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	<del>  ^-</del>	<del>                                     </del>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<del>-^-</del>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del>  "</del>		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	X
b	If "Yes," enter the name of the foreign country			
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	
	(FBAR).	Ì		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ļ	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l_	Ì	
	and services provided to the payor? .	7a	├	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del>	+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?  If "Yes " indicate the number of Forms 8282 filed during the year	1	$\vdash$	<del>  ^</del>
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<del>  ``</del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	1
•	sponsoring organization have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	1	1	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	4	ì	1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		}	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	+-	+
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	$\dashv$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	+-	+
а	Is the organization licensed to issue qualified health plans in more than one state?	138	`	1
L	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	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	┪		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148	1	X
b	The second of th	141		X
				_

Form 9	990 (2017) Community Justice, Inc	20-1228751	F	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI			ions.
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	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	9	}	ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	1	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		1	
а	The governing body?	<u>8a</u>	X	↓
b	Each committee with authority to act on behalf of the governing body?	. <u>8b</u>	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.	7 —	T
40-		40-	Yes	No
_	Did the organization have local chapters, branches, or affiliates?	10a	+	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	+	+-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	·   11a	+-	+
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	ı x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict		_	$\vdash$
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.5;	+~	+-
•	describe in Schedule O how this was done	120	: X	1
13	Did the organization have a written whistleblower policy?	13		$t^-$
14	Did the organization have a written document retention and destruction policy?	. 14		$T^{-}$
15	Did the process for determining compensation of the following persons include a review and approval by		T	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ion?		
а	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b	,	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. 16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		1	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  • Wisconsin			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990-T (Section 1024 if ap	on 501(c)(3):	s only	<b>(</b> )
	available for public inspection. Indicate how you made these available. Check all that apply	-d-d		
10	Own website Another's website X Upon request Other (explain in Sche			d
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year	interest polic	.y, an	u
20	State the name, address, and telephone number of the person who possesses the organization's books and	records •		
	The same and the period with period with possessed the organization a book with			

Mara Bridgman Sheridan
214 N Hamilton St , Suite 101, Madison, WI 53703

(608) 204-9642

Form 990 (2017)	Community Justice, Inc									20-12287	51 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors. Truster	es. K	ev	Em	plo	vee	. H	lighest Comp		JI Fage /
	Employees, and Independent C		,	,		.р.с	,,	-,	ngoct oop		
	Check if Schedule O contains a re		te to	any	/ lin	e in	this	Ра	rt VII		
Section A.	Officers, Directors, Trustees, Key I		_				_				
1a Complete organization's	this table for all persons required to be									ng with or within	the
• List all	of the organization's current officers,	directors, truste	es (w	heth	her i	indi	vidua	ls o	r organizations)	, regardless of a	imount
of compensat	ion. Enter -0- in columns (D), (E), and	(F) if no compe	nsatı	on v	was	pai	d.	•			
	of the organization's <b>current</b> key empl										
	organization's five current highest co										
	reportable compensation (Box 5 of For and any related organizations	orm VV-2 and/or	Box /	ot ot	For	m 1	099-1	VIIS	C) of more than	\$100,000 from	tne
	of the organization's former officers, k	ev employees	and h	uah	oct.	com	none	ata	d amployees wh	o received more	a than
	eportable compensation from the orga								u employees wi	io received mon	c man
	of the organization's former directors		•		_				tv as a former d	irector or trustee	e of the
	more than \$10,000 of reportable comp										
List persons i	n the following order: individual trustee	es or directors, i	nstitu	ition	nal ti	rust	ees,	offic	ers, key employ	ees, highest	
	employees, and former such persons										
X Check th	is box if neither the organization nor a	ny related organ	nzatio	on c	omi	oen:	sated	an	y current officer,	director, or trus	tee
					((	C)					
	(A)	(D)	/			ition	. 41		(5)	<b>(E)</b>	/E\
	(A) Name and Title	(B) Average	(do not check more than one box, unless person is both an						(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any		т —	1		or/trust		compensation from	compensation from related	amount of other
		hours for	말	nstit	Office	Key	Highest co	Former	the	organizations	compensation
		related organizations	recto	ution	] ¤	a B	oyee	<u> </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	ਁ ਛੂ	in the		employee	mg				and related organizations
		iiiie)	Individual trustee or director	Institutional trustee		"	Highest compensated employee				Organizations
				٥			l ited				
(1) Jennife	r Binkley	1 00		1	<u> </u>						
		0.00	Х						0	0	_ 0
(2) Turscei	nialyn Brooks	1.00		ļ						·	
		0 00		_	<u> </u>	_		<u> </u>	0	0	0
(3) Michae	l Gentry	1 00					ļ				_
(4)		0 00		├	-		-	_	0	0	0
(4) Lissa K	.oop	1 00	1								,
(5) Mitch		0 00 1.00		┢	$\vdash$				0	0	0
_(a)ivircii_		0.00	-								
(6) Daniel	O' Callaghan	1.00			<b>†</b>	<b>†</b>		†			
President		0.00	1		x				l o	l o	<u> </u>
	is E. Fairweather	1 00		Ì	Ť						
Vice Presider		0 00	4	L	X	L	L_	Ŀ	0	· 0	0
(8) David S	Sparer	1 00	_								
Treasurer		0 00			X				o	0	<u>o</u>

1.00 0 00

Х

(9) Norma Kropp Secretary

(10)

(11)

(12)

(13)

rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nploy	yee:	s, a	nd l	High	est	Compensated	Employee	s (coi	<u>ntinue</u>	<u>d)                                     </u>	
· (A) Name and title	(B) Average hours per	box, ι	unles	Pos eck s pe	tion more	ıs both	an	(D) Reportable compensation			Est am	(F) Estimated amount of	
•	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio	ns	comp fro orga and	ensation m the nization related	n I
							,		•				
												·	
												•	
Total from continuation sheets to Part VII, Total (add lines 1b and 1c).				·		•	<b>&gt; &gt;</b>	0		0			0 0
• • • • • • • • • • • • • • • • • • • •		liste	d at	0 0	e) w	no re	cei	ved more than \$				<del>v</del> [	N1 -
•			-		yee	e, or ! 	high	nest compensate	ed .		3	Yes	No X
For any individual listed on line 1a, is the sum the organization and related organizations greated individual.	of reportable ceater than \$150	ompe ,000?	? If '	'Ye:	n ar s, " c	nd oth comp	ner lete	compensation for	rom such		4		X
									ndıvidual		5		
	roo, comprate	00,,0					<del>, , , , , , , , , , , , , , , , , , , </del>				1		
												<b>K</b>	
(A) Name and business add	fress							(B) Description of se	ervices	(			
IE							$\vdash$						0
							+					<u></u>	<u>0</u>
							T						
				thos	se li			ove) who receive	ed			-	C
	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c). Total number of individuals (including but not reportable compensation from the organization Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum the organization and related organizations great individual. Did any person listed on line 1a receive or act for services rendered to the organization? If "tion B. Independent Contractors Complete this table for your five highest comprompensation from the organization Report of year  (A) Name and business add NE	Sub-total  Total from continuation sheets to Part VII, Section A.  Total (add lines 1b and 1c).  Total number of independent contractors (including but not limited to those reportable compensation and related organizations greater than \$150 individual.  Did any person listed on line 1a receive or accrue compensation services rendered to the organization? If "Yes," complete this table for your five highest compensated independent Contractors  Complete this table for your five highest compensated independent contractors  (A)  Name and business address  NE	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c).  Did the organization list any former officer, director, or trustee, ke employee on line 1a? If "Yes," complete Schedule J for such individual such or line 1a, is the sum of reportable compensation from the organization?  Did any person listed on line 1a, is the sum of reportable compensation for services rendered to the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a, is the sum of reportable compensation for services rendered to the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation for services rendered to the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation for services rendered to the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation for services rendered to the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation for services rendered to the organization? If "Yes," complete Schedule J for such individual.  Name and business address	Name and tule    Average hours per week (list any long) and long	(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  Sub-total  Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c).  Did the organization list any former officer, director, or trustee, key empleyee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation the organization and related organizations greater than \$150,000? If "Yes midwidual  For any individual listed on line 1a receive or accrue compensation from an for services rendered to the organization? If "Yes," complete Schedule J ton services rendered to the organization? If "Yes," complete Schedule J ton services rendered to the organization? If "Yes," complete Schedule J ton services rendered to the organization? If "Yes," complete Schedule J ton services rendered to the organization? If "Yes," complete Schedule J ton services rendered to the organization? If "Yes," complete Schedule J ton services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization? If "Yes," complete Schedule J ton Services rendered to the organization Report compensation for the calency year.  (A) Name and business address	(A) Name and title    C)   Poststood	(A) Name and title  (B) Average hours per week (test any hours for related organizations below dotted in the properties persons to difficer and a director/flust and organizations below dotted in the properties persons to difficer and a director/flust and properties and properties persons to difficer and a director/flust and properties persons to difficer and a director/flust and properties	(A) Name and title  (B) Average hours per week (kild any hours for related organizations below dotted lines)  (B) Average hours per week (kild any hours for related organizations below dotted lines)  (C) Possion of the contractors organizations below dotted lines)  (B) Average hours per week (kild any hours for related organizations below dotted lines)  (B) Average hours per week (kild any hours for related organizations below dotted lines)  (B) Average hours per week (kild any hours for related organization sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who receive reportable compensation from the organization or greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual sted on line 1a, is the sum of reportable compensation and other the organization and related organizations greater than \$150,000? If "Yes," complete for services rendered to the organization? If "Yes," complete Schedule J for such undividual  Did any person listed on line 1a receive or accrue compensation from any unrelated for services rendered to the organization? If "Yes," complete Schedule J for such per title or such in the organization of the calendar year end year  (A) Name and business address  Total number of independent contractors (including but not limited to those listed above) were compensation from the organization Report compensation for the calendar year end year  (A) Name and business address	(a) Name and title    (a)   Average   Name and title   (b)   Average   Name and title   (c)   Reportable   Re	Reportation   Continuation   Continuation   Reportation   Continuation   Contin	(A) Name and tide    (B)   A branage week (dat any nours for related box, unless person a both any long of the compensation of the organization and related organization and related organization and related organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization Report compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization from the organization from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization Report compensation from the organization or individual for services rendered to the organization Report compensation for the calendar year ending with or within the organization compensation from the organization from the organization from the organization organization part organization for the calendar year ending with or within the organization compensation from the organization from the organization organization or individual for services rendered to the organization organization for the calendar year ending with or within the organization compensation from the organization Report compensation for the calendar year ending with or within the organization organization or organization or organization or organization organization or organization or organization or organization o	Name and title    Compared to the compared to	Name and table    Comparison to the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of reportable co

Total revenue. See instructions

	990 (20						20-1228	3/51 Page <b>9</b>
Par	t VIII	_						
		Check if Schedule O contains	a response or	note to any line	in this Part VIII	<u></u> . <u>.</u>		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	0				
ants	ь	Membership dues	1b					
ي ق	С	Fundraising events	1c	0				
ifts ar A	d	Related organizations	1d	0				
JS, C	е	Government grants (contributions	s) <b>1e</b>	0			•	
er S	f	All other contributions, gifts, gran		1				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		150,723		İ		
a G	9	Noncash contributions included in lin		0				
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	Business Code	150,723			<del></del>
Ę		Land France		J	000 454	220 454		1
eve		Legal Fees		541100	230,151	230,151		
Program Service Revenue	b				0			<del>  </del>
Ž	d C				0			
Š	۾							<del></del>
gra	f	All other program service revenue						
Pro	q	Total. Add lines 2a–2f		•	230,151			
	3	Investment income (including divi	idends, interes	st, and				
		other similar amounts)	•	. ▶	79			79
	4	Income from investment of tax-ex	empt bond pro	oceeds ►	0			
	5	Royalties	<u> </u>	. ▶	0			
			(ı) Real	(II) Personal			•	
	6a	Gross rents		-				
	b	Less rental expenses		<del>                                     </del>				
	d	Rental income or (loss) . L  Net rental income or (loss)		<u> </u>	OI			1
	d   7a	Gross amount from sales of	(ı) Securities	(II) Other				
	' "	assets other than inventory	···	<u> </u>				
	Ь	Less cost or other basis	<u></u>					
		and sales expenses	C	olol				
	С	Gain or (loss)	C	0	_			
	d	Net gain or (loss)		<u> </u>	0			
-								
Other Revenue	8a	Gross income from fundraising						
Ş.	ļ	events (not including \$						
æ		of contributions reported on line 1 See Part IV, line 18	•	7,721				
her	h		a	1,092				
ŏ		Net income or (loss) from fundrar		1,092	6,629			
		Gross income from gaming activi	-		0,020			
		See Part IV, line 19 .	а	o			•	
	b	Less direct expenses		0				
	С	Net income or (loss) from gaming	activities	. •	0			
	10a	Gross sales of inventory, less						
		returns and allowances	. а	0				
		Less cost of goods sold		0				1
	<u>c</u>	Net income or (loss) from sales of	of inventory		0			<del></del>
	44=	Miscellaneous Revenue		Business Code				
	11a b			1	0	0		<del></del>
	C				0	<del></del>		<del> </del>
	ď	All other revenue			465			<del></del>
	e	Total. Add lines 11a–11d			465			

388,047

230,151

Form 990 (2017) Community Justice, Inc.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note		<del>-</del>		A)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	domestic governments See Part IV, line 21	ol			
2	Grants and other assistance to domestic				<del></del>
_	individuals. See Part IV, line 22	o			
3	Grants and other assistance to foreign		- †	<del></del>	<del></del>
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	o		o	
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	o	,	•	
7	Other salaries and wages	240,385	189,284	51,101	
8	Pension plan accruals and contributions (include		.00,20 .		···
_	section 401(k) and 403(b) employer contributions) .	ol			
9	Other employee benefits	18,734	14,800	3,934	
10	Payroll taxes	18,044	14,255	3,789	
11	Fees for services (non-employees).	10,041	11,200		
a	Management	o	j		
b	Legal	0			
c	Accounting	2,802		2,802	
ď	Lobbying	0	,		
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				·
3	(A) amount, list line 11g expenses on Schedule O)	o		o	
12	Advertising and promotion .	84		84	
13	Office expenses	4,089	3,608	409	72
14	Information technology	3,020	2,386	634	
15	Royalties	0			
16	Occupancy	23,446	21,101	2,345	
17	Travel	0			
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	4,043	4,043		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	(
23	Insurance	3,067	1,895	1,172	
24	Other expenses. Itemize expenses not covered	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	above (List miscellaneous expenses in line 24e If		ľ		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Case-related costs & filing fees	20,636	20,636		
b	Dues & licenses	3,589		3,589	
C	Legal research	3,839	3,839		
d	Meals & entertainment	495	2,200	495	
e	All other expenses	3,368	2,804	126	43
25	Total functional expenses. Add lines 1 through 24e	349,641	278,651	70,480	51
26	Joint costs. Complete this line only if the	3.0,041	2,0,001		
-	organization reported in column (B) joint costs	Ì			
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	1			

# Form 990 (2017) Community Justice, Inc. Part X Balance Sheet

			Check if Schedule O contains a response or note to any line in this	Part >	<b>(</b>		
2   Savings and temporary cash investments   147,325   2   135,751						,	
2   Savings and temporary cash investments   147,325   2   135,751		1	Cash—non-interest-bearing	.	3,370	1	188
3   Piedges and grants receivable, net   5   72   4   0   0   1   4   Accounts receivables from current and former officers, directors, trusteses, key employees, and highest compensated employees. Complete Part I of Schedule L   0   5   5   5   5   5   5   5   5   5		2	Savings and temporary cash investments	. [		2	135,751
A Accounts receivable, net.  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(II), persons described in section 4958(f)(3)(β), and contributing employers and sponsoring organizations of section 5016(g)(g)(g), and contributing employers and sponsoring organizations of section 5016(g)(g)(g), and contributing employers and sponsoring organizations of section 5016(g)(g)(g), voluntal predipoyers beneficiary organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivable, net.  9 Prepard expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 9,382 10 Less accumulated depreciation 10b 9,382 10 Investments——bubbly traded securities 11 Investments—other securities See Part IV, line 11 12 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Intangule assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 Intrough 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable in a discount liability Complete Part IV of Schedule D 18 Grants payable in current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 20 Total liabilities Add lines 17 through 25 21 Excerce or crustofial account liability Complete Part IV of Schedule D 22 Companizations that follow SFAS 117 (ASC 958), check here Part X of Schedule D 23 Cother liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and connected the complete Part IV of Schedule D 25 Organizations that follow SFAS 117 (ASC 958), check here Part X of Schedule D 26 Total liabilities of uncluded on lines 17-24). Complete Part X of Schedule D 27 Organizations		3	Pledges and grants receivable, net	. [		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 0 5  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3), and contributing employers and sponsoring organizations of section 501(5) of under yemployees beneficiary organizations (see instructions). Complete Part II of Schedule L. 0 7 0 0 1 inventories for sale or use 0 8 0 0 7 0 0 1 inventories for sale or use 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4		. [	572	4	0
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 0 5  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3), and contributing employers and sponsoring organizations of section 501(5) of under yemployees beneficiary organizations (see instructions). Complete Part II of Schedule L. 0 7 0 0 1 inventories for sale or use 0 8 0 0 7 0 0 1 inventories for sale or use 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		5	Loans and other receivables from current and former officers, directors	. l			
Complete Part II of Schedule L   0   5		l					
1				.	o	5	
4858(N(1), persons described in section \$458(N(3),8), and contributing employers and sponsoring organizations of section \$51(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part I of Schedule L		6	Loans and other receivables from other disqualified persons (as defined under section				
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		l		1			
1							
1	ş		organizations (see instructions). Complete Part II of Schedule L	.	ol	6	
Prepaid expenses and deferred charges   0   8   0   0	SS	7		. [	0	7	0
Prepaid expenses and deferred charges   10a   Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D   10a   9,382   0,10c   0   0   11   12   0   0   12   0   0   12   0   0   13   10   12   0   0   13   10   14   10   15   15   15   15   15   15   15	₹	8				8	0
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10b   9,382   0,10c   0   0   1   1   1   1   1   1   1   1		9	Prepaid expenses and deferred charges	. [	765	9	
b Less accumulated depreciation 10		10a	Land, buildings, and equipment: cost or				
b Less accumulated depreciation 10b 9,382 0,10c 0 11 Investments—publicly traded securities See Part IV, line 11 0 12 0 12 10		l	other basis. Complete Part VI of Schedule D   10a   9	382			
11   Investments—publicly traded securities   0   11   0   12   0   13   13   10   13   13   10   14   14   13   14   14   14   15   15   15   15   15		b			0	. 10c	0
12   Investments—other securities See Part IV, line 11   0   12   0   0   13   10   14   10   14   14   10   14   14		11					
13		12					
14		13					
15 Other assets See Part IV, line 11   16 Total assets. Add lines 1 through 15 (must equal line 34)   152,032   16   135,939   17   Accounts payable and accrued expenses   4,250   17   347   347   18   Grants payable   0 18   19   Deferred revenue   0 19   19   19   19   19   19   19		14		. 「	0		<del></del>
16		15	Other assets See Part IV, line 11		0	_	
17		16	Total assets. Add lines 1 through 15 (must equal line 34)		152,032		135,939
18   Grants payable   0   18   19   19   19   19   19   19   19		17					
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 30 28  29 Permanently restricted net assets 40 29  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ x and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  34 103 103 113,261		18	· ·				
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 62,927 21 12,331 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 23 0 0 23 0 0 24 0 0 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		19	Deferred revenue	.	0		
21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Capital stock or trust principal, or current funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances  21 Incapital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  24 Incapital surplus, or land, building, or equipment fund 31 Total net assets or fund balances		20	Tax-exempt bond liabilities		0		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Noter liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  Organizations that follow SFAS 117 (ASC 958), check here  Note the lines 27 through 29, and lines 33 and 34.  Univestricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC958), check here  Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Loans and other payables to current finds and disqualified persons Complete lines 23 to 23  0 22  23		21	·		62.927		12.331
trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  10 22  23 0 23 0 0  24 0 0  25 0 0  26 67,177 26 12,678  12,678  12,678  27  27  27  28  29  29  20  20  20  21  22  23  24  25  25  26  27  27  27  28  29  29  29  20  20  20  21  22  23  24  25  26  27  27  27  28  29  29  29  29  29  20  20  21  22  23  24  25  27  27  28  29  29  29  29  29  29  29  20  20  21  22  23  24  25  27  27  28  29  29  29  29  20  20  20  21  22  23  24  25  27  27  28  29  29  29  29  29  29  20  20  20  21  22  23  24  25  27  27  28  29  29  29  29  29  29  29  29  20  20	S	22	· · · · · · · · · · · · · · · · · · ·				
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Complete Ines 27 through 25  Organizations that follow SFAS 117 (ASC 958), check here  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC958), check here  Organizations that do not foll	≝						
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Complete Ines 27 through 25  Organizations that follow SFAS 117 (ASC 958), check here  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC958), check here  Organizations that do not foll	abi			.	0	22	
24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC958), check here  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  0 24 0 0 25 0 0 25 0 0 27 12,678  0 28 27 27 28 29 20 20 20 21 21 21 22 23 24 24 20 25 25 26 25 26 27 27 27 28 29 20 20 20 20 21 21 21 22 23 24 25 25 26 25 26 27 27 27 28 28 29 29 20 20 20 20 21 21 22 22 23 24 24 25 25 26 25 26 27 27 27 27 28 28 29 29 20 20 20 20 20 21 21 22 22 23 24 24 25 26 25 26 27 27 27 27 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Ξ	23	Secured mortgages and notes payable to unrelated third parties				0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  And complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  A 4,855  30 123,261		24	- · ·		0		0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here  Complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here Complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  Corganizations that follow SFAS 117 (ASC958), check here  X and Complete lines 30 through 34.  Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  Corganizations that follow SFAS 117 (ASC958), check here  X and Complete lines 30 through 34.  Capital stock or trust principal, or current funds Complete lines 30 through 34.  Capital stock or trust principal, or current funds Capital stock or trust principal stock o		25					
Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 27 through 29, and lines 33 and 34.  Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here   Complete lines 27 through 29, and lines 33 and 34.   In the complete lines 27 through 29, and lines 33 and 34.  In the complete lines 27 through 29, and lines 33 and 34.  In the complete lines 27 through 29, and lines 33 and 34.  In the complete lines 27 through 29, and lines 33 and 34.  In the complete lines 27 through 29, and lines 33 and 34.  In the complete lines 27 through 29, and lines 33 and 34.  In the complete lines 27 through 29, and lines 30 and 34.  In the complete lines 27 through 29, and lines 30 and 34.  In the complete lines 27 through 29, and lines 30 and 34.  In the complete lines 20 throu		]			1	•	
Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  Organizations that follow SFAS 117 (ASC958), check here					ol	25	0
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  Organizations that follow SFAS 117 (ASC958), check here x and		26	Total liabilities. Add lines 17 through 25		67,177	26	12,678
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  27  28  29  29  29  29  29  29  29  29  20  21  21  22  23  24  25  27  27  28  29  29  29  29  29  29  20  20  21  22  23  24  25  27  27  28  29  29  29  29  29  29  20  20  21  22  23  24  25  26  27  27  28  29  29  29  29  29  20  20  20  20  20			Organizations that follow SEAS 117 (ASC 958) check here	nd			,
04,000 00 120,201	es		complete lines 27 through 29, and lines 33 and 34				
04,000 00 120,201	2	27				27	-
04,000 00 120,201	<u>a</u>			-			_
04,000 00 120,201	Ω Ω	Į.		. ⊢	<del></del>		
04,000 00 120,201	Š	23	·	·  -	U	_29	
04,000 00 120,201	or F			nd			
04,000 00 120,201	ets	30	Capital stock or trust principal, or current funds		0	30	
04,000 00 120,201	SS	31		.			
04,000 00 120,201	ř.	32		.			123.261
	ž	33					123,261
		34	Total liabilities and net assets/fund balances				135,939

orm 9	90 (2017) Community Justice, Inc	20-	·1228751	Page	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		388,	,047
2	Total expenses (must equal Part IX, column (A), line 25)	2		349,	641
3	Revenue less expenses. Subtract line 2 from line 1	3		_38,	,406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,	<u>,855</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		123	<u>,261</u>
Part	<b>.</b>			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash AccrualX Other _hybri	<u>d</u>	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			- 1	
	X 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			ĺ	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of		- 1	
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	ĺ	Х
	If the organization changed either its oversight process or selection process during the tax year, explain i			T	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1	ı
	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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

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

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

Community Justice, Inc. 20-1228751 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

0

instructions

Schedule A (Form 990 or 990-EZ) 2017 Community Justice, Inc. 20-1228751 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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. Total. Add lines 1 through 3. n 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2014 (c) 2015 /(**d**) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (e) 2017 7 Amounts from line 4 0 0 0 0 0 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 0 00% 15 Public support percentage from 2016 Schedule A, Part II, line 14/ 15 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization/did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	50,257	53,085	63,906	110,782	157,352	435,382
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	291,462	262,812	212,456	248,453	230,151	1,245,334
3	Gross receipts from activities that are not an					1	
	unrelated trade or business under section 513	o	o	o	0	0	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	o	o	0	0	0_	0
5	The value of services or facilities			-			
	furnished by a governmental unit to the						
	organization without charge	0	o	0	0	0	0
6	Total. Add lines 1 through 5	341,719	315,897	276,362	359,235	387,503	1,680,716
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	0	o	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified			•		,	
	persons that exceed the greater of \$5,000		Į.				
	or 1% of the amount on line 13 for the year .	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						1,680,716
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	341,719	315,897	276,362	359,235	387,503	<u>1,680,716</u>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ı				
	royalties, and income from similar sources	94	88	89	124	79	474
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	-				0
С	Add lines 10a and 10b	94	88	89	124	79	474
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ.,		,	_
	or not the business is regularly carried on	0	0	· 0	0	0	0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	0	0	0	0	465	465
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )	341,813	315,985				1,681,655
14	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	<del></del>				Г.= Г	
15	Public support percentage for 2017 (line 8, c	• •	•	(f))		15	99 94%
<u>16</u>	Public support percentage from 2016 Sched			·	·-	16	99 97%
Sec	ction D. Computation of Investmer					T .= T	
17	Investment income percentage for 2017 (line			olumn (f))		17	0.03%
18	Investment income percentage from 2016 S					18	0 03%
19a	33 1/3% support tests—2017. If the organic						⊾ ।⊽
	not more than 33 1/3%, check this box and						► <u>X</u>
b	33 1/3% support tests—2016. If the organic						
20	line 18 is not more than 33 1/3%, check this			,			<b>[</b>
20	Private foundation. If the organization did r	TO CHECK a DOX ON	iiile 14, 19a, or 19	w, check this dox a	and see instruction	3	▶ ∟

20-1228751

## 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.)

sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status	l		i
	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).	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.	За		
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 <b>Part VI</b> when and how the			
	organization made the determination	3b	}	<u> </u>
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30		
C	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	20	<b>\</b>	<b> </b>
4-	= :	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	١.	<b>`</b>	i
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	<u>4a</u>	<del> </del> -	<del> </del>
Þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ĺ	İ	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			į
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1		1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		1	ì
	purposes	4c	<u> </u>	
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	İ		
	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	ł	}	1
	was accomplished (such as by amendment to the organizing document).	5a_	İ.,	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already '	<u> </u>	1	
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			i
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		1	<b> </b>
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		İ	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	1	]
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	Ė		t
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	Ì	
92	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u> </u>	<del>                                     </del>	
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			İ
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a	1	١
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja	<del> </del>	<del>                                     </del>
U	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	0.5	}	
_		9b	┼	$\vdash$
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	_		1
4.0	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	┼	₩-
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		}	1
	supporting organizations)? If "Yes," answer 10b below	10a	₩-	<del> </del>
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	}
	determine whether the organization had excess business holdings )	110h	1	1

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 1		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C Sooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations	— <sub>1</sub>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		}	ļ
	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	1		l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			l
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u></u>
Secti	on 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			l .
	or management of the supporting organization was vested in the same persons that controlled or managed			ł
Cooti	the supported organization(s).	<u></u>		
Secu	on 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		.03	<del></del>
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	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	}	ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
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	İ	İ	ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	[
	supported organizations played in this regard.	3		<u> </u>
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstruc	tions	· <b>)</b> .
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ır	istruc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			Ì
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	ł	
	how the organization was responsive to those supported organizations, and how the organization determined		ļ	
	that these activities constituted substantially all of its activities	2a	<del>                                     </del>	<del>├</del> ─
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}	}	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
2	activities but for the organization's involvement.	2b	<del>                                     </del>	+
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
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? <i>Provide details in Part VI</i> .	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	<del>                                     </del>	<del>                                     </del>
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3h		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	<u>rgan</u>	<u>izations                                    </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ıng tr	ust on Nov. 20, 1970 (exp	laın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	<u>aniza</u>	itions must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	o	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	1 1		
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).		11	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u> </u>		
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	t	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		<u> </u>
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 instructions)	ally I	ntegrated Type III supporti	ng organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
_ 7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		<u>'</u>	
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
		//	(ii)	(iii)
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	ınstructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
с	From 2014			
d	From 2015 .			
e	From 2016			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			
	Section D, line 7 \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result	l		
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	ı <b>l</b>		
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7			
a	Excess from 2013 0		•	
b	Excess from 2014 0			
С	Excess from 2015 0			
d	Excess from 2016 . 0	)		
е	Excess from 2017 . 0	)  		

#### **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.

Department of the Treasury Internal Revenue Service

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

2017 Open to Public Inspection

OMB No 1545-0047

Name	of the organization		Employer identification number
Com	munity Justice, Inc.		20-1228751
Par		Advised Funds or Other Similar Fu	
		ed "Yes" on Form 990, Part IV, line 6.	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	onor advisors in writing that the assets he	ld in donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
•	used only for charitable purposes and not for		
	purpose conferring impermissible private ber		Yes . No
Par	Conservation Easements.		
ı an		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held I		
•	Preservation of land for public use (e.g.,		
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribi	ution in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation eas		. 2b
C	Number of conservation easements on a cer		
d	Number of conservation easements included		
_	historic structure listed in the National Regist		. [2d]
3	Number of conservation easements modified	l, transferred, released, extinguished, or t	terminated by the organization during
	the tax year		
4	Number of states where property subject to o		Contraction of
5	Does the organization have a written policy r		[ ] V [ ] M-
c	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitoring, in	ispecting, nandling of violations, and enforcing	conservation easements during the year
7	Assessment of a second control of a second con	ative the adjust of welstings and sufference and	and the same and t
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and emorcing con	iservation easements during the year
8	Does each conservation easement reported	on line 3(d) above satisfy the requiremen	ats of costion 170/h\/4\/P\/i\
U	and section 170(h)(4)(B)(ii)?	of fine 2(d) above satisfy the requirement	Yes No
9	In Part XIII, describe how the organization re	norte concentation essements in its reve	
•	balance sheet, and include, if applicable, the	•	
	the organization's accounting for conservation	<del>_</del>	mandar statements that describes
Par	Organizations Maintaining Collect		or Other Similar Assets
		ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sin		
	of public service, provide, in Part XIII, the tex	•	· · · · · · · · · · · · · · · · · · ·
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other sin		
	of public service, provide the following amou	·	,
	(i) Revenue included on Form 990, Part VIII,		<b>&gt; \$</b>
	(ii) Assets included in Form 990, Part X.		
2	If the organization received or held works of		
	following amounts required to be reported ur		
а	Revenue included on Form 990, Part VIII, lin		► \$
	Assets included in Form 990 Part X		<b>S</b>

20-1228751

Par	Organizations Maintaining C	ollections of Ar	t, mistorical Tre	asures, or Other	Similar Assets	continueu)
3	Using the organization's acquisition, a		er records, check a	any of the following	that are a significar	nt use of its
	collection items (check all that apply).		. 🗆 .			
а	Public exhibition		<b>d</b> Loan	or exchange progra	ims	
b	Scholarly research		e Othe			
С	Preservation for future generation	ons				
4	Provide a description of the organizate XIII	ion's collections an	d explain how the	y further the organiz	ation's exempt pur	pose in Part
5	During the year, did the organization s	solicit or receive do	nations of art, his	orical treasures, or	other similar	
	assets to be sold to raise funds rather	than to be maintai	ined as part of the	organization's colle	ction?	Yes No
Par	Complete if the organization a 990, Part X, line 21.		n Form 990, Pari	IV, line 9, or repo	rted an amount o	n Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?			ontributions or other		Yes No
b	If "Yes," explain the arrangement in P					
	and the second s				Ar	mount
С	Beginning balance			1	С	62,927
d	Additions during the year			. 1	d	
е	Distributions during the year			<u>1</u>	е	50,596
f	Ending balance			[1	f	12,331
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	scrow or custodial a	ccount liability?	X Yes No
b	If "Yes," explain the arrangement in P	art XIII Check here	e if the explanation	n has been provided	l on Part XIII	
Par				· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization a	nswered "Yes" or	n Form 990. Part	IV. line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .					
b	Contributions					
С	Net investment earnings, gains,					
	and losses			ŀ		
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance .	0	(	0	0	(
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held a	s.	
а	Board designated or quasi-endowmer	nt 🕨	%			
b	Permanent endowment	%				
С	Temporarily restricted endowment	▶ %				
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			
3a	Are there endowment funds not in the	possession of the	organization that	are held and admin	istered for the	
	organization by					Yes No

Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

unrelated organizations.

related organizations.

Schedule D (Form 990) 2017

Community Justice, Inc.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0	, , , , , , , , , , , , , , , , , , , ,	0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	9,382	9,382	0
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	c) <b>&gt;</b>	0

3a(i) 3a(ii)

3b

Part VII	Investments—Other Securities.	LID ( II E 000	D (1)/ F - 441 O - F	000 Dad V I.a. 40
	Complete if the organization answe	red "Yes" on Form 990		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial	derivatives	0		
	neld equity interests	0		
(B)				
(C)				
{D}				
?£ʃ				<del></del>
(H)			<del></del>	
	(b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answe	red "Yes" on Form 990	), Part IV, line 11c. See Form	990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)	<del></del>		<del></del>	
(2)				
(3)				
(4)				
(5)				
(6)				
	<del></del>			
				<del></del>
(9)	(h)			
Part IX	Other Assets.	0		<del></del> _
Tartix	Complete if the organization answe	red "Yes" on Form 990	) Part IV line 11d See Form	990 Part X line 15
		escription	7,1 art 14, mile 11a 300 1 311	(b) Book value
(1)				<del></del>
(2)				
(3)				
(4)				
(5)		·		
(6)				
(9)	nn (b) must equal Form 990, Part X, col (B) line	. 451		
Part X	Other Liabilities.	10)	<u>-</u>	<u> </u>
rait A	Complete if the organization answe	red "Vec" on Form 99(	) Part IV line 11e or 11f Sec	a Form 990 Part X
	line 25.		, rattiv, interrediction	
1	(a) Description of liability	(b) Book value	_	
	I income taxes	0	4	
(2)		<u> </u>	-	
(3)			{	
(4)			1	
(5)			₹	
<u>(6)</u> <u>(7)</u>		<del> </del>	†	
(8)		<del></del>	†	
(9)			1	
	(b) must equal Form 990, Part X, col (B) line 25)	0	1	
	uncertain tax positions. In Part XIII, provide th	e text of the footnote to the	organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pari		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<del>, - ,</del> -	
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:	}	
а	Net-unrealized gains (losses) on investments	] ]	
b	Donated services and use of facilities	1 1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	] ]	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIII )	]	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	0
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	11	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments	]	
С	Other losses	7, )	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	7 2e	0
3	Subtract line 2e from line 1	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	1 1	
b	Other (Describe in Part XIII )	1 ]	
-		-1 . i	•
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization Employer identification number Community Justice, Inc. 20-1228751 Form 990, Part VI, Line 11b: Board members receive the form 990 and schedules and are given the opportunity to review them and give feedback before they are filed Form 990, Part VI, Line 12c: Each director, officer, and member of a committee with governing board-designated powers must annually sign a "Statement of Disclosure" and agree with the provisions of the Conflict of Interest Policy. The policy includes provisions for investigation and action on any potential conflict revealed or discovered, Form 990, Part VI, Line 19: Governing documents, the conflict of interest of interest policy, and financial statements are available at the Community Justice offices upon request. Copies may be provided upon request Form 990, Part XII, Line 1 Community Justice, Inc. recognizes legal fees billed as they are received (i.e. cash-basis). Accounting for assets adn payables remains effectively on an accrual-basis.

Pg/aring.