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յլ՝ Ե	5	000 T	Ex	empt Organi	zation Bu	ısin	ess Inco	me Ta	ˈ ax Retı	urn	1	OMB No 15	45-0687	7
	Form	990-T		(and pro	xy tax un	der	section	6033((e)) , <	(1)	-	201	18	
			For caler	ndar year 2018 or other to Go to <i>www.irs.gov/F</i>	ax year beginning Fo <i>rm</i> 99 <i>0T</i> for it	g nstruc	tions and the	and end latest in	formation	210				
		ment of the Treasury I Revenue Service		t enter SSN numbers on						(c)(3)	O 5	pen to Public Ir 01(c)(3) Organi	spections (n for Only
-	<u>а</u> Г	Check box if		Name of organization (n numb	oer
_		J address changed section		JusticePoint, Inc			o unangua una u		J. 10 ,	(Er	mployee	s' trust, see instr	uctions)	1
		501 (C)(3)		Number, street, and roor	n or suite no. If a F	O box	c. see instruction:	 s		7	4	15-361136 9	1	
	F	408(e) 220(e)	Print	205 W Highland Av			,, 555	-		E Un		d business ac		ode
	F	408A 530(a)	or Type	City or town	re, Nooili 303	State		ZIP co	ode		ee instru		•	
	누	529(a)	lybe	Milwaukee		WI		5320						
	L.] 529(a)		Foreign country name	Fo		rovince/state/cou							
								,						
-	с в	ook value of all assets at	F Grou	ip exemption numbe	r (See instruct	ions)	>							
	e	od of year 1,229,491	G Chec	ck organization type	► X 501(c) cor	poration	501(c)	trust	401(a	a) trus	t Otl	her tru	ıst
Ī	H	Enter the number of t	he organ	zation's unrelated tra	ades or busine	esses.	<u> </u>		1 Descr	be the	only	(or first) un	related	d
		trade or business her	e ▶				If only one,	complete	e Parts I-V	If mor	re tha	n one, desc	cribe ti	he
		first in the blank spac trade or business, the			entence, comp	olete F	Parts I and II,	complete	e a Schedu	ule M fo	or eac	h additiona	i	
-					(6)			-	. 11 1					
		During the tax year, wa					r a parent-sub	sidiary co	introlled gro	up'/		▶ Ye	s X	No
-		f "Yes," enter the name The books are in care			bareni corporat	10(1)		elephone	number	▶ (4	14) 7	74-0300		
ľ	Par			Business Incom			(A) Inco			xpenses		74-0300 (C)	Net	
		Gross receipts or sa		Business incom	<u> </u>	┰┈┨	(1)			7,000,000		(0)		
		Less returns and allowa			Balance ►	1c		ol	'		•]	1
^	2	Cost of goods sold	-			2				$\overline{}$			$\overline{}$	
3	3	Gross profit Subtra	-	·	1	3		0	En				0	
	4 a	Capital gain net inco				4a		シドル	TEU,	10				
> = =	b	Net gain (loss) (Form	4797, Pa	rt II, line 17) (attach Fo	o(m 4797)	4b	TH			100/				
7	c	Capital loss deducti	on for tru	sts	· · · · · · · · · · · · · · · · · · ·	4c	1		5050	$\Gamma_{\infty}\Gamma$				
7	5	Income (loss) from a pa	rtnership o	r an S corporation (attac	h statement)	5	18/1	NA O	6 600	100				
_	6	Rent income (Sched												
=	7	Unrelated debt-finar				7	101		M. U	-	١.			
-	8			from a controlled organizat	,	8	-1- 6	المالية				 		-
	9			(7), (9), or (17) organization	(Schedule G)	9 10		Harry	<u> </u>					
	10 11	Exploited exempt as	-	•		11								
	12	Advertising income	•	e 5) ns, attach schedule)		12			1					
	13	Total. Combine line		-		13		0		0			0	
	Par			ken Elsewhere (S	ee instructio		r limitations		uctions)		ot for	contributi		—
	<u> </u>			directly connected					•	(=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			JJ,	
-	14			ectors, and trustees		0.0.0	<u> </u>		· <i>1</i>		14			
	15	Salaries and wages		55.575, and wastes	(30110001011)						15			
	16	Repairs and mainte									16	•	_	
	17	Bad debts									17			
	18	Interest (attach sche	edule) (se	ee instructions)							18			
	19	Taxes and licenses									19			
	20	Charitable contribut	ions (See	instructions for limit	ation rules)				•	. [20			
	21	Depreciation (attach		•			21							
	22	· ·	laimed or	Schedule A and els	ewhere on ref	turn	22a	l		L	22b			
	23	Depletion	_								23		\longrightarrow	
	24	Contributions to defe		npensation plans						-	24			
	25 26	Employee benefit pr	_	ahadula IV						-	25			
	26 ;	Excess exempt exp	•	·` '							26 27		\rightarrow	
	27	Excess readership of Other deductions (a	· · · · · · · · · · · · · · · · · · ·							-				
	20 29		s. Add lines 14 through 28								0	—		
	30			ncome before net op	erating loss de	educti	on, Subtract	line 29 fr	om line 13	}	30		0	—
	31			arising in tax years be	-					}	31			
	32		_	ncome. Subtract line			, ., == 10				32		0	

For	m 990-T (20	18) JusticePoint, Inc			45-3	511369		Page 2
Pa	art III	Total Unrelated Business Taxable Income				_		
33	Total	of unrelated business taxable income computed from all unrelated trade	s or bu	sinesses (see				
		ictions)		,		33		0
34	Amo	unts paid for disallowed fringes				34		0
35		iction for net operating loss arising in tax years beginning before January	1, 201	8 (see				
	ınstrı	actions)				35		0
36	Total	of unrelated business taxable income before specific deduction. Subtract	t line 3	5 from the sum				
	of lin	es 33 and 34				36		0
37	Spec	ific deduction (Generally \$1, 000, but see line 37 instructions for exception	ns)			37		0
38	Unre	lated business taxable income. Subtract line 37 from line 36 If line 37	is grea	ter than line 36,				
	enter	the smaller of zero or line 36				38		<u>ol</u>
Pa	irt IV	Tax Computation						
39	Orga	nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)				39		0
40	Trus	ts Taxable at Trust Rates. See instructions for tax computation. Income	tax on	the			•	
	amoı	int on line 38 from Tax rate schedule or Schedule D (Form	1041)			40		
41	Prox	y tax. See instructions				41		
42	Alter	native minimum tax (trusts only)				42		
43	Tax	on Noncompliant Facility Income. See instructions				43		
44	Tota	. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		0
Pi	art V	Tax and Payments						
45	a Fore	gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a					
		r credits (see instructions)	45b					
		eral business credit. Attach Form 3800 (see instructions)	45c					
		t for prior year minimum tax (attach Form 8801 or 8827)	45d					
		credits. Add lines 45a through 45d .				45e		0
46		act line 45e from line 44		1		46		0
47		taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		Other (attach sched	ule)	47		
48		tax. Add lines 46 and 47 (see instructions)		_		48		0
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column		ie 2		49		
50	-	nents A 2017 overpayment credited to 2018	50a					
		estimated tax payments	50b					
		leposited with Form 8868	50c					
		gn organizations Tax paid or withheld at source (see instructions)	50d					
		up withholding (see instructions)	50e 50f					
		t for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments Form 2439	301					
								İ
		orm 4136 X Other 10,548 Total ▶	50g	10,548		54	40.5	
51		payments. Add lines 50a through 50g		~ I	l	51 52	10,5	948
52 52		nated tax penalty (see instructions) Check if Form 2220 is attached	ad	▶		53		0
53 54		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount on the payment. If line 51 is larger than the total of lines 48, 49, and 52, enter a		overnaid		54	10,5	
55		the amount of line 54 you want. Credited to 2019 estimated tax	mount	Refunded		55	10,5	
	art VI	Statements Regarding Certain Activities and Other Informa	tion (33 [10,0	<u> </u>
								/aa Na
56		y time during the 2018 calendar year, did the organization have an intere					· —	es No
		a financial account (bank, securities, or other) in a foreign country? If "Yes		-	-			
		EN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," e	enter tn	e name or the ro	reign	country	-	
e 7	here	g the tax year, did the organization receive a distribution from, or was it the gra	ntor of	or transferor to	fore	an truet?	;	X
57		s," see instructions for other forms the organization may have to file	iiitoi oi,	or transferor to, a	3 10161	yıı uust:		
58		the amount of tax-exempt interest received or accrued during the tax ye	ar 🕨	\$				
50		Under penalties of penury, I declare that I have examined this return, including accompanying schedules an			ny know	edge and be	elief, it is true, co	prrect,
e:] ,	and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h						
	gn		itive Di	rector			RS discuss this re rer shown below	
пе	ere '	Signature of officer Date Title			_	instruction		□ No
		Print/Type preparer's name Preparer's signature		Date / . I			PTIN	
Pa	iid	$\left(\begin{array}{ccc} A & E & A \end{array} \right)$,	Date 18 20	Chec	_	n	
	eparer	Christine Daws Chata Stur	<u> </u>	1 /28/202 0		employed	P017905	
	se Only	Firm's name Anick & Associates					9-1977004	
_ 0		Firm's address 11933 W Rurleigh Street Waliwatosa WI 53222			Phone	no UI	IU-774-(りろのり

rom	990-1 (2018)	JusticePoint, Inc		<u> 45-3</u>	611369	Page 2
Par	t III	Total Unrelated Business Taxable Income			-	·
33	Total of	unrelated business taxable income computed from all unrelated trade	s or businesses (see			
	instruct				33	ol
34	Amount	ts paid for disallowed fringes			34	51,227
35		ion for net operating loss arising in tax years beginning before January	1, 2018 (see			
		ions)	,		35	o
36	Total of	unrelated business taxable income before specific deduction. Subtract	t line 35 from the sum			
	of lines	33 and 34			36	51,227
37		deduction (Generally \$1, 000, but see line 37 instructions for exception	ons).		37	1,000
38	Unrelat	ted business taxable income. Subtract line 37 from line 36. If line 37	is greater than line 36,			
	enter th	e smaller of zero or line 36	·		38	50,227
Part	IV	Tax Computation				•
39		zations Taxable as Corporations. Multiply line 38 by 21% (0 21)		•	39	10,548
40	_	Taxable at Trust Rates. See instructions for tax computation. Income	tax on the	-	T	1919 19
		on line 38 from Tax rate schedule or Schedule D (Form		•	40	
41		ax. See instructions		•	41	
42	•	tive minimum tax (trusts only)		-	42	
43		Noncompliant Facility Income. See instructions			43	·· ····
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies			44	10,548
		Tax and Payments	· · · · · · · · · · · · · · · · · · ·			
45 a		tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	T		
	_	redits (see instructions)	45b	 		
		I business credit. Attach Form 3800 (see instructions) .	45c	 		1
		or prior year minimum tax (attach Form 8801 or 8827)	45d	 		
		redits. Add lines 45a through 45d	(40 4)	<u> </u>	45e	ام
46		t line 45e from line 44		•	46	10,548
47		es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach sched	املية	47	10,546
48				iule)		10.540
49		ux. Add lines 46 and 47 (see instructions) et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column		•	48	10,548
50 a		• •	1 ' ' 1	ı' .	49	
		nts A 2017 overpayment credited to 2018	50a	-		İ
		stimated tax payments	50b			
-			50c	 -		
0		organizations Tax paid or withheld at source (see instructions)	50d	-		1
e f		withholding (see instructions)	50e	\vdash		
		redits, adjustments, and payments Form 2439	501			
g						
		m 4136 Other Total ▶	50g 0	L		
51	•	ayments. Add lines 50a through 50g		_	51	0
52		ed tax penalty (see instructions) Check if Form 2220 is attached		Щ	52	
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount of		. •	53	10,548
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter a	1 '		54	0
55		e amount of line 54 you want. Credited to 2019 estimated tax.	Refunded		55	0
Par	V S	tatements Regarding Certain Activities and Other Informa	tion (see instructions)		
56	At any to	ime during the 2018 calendar year, did the organization have an intere	st in or a signature or	other	authority	Yes No
	over a fi	nancial account (bank, securities, or other) in a foreign country? If "Ye	s," the organization ma	ay hav	e to file	
	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e	nter the name of the fo	oreign	country	
	here 🕨					X
57	During th	ne tax year, did the organization receive a distribution from, or was it the gra	ntor of, or transferor to,	a forei	gn trust?	X
	If "Yes,"	see instructions for other forms the organization may have to file				
58	Enter th	e amount of tax-exempt interest received or accrued during the tax yes	ar ▶ \$			
	Unde	er pagities of penury. I declare that I have examined this return including accompanying schedules an	d statements and to the best of a	ny know	iedge and bei	ief, it is true correct
Sigi	ח ו	complete declaration preparer (other than taxpayer) is based on all information of which preparer his	as any knowledge	1	May the ID	S diam're #10 and an
Her		TUM Execu	itive Director			S discuss this return with ir shown below (see
• • •		nature of officer Date Title			instructions	
		Print/Type preparer's name Promarer's signature	Dater 1 4		. —	PTIN
Paid	t	$ f _{L} = f _{L} + f _{L}$	Dat 8/6/19	Chec		i
	parer	Christine Daws	2 -7/9/2019		employed	P01790536
-	Only	Firm's name Anick & Associates		Firm's	EIN ► 39	-1977004
	,	Firm's address 11933 W Burleigh Street, Wauwatosa, WI 53222		Phone	no	

Form 990-T (2018) JL	isticePoint, Inc				45-	-3611369	Page 3
Schedule A-Cost of Goo	ds Sold. Ente	r method o	f inventory valuation	n ►			
1 Inventory at beginning of		1		ventory at er	nd of year.	6	
2 Purchases		2			sold. Subtract		
3 Cost of labor .		3	lir	e 6 from line	5 Enter here		
4 a Additional section 263A	costs		ar	nd in Part I, li	ne 2	7	o
(attach schedule)	i	ia	1 1		section 263A (wi		Yes No
b Other costs (attach sche		b			ced or acquired for	•	12
5 Total. Add lines 1 through	·	5		ply to the or	•		-JA 364
Schedule C-Rent Incom						operty)	
(see instructions)				,			
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	om real and personal propert ge of rent for personal proper f the rent is based on profit o	ty exceeds		irectly connected with a) and 2(b) (attach so	
(1)							
(2)							
(3)							
(4)							
Total	0	Total		0			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,		(b) Enter		0	(b) Total deduction Enter here and control Part I, line 6, col	on page 1,	0
Schedule E-Unrelated D		Income (se	ee instructions)		1		
			2. Gross income from or	Deductions directly connected with or ellocable to debt-financed property			able
1. Description of debt	-manced property		allocable to debt-financed property		l line depreciation th schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)				<u> </u>			
(4)	, <u> </u>						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adj of or alloc debt-financed (attach sci	able to d property	6 Column 4 divided by column 5		ncome reportable 2 × column 6)	8 Allocable do (column 6 × total 3(a) and	l of columns
(1)			%		0		0
(2)			%		0		0
(3)			%	T	0		0
(4)			%		0		0
	·			1	and on page 1, 7, column (A).	Enter here and Part I, line 7, c	. •
Totals			. •		0		0

Total dividends-received deductions included in column 8

Schedule F-Interest, Annuiti	es. Rovalties.	and Rei	nts From	Controlled Ord	anizations (se	e instruc	tions)	ZFage =
				Organizations	(30	JC 111311 GC	1101107	
Name of controlled organization	2 Employer dentification number		nrelated income ee instructions)			e controllin	g con	Deductions directly nected with income in column 5
(1)		ļ						
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	S	·- ·						
			1	,	10. Part of col			Deductions directly
7. Taxable Income	8. Net unrelated (loss) (see instru		9	included in th	included in the controlling organization s gross income			
(1)							T —	
(2)								
(3)	····							
(4)			<u> </u>					
					Add columns Enter here an Part I, line 8,	d on page 1	, Enter	columns 6 and 11 hare and on page 1, I, line 8 column (B)
Totals					>		ol	0
Schedule G-Investment Inco	me of a Section	on 501(c)(7), (9), o	r (17) Organiza	ation (see instru	ictions)		
1. Description of income	2. Amount of i		3 direc	Deductions city connected ach schedule)	4. Set-aside	4. Set-asides (attach schedule)		otal deductions et-asides (col. 3 plus col. 4)
(1)			, i					0
(2)	1			 				0
(3)			<u> </u>					0
(4)								0
Tatala	Enter here and o Part I, line 9, coli	umn (A)						re and on page 1, e 9, column (B)
Totals . ►	. A -41-14-1	0		(A) 大學等在於 (A) (A)				0
Schedule I—Exploited Exemp	Activity inco	me, Oth	<u>er inan A</u>	avertising inc	ome (see instrui	ctions)		
Description of exploited activity	2 Gross unrelated business incom from trade or business	te conn prod ur	ected with duction of trelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				C				0
(2)				C				0
(3)				C				0
(4)				C				0
Totals	Enter here and page 1 Part I line 10, col. (A)	page line 1	here and on a 1, Part I, 0, col (B)					Enter here and on page 1 Part II, line 26
Schedule J—Advertising Inco	70 /00 - 100	0	0[8	Wall Company	Charles of the second	West Man	THE PERSON	10
			2aaaalida	And Dania	· · · · · · · · · · · · · · · · · · ·	.		
Part I Income From Period	icais Reporte	on a c	onsolida	ted Basis	,			
1. Name of periodical	2. Gross advertising income		Direct tising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)			į	是那些心理波				
(2)			7			ļ		
(3)								
(4)				用 种区的主义器		<u> </u>		新校的新文 位
Totals (carry to Part II, line (5))	•	0	0	0	0		0	0

Totals, Part II (lines 1-5)

0

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 8 minus column 5 but not more than column 4) 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising 2 minus col 3) If advertising costs income costs income a gain, compute cols 5 through 7 (1) 0 0 (2) 0 0 (3) Ó 0 (4) 0 0 Totals from Part I 0 Enter here and on page 1, Part I, line 11 col (B). Enter here and on Enter here and page 1, Part I on page 1, Part II, line 27 line 11 col (A)

Schedule K—Compensation of Officers, Directo	rs, and Trustees (see instructions)		
1 Name	2. Trite	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Form 990-T (2018)

Form 990-T (2018) Ju	usticePoint, Inc				45	-3611369	Page 3
Schedule A—Cost of Goo	ods Sold. Ente	er method o	of inventory valuation	on▶			
1 Inventory at beginning or	f year .	1	6 Ir	nventory at en	d of year .	6	
2 Purchases		2	7 0	Cost of goods	sold. Subtract		
3 Cost of labor .		3	li li	ne 6 from line	5. Enter here		
4 a Additional section 263A	costs		a	ind in Part I, li	ne 2 .	7	0
(attach schedule)		4a	8 0	o the rules of	section 263A (w	th respect to	Yes No
b Other costs (attach sche		4b			ced or acquired f	•	
5 Total. Add lines 1 through	· -	5		pply to the or			
Schedule C-Rent Incom						operty)	
(see instructions)	- (,		-p,	
1 Description of property							•
(1)							
(2)				· · · · · · · · · · · · · · · · · · ·		-	
(3)							
(4)		· · · · · · · · · · · · · · · · · · ·					
(4)	2 Pont roccu	ved or accrued					
,	Z. Rent recen	Ved or accided			1		
(a) From personal property (if the personal property is more than more than 50%)	om real and personal prope ge of rent for personal prope if the rent is based on profit	erty exceeds		lirectly connected wi (a) and 2(b) (attach s			
(1)							
(2)							
(3)					-	 	
(4)				·			
Total	0	Total		0	··		
(c) Total income. Add totals of concern and on page 1, Part I, line 6, Schedule E—Unrelated D	column (A)			3.1	(b) Total deductions directly con	on page 1, lumn (B)	0 able
1 Description of debt	t-financed property		2 Gross income from or allocable to debt-financed		to debt-finan	nced property	
. Boosinghow of dob	mianos proporty		property	(a) Straight	line depreciation h schedule)	(b) Other deductions (attach schedule)	
/4\				(allac	n schedule)	(allacii sc	nedule)
(1)							
(2)				<u> </u>			
(3)				-			
(4)	 		· · · · · · · - · · · · · · · · · · · ·	+			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ad of or alloc debt-finance (attach sc	able to d property	6. Column 4 divided by column 5		come reportable 2 × column 6)	8 Allocable of (column 6 × tota 3(a) and	al of columns
(1)			9	6	0		0
(2)			9		0		0
(3)				6	0		O
(4)				6	0		C
				Enter here	and on page 1, 7, column (A)	Enter here and Part I, line 7, o	on page 1, column (B)
Totals			>	·	0		0
Total dividends-received deduc	tions included in	column 8		•	▶		

Total dividends-received deductions included in column 8

Form **990-T** (2018)

Form 990-T (2018) Justice	Point, Inc.					45-	3611369	Page 4
Schedule F-Interest, Annuitie	es, Royalties,	and Ren	its From C	ontrolled Orga	anizations (se	e instru	ctions)	
		Exempt	Controlled O	rganızations				
Name of controlled organization	2 Employer dentification number		related income ee instructions)	4. Total of specific payments made		controllin	ng conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organizations	3							
7 Taxable Income	8 Net unrelated (loss) (see instru			otal of specified yments made	10. Part of colu included in the organization's g	controllin	g conne	Deductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)				•				
					Add columns Enter here and Part I, line 8, c	on page	1, Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals				. •	<u> </u>		0	(
Schedule G-Investment Inco	me of a Section	on 501(c)(7), (9), or	(17) Organiza	tion (see instru	ctions)		
1 Description of income	2 Amount of H	ncome	dırecti	leductions y connected h schedule)	4 Set-asides (attach schedu		and se	ital deductions et-asides (col. 3 ilus col. 4)
(1)								
(2)								C
(3)								(
(4)								C
Totals •	Enter here and of Part I, line 9, col			,				e and on page 1, e 9, column (B)
Schedule I—Exploited Exemp	t Activity Inco	me, Oth	er Than Ad	Ivertising Inco	me (see instruc	tions)		
Description of exploited activity	2 Gross unrelated business incon from trade or business	3 E d conn proc	expenses 4 irectly f ected with continuous	4 Net income (loss) rom unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Ex attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				0				
(2)				0				
(3)				0				C
(4)				0				
Totals	Enter here and page 1, Part I line 10, col. (A	, page	nere and on a 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J—Advertising Inco			<u> </u>					
			Concolidat	od Pacia				
Part I Income From Perio	LICAIS REPORTE	su on a c	Jonsondat			Γ" .		
1. Name of periodical	2. Gross advertising income		Direct tising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-				
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	•	0	0	0	0		0	C

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals from Part I	▶ 0	0				0
(4)			0			0
(3)			0			0
(2)			0			0
(1)			0			0
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)

Schedule K—Compensation of Officers, Dire	ctors, and Irustees (see instructions)		
1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14	•	>	0

Form **990-T** (2018)

Lii	ne 50g (990-T) - Other Credits		
1	Credit for ozone-depleting chemicals	1	
2	Credit from regulated investment company or real estate investment trust (Attach Form 2439)	2	0
3	Credit for Federal tax paid on fuels (Attach Form 4136)	3	0
4		. 4	10,548
5		5	
6		6	
7		. 7 <u> </u>	
8		. 8	
9		. 9	
10		10	
11	Total		10,548

990-T Amended Statement

Tax Year

2018

JusticePoint, Inc

Federal ID

45-3611369

<u>Line Item</u>	As Orignally Filed	As Amended	Explanation	
34 ⁻ Amounts paid Disallowed Fringes	51,227 00	0 00	Repeal of 512(a)(7)	
39 Organization Taxable as Corporations	10,548 00	0.00	Repeal of 512(a)(7)	