∞

CHANGE OF ACCOUNTING PERIOD

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AF	or the	\simeq 2017 calendar year, or tax year beginning \square JAN 1 , 2017 and ending	<u>ig JUN 30,</u>	<u> 2017 </u>	
Вс	heck if	C Name of organization		er identific	ation number
	Addre chang	E JEWS_UNITED FOR JUSTICE, INC			
	Name chang			52-23	346578
]Initial return	Number and street (or P 0. box if mail is not delivered to street address) Room	/suite E Telephor		
	Final return	1100 H STREET NW, SUITE 630		202-4	08-1423
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross recei	pts \$	589,298.
	Amen- return	WASHINGTON, DC 20005	H(a) Is this	a group ret	urn
	Application	IF Name and address of principal officer. JACOB FEINSPAIN	for sub	ordinates?	Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all su	ibordinates inc	luded? Yes No
1 7	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 🗸	527 If "No,"	" attach a li	st (see instructions)
		te: ► WWW.JUFJ.ORG	H(c) Group		
			Year of formation:	<u> 2001 м</u>	State of legal domicile: DC
Pa	art I	Summary			
ø	I	Briefly describe the organization's mission or most significant activities ${ m \underline{TO}\ LEAD}$			
& Governance	1	AREA JEWS TO ACT ON OUR SHARED JEWISH VALUE			
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	f more than 25% of	fits net ass	
Š	l	Number of voting members of the governing body (Part VI, line 1a)		3	10
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
ies	l .	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
Activities	1	Total number of volunteers (estimate if necessary)		6	10
Act	_	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990 T, line 34		7b	0.
			Prior Yes		Current Year
ě	l .	Contributions and grants (Part VIII, line 1h)		,658.	563,063.
Revenue	ì	Program service revenue (Part VIII, line 2g)	108	,548.	1,560.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		174.	118.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	000	0.	24,557.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,380.	589,298.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8	,347.	0.
		Benefits paid to or for members (Part-IX, column (A), line 4)	707	0.	<u>0.</u>
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	191	,127.	350,524.
ĕü	16a	Professional fundraising fees (PartillX, column (A), line 11e)		0.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) 36,859.		,589.	111,160.
		Other expenses (Rart.IX,-column (A), lines 11a 11d, 11f-24e)	1,033		461,684.
		Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25)		,683.	
-SS	19	Revenue less expenses Subtract line 18 from line 12			
Net Assets or Fund Balances	20	Total access (Part V. line 15)	Beginning of Cur	,377.	End of Year 389, 239.
Asse	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		,089.	58,337.
Net	22	Net assets or fund balances Subtract line 21 from line 20		,288.	330,902.
Pa	art II	Signature Block	203	, 400 •	330/3021
		lities of perjury, I declare that I have examined this return, including accompanying schedules and	statements and to th	e hest of my	knowledge and helief, it is
		et, and complete Declaration of preparer (other than officer) is based on all information of which pr			in on ougo and control in the
	00.100	The state of the s	oparor nao any mion	3/9/	18
Sıgı	n	Signature of officer	Date	- ~ / /	
Her		JACOB FEINSPAN, EXECUTIVE DIRECTOR			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1 Date) /	Check	PTIN
Paid	I	DAVID JONES	- 3/0/1	self-employed	P01361002
Prep	arer	Firm's name JONES MARESCA & MCQUADE PA	Firm	n's EIN 🛌	52-1853933
•	Only	Firm's address 1730 RHODE ISLAND AVE, N.W., SUIT			
	•	WASHINGTON, DC 20036		ne no 20 2	2-296-3306
May	the II	RS discuss this return with the preparer shown above? (see instructions)	070	711	X Yes No
-	01 11-2		Tプ()ー	フィ	Form 990 (2017)
		EE SCHEDULE O FOR ORGANIZATION MISSION STAT	EMENT CON	TINUAT	

	1990 (2017) JEWS UNITED FOR JUSTICE, INC.	52-2346578 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO LEAD WASHINGTON AND BALTIMORE AREA JEWS TO ACT ON OUR	
	VALUES BY PURSUING JUSTICE AND EQUITY IN OUR LOCAL COMMU	JNITY.
	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as	managed by avanage
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported	s, the total expenses, and
4a	405 005	e \$
	COMMUNITY ORGANIZING CAMPAIGNS - JUFJ PLAYS A CRUCIAL LE	
	IN LOCAL AND REGIONAL ACTIVISM BY ORGANIZING A PASSIONAT	
	MEMBERSHIP BASE THAT IS READY TO DEVOTE THEIR TIME AND F	RESOURCES TO
	SERIOUS STRUCTURAL CHANGE CAMPAIGNS.	
4b	(Code) (Expenses \$ 102,834 • including grants of \$) (Revenue	e \$)
	OUTREACH - THROUGH PROGRAMS SUCH AS THE LABOR SEDER IN I	OC, THE SOCIAL
	JUSTICE SEDER IN BALTIMORE, AND ONGOING PUBLIC EDUCATION	
	EVENTS, JUFJ EDUCATES JEWS IN THE WASHINGTON-BALTIMORE A	
	SOCIAL AND ECONOMIC INJUSTICE, BUILDS A COMMUNITY COMMIT	
	OLAM/REPAIRING THE WORLD, AND EMPOWERS PEOPLE TO TAKE EI	FECTIVE ACTION.
4c	(Code) (Expenses \$	
	LEADERSHIP DEVELOPMENT - TO ADVANCE COMMUNITY ORGANIZING	
	SOCIAL CHANGE JUFJ INVESTS DEEPLY IN OUR LEADERS TO DEVI	
	KNOWLEDGEABLE AND PASSIONATE ACTIVISTS WHO CAN MOVE CAMI AS LEADERS WITH JUFJ AND OUR CLOSE ALLIES.	AIGNS FORWARD
	AS DEADERS WITH OUTO AND OUR CHOSE ADDIES:	
	FISCALLY SPONSORED SERVICES - JUFJ SERVES AS THE FISCAL	SPONSOR FOR
	THREE PROJECTS: TIKKUN LEIL SHABBAT IS A LAY-LED FRIDAY	
	(OR RELIGIOUS COMMUNITY) THAT BUILDS COMMUNITY FOR PROGR	
	THE DC AREA THROUGH PRAYER SERVICES AND PUBLIC EDUCATION	
	GOOD GUYS AT THE BARRICADES; AND THE COMMUNITIES UNITED	AGAINST HATE IN
	MD.	
	Other program services (Describe in Schedule O)	
÷a	(Expenses \$ including grants of \$) (Revenue \$	1
4e	Total program service expenses > 376,277.	
		Form 990 (2017)

Form 990 (2017)

Description JEWS UNITED FOR JUSTICE, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1,7	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ۔ ا		X
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-0		
•	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		х
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ı	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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			1 77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	X	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ_	<u> </u>
128	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1]
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ļ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	1	l _
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<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_	000	X
		Form	990	(2017)

Form 990 (2017) JEWS UNITED FOR JUSTICE, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u> _
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 24b through 24d and complete			1
	Schedule K If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	3			l
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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			77
	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 current or] .		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		X
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		ĺ
	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, Part IV			1
20	instructions for applicable filing thresholds, conditions, and exceptions)			ĺ
а	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 Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	Į		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ł		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		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	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		4,5	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

Pai	Check if Schedule O contains a response or note to any line in this Part V			\Box
	2.135.1. Co.132.1. C.		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 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c		l
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ŀ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X
b	If "Yes," enter the name of the foreign country		,	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ'	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		l '	1
	were not tax deductible?	6b_	<u> </u>	ļ
7	Organizations that may receive deductible contributions under section 170(c).	ļ	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ļ '	1	37
	to file Form 8282?	7c	 -	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	_		· •
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?		 	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	1
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter	_50_	 	
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 10b	1		[
11	Section 501(c)(12) organizations. Enter	ĺ		1
	Gross income from members or shareholders			
b		•		
_	amounts due or received from them)	}		}
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С]		
14a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forr	n 990	1/2017

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8b or 10b below describe the circumstances processes or changes in Schedule O. See instructions

	to and day, or rob bolow, december the disconstanted, processes, or changes in correcting or desirable disconstanted.									
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X						
sec	tion 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 10									
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		77						
_	officer, director, trustee, or key employee?	_2_		<u>X</u> _						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		17						
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		<u>X</u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		<u>X</u>						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		<u>X</u>						
6										
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		<u>X</u> _						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		ľ							
	persons other than the governing body?	7b		<u>X</u> _						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	<u>X</u>							
b	Each committee with authority to act on behalf of the governing body?	8b	<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	1	<u>X</u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No_						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b								
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		3.7							
12a		12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v							
	in Schedule O how this was done	12c	<u>X</u>							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	<u>X</u> _							
15	Did the process for determining compensation of the following persons include a review and approval by independent	}								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Λ						
	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			77						
	taxable entity during the year?	16a		<u>X</u>						
р	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 the organization's									
	exempt status with respect to such arrangements?	16b	L	L						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed DC									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)		_							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - 202-408-1423									
	1100 H STREET NW, SUITE 630, WASHINGTON, DC 20005									

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

LX Check this box if neither the organization n	or any related	orga	ınıza	tion	COL	mper	nsat					
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					ona i	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of		
	week	offic	cer an	d a d	recto	or/trus	tee)	from	from related	other		
	(list any	흕	1					the	organizations	compensation		
	hours for	를				显		organization	(W-2/1099-MISC)	from the		
	related	ee e	l sg	i]	ESE		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Ē				and related		
	below	ldual	를	₅₅	훁	esto	25			organizations		
	line)	N D U	Insti	Officer	Key	Highest compensated employee	Богл					
(1) RABBI SHIRA STUTMAN	4.00											
PRESIDENT		X	1	X		l						
(2) DEENA FEINSTEIN KRULEWITZ	4.00	71				\vdash						
	4.00	x		x								
SECRETARY	4.00	Λ	\vdash	Α.		-						
(3) ROBERT BARKIN	4.00	77		v	1	-		Ì		1		
TREASURER	2 00	X		X	├	-	-					
(4) RABBI DANIEL COTZIN BURG	2.00											
DIRECTOR		X		<u> </u>	_	—	_					
(5) MICHAEL RUBIN	2.00		1		ļ							
DIRECTOR		X										
(6) ANNA LEVINE FINK	2.00	}				-	ļ					
DIRECTOR		X			ļ	J						
(7) KATHY KREIGER	2.00											
DIRECTOR		X				1	ļ					
(8) JOSHUA MINTZ	2.00					ĺ			-	1		
DIRECTOR		Х			Ì	ļ	ļ					
(9) ADINA ROSENBAUM	2.00			<u> </u>								
DIRECTOR	2.00	X	ŀ		Ì							
(10) LAUREN SPOKANE	2.00	1	 			1		 				
DIRECTOR	2.00	X										
	40.00	1	<u> </u>	 								
(11) JACOB FEINSPAN	40.00	┧		X		1						
EXECUTIVE DIRECTOR	 	├	-	^	-	+			ļ	 		
	<u></u>	┨	ł		1		ł					
			├	-	┢	+		 		 		
		1]							
		<u> </u>	<u> </u>	<u> </u>	ļ	—	<u> </u>					
)]	ļ	j]			
					L.,				<u> </u>			
			ļ									
			L				L			<u> </u>		
		1	1	1	}		l	}		1		
			1	1		1						
		1										
	1	Ь.	1	_								

Form **990** (2017)

Part VII Section A. Officers, Directors, Trus		ploy	ees.			ghe	st C			- 1		
(A) Name and title	(B) Average	(B) (C) Average Position						(D) Reportable	(E) Reportable		(F) Estimat	ed.
realite and title	hours per		(do not check more than one box, unless person is both an					compensation	compensation		esuma: amount	
	week	offi				or/trus		from	from related		othe	
	(list any hours for	Individual trustee or director						the	organizations		mpens	
	related	g or d	g			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC		from tl rganiza	
	organizations	truste	institutional trustee		yee	Highest compensated employee		(** 2, 1000 *********************************			ind rela	
	below	vidual	ıtutlo	衷	Key employee	hest ci	훁			or	ganızat	tions
	line)	Ē	E	Officer	ž.	물통	ফ্র					
	<u> </u>	-				ļ						
	ļ		-			-	_		 			
	 	-										
	 	-	┢			┢	_					
	ļ	1	ļ.,							ļ		
		<u> </u>	 	-			_			_		
		j										
		1					L				- -	
		<u> </u>	<u> </u>				<u> </u>					
			1			1				1		
	-	ļ	_		_	_						
		-	ĺ				ĺ			ĺ		
	 	├			ļ	-						
		{					ĺ	Ì		ĺ		
1h Cub total	J	L		L			<u> </u>	1				
1b Sub-total c Total from continuation sheets to Part V	II Section A											
d Total (add lines 1b and 1c)	ii, Section A											
Total number of individuals (including but it	not limited to th	nose	liste	d a	bov	e) wh	10 1	eceived more than \$100	,000 of reportable			
compensation from the organization									·			
									-		Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for	such individual									3	<u> </u>	X
4 For any individual listed on line 1a, is the s	•							•	the organization		1	
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or							elat	ed organization or indiv	idual for services	_		.
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J i	or s	uch	per	son				5		<u> </u>
Complete this table for your five highest or			onde	nt o	ont	racto	ore t	hat received more than	\$100,000 of com	orteana	n from	
the organization Report compensation for										, or 10 at 10	.,	
(A)								(B)	<u> </u>		(C)	
Name and business	address	N	INC	3				Description of s	services	Com	oensati	on
							_					
		_										
							ļ					
							-			-		
							-					_
2 Total number of independent contractors	includina but r	not h	mite	d to	tho	se fi	ster	above) who received n	nore than			
\$100,000 of compensation from the organ								, 100011001				
								- 		For	m 990	(2017

		Check if Schedule O cont	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
E 2		Membership dues	1b					
G E	С	· · · · · · · · · · · · · · · · · · ·	1c					
ar /		Related organizations	1d					
S,E		Government grants (contribut						
Sig		All other contributions, gifts, gran						1
in E		similar amounts not included abo		563,063.				
ξŌ	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		—	563,063.			}
				Business Code				
Program Service Revenue	2 a	CONTRACTUAL REV	ENUE	900099	1,560.	1,560.		
	b							
Se	С							
eve	d				<u> </u>			
Ş.	е							
مّ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	1,560.			
ľ	3	Investment income (including	dividends, intere	est, and		Í		
		other similar amounts)		>	118.			118.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(i) Real	(II) Personal				
	6 a	Gross rents	21,700.					
	b	Less rental expenses	0.					
	С	Rental income or (loss)	21,700.					
	d	Net rental income or (loss)		>	21,700.			21,700.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis	ļ	, ,				
}		and sales expenses		ļ				
		Gain or (loss)						
		Net gain or (loss)		>				
nue	8 a	Gross income from fundraisin	g events (not					
		including \$						
Other Reve		contributions reported on line	•	}				
ē		Part IV, line 18	a					
₹		Less direct expenses	, b					
		Net income or (loss) from fund	_			-		
	9 a	Gross income from gaming ad						
1		Part IV, line 19 Less direct expenses	a					
		Net income or (loss) from gan	b					
ļ			-					
	10 a	Gross sales of inventory, less and allowances						
ĺ	L		а					
		Less cost of goods sold	b a of inventors					
	c	Net income or (loss) from sale Miscellaneous Revent		Rusiness Cad-				
	14 -	REIMBURSEMENTS	16	Business Code 900099	2,000.			2,000.
	וו a b			900099	<u>2,000.</u> 857.			857.
				700033	0.57.	 		05/.
Í	0					 		
	d	Total, Add lines 11a-11d			2,857.	 		
	12	Total revenue See instructions.			589,298.	1,560.		. 24,675.
-	14	i diai levellue Dec manucilons.	 		- 000 1000	<u> </u>		·

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 44,978 36,600 4,813. 3,565. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 239,445 194,844 25,622 18,979. Other salaries and wages Pension plan accruals and contributions (include 4,654 3,787 498 369. section 401(k) and 403(b) employer contributions) 37,457 30,480. 4,008. <u> 2,969.</u> Other employee benefits 19,521 1,901. Payroll taxes 23,990. 2,568. 10 Fees for services (non-employees) 11 a Management Legal Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 23,423. 3,496 26,919. column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 23,070. 18,845. 2,398. 1,827. 13 Office expenses Information technology 14 Royalties 15 3,101. 39,126 31,839. 4,186 Occupancy 16 496. 6,261 5,094. 671 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,207 9,495 60. 3,652. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 228 228 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2,349. 2,349. a DUES AND SUBSCRIPTIONS d All other expenses 376,277. 48,548. 36,859. 461,684. <u>2</u>5 Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)

1 4	πχ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	179,546.	1	187,557.
	2	Savings and temporary cash investments	21,588.	2	91,621.
	3	Pledges and grants receivable, net	58,849.	3	101,895.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			 _
		trustees, key employees, and highest compensated employees. Complete	ı	İ	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		Ì	
Ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 7,132.			
	ь	Less accumulated depreciation 10b 5,542.	1,818.	10c	1,590.
	11	Investments · publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,576.	15	6,576.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	268,377.	16	389,239.
	17	Accounts payable and accrued expenses	37,113.	17	34,164.
	18	Grants payable		18	
	19	Deferred revenue	24,701.	19	20,898.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	· · · · · · · · · · · · · · · · · · ·
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons] }	
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	3,275.		3,275. 58,337.
	26	Total liabilities. Add lines 17 through 25	65,089.	26	58,337.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	<u> 169,657.</u>	-	225,902.
Fund Balances	28	Temporarily restricted net assets	33,631.	28	105,000.
2	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	203,288.	33	330,902.
	34	Total liabilities and net assets/fund balances	<u>268,377.</u>	34	389,239.

Form **990** (2017)

Form 990 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

.. 555 61 555 22,

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Nam	e of t	he organization						Employer	identification number			
		JEWS	UNITED FO	R JUSTICE, I	NC.			5	2-2346578			
Pai	t I	Reason for Public (Charity Status (A	All organizations must co	omplete th	ıs part) Se	e instruction	S				
The o	organ	ization is not a private found	ation because it is (For lines 1 through 12, o	heck only	one box)						
1		A church, convention of ch	urches, or associatio	on of churches described	ın sectio	n 170(b)(1)(A)(ı).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ))			//) //			
3		A hospital or a cooperative					i).					
4		A medical research organiz)(iii). Enter	the hospital's name,			
		city, and state.						. ,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental (ınıt describ	ed in			
		section 170(b)(1)(A)(iv). (C		,	•	, ,						
6		A federal, state, or local gov	•	nental unit described in s	section 17	O(b)(1)(A)	(v).					
	X							he general	public described in			
•		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)										
8	\neg	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	一	An agricultural research org				ed in coniu	inction with a	land-orant	college			
		or university or a non-land-g										
		university	,				,					
10		An organization that norma	lly receives (1) more	than 33 1/3% of its suc	port from	contribution	ons members	ship fees, a	nd gross receipts from			
		activities related to its exem	•		-							
		income and unrelated busin										
		See section 509(a)(2). (Cor		(ICSS SCOTION STITLEX)	on baomo	0000 0040		garneation	artor oario 00, 1010			
11		An organization organized a		ively to test for public sa	fety See	section 50	10/a1/41					
12	一	An organization organized a			=			arny out the	nurnoses of one or			
12		more publicly supported or										
		lines 12a through 12d that	•	, ,, ,					MICCR THE BOX III			
а		Type I. A supporting orga	• •						aivina			
-	<u> </u>	the supported organization										
		organization You must o			z majomy v	5) (1)0 (1)0	51013 01 114311	203 01 1110 3	apporting			
b	Γ	Type II. A supporting org.	•		tion with it	e sunnorti	ed organizatio	nn(s) hy ha	vino			
b		control or management o	•				-	-				
		organization(s) You mus			anic perse	ons mar oc	introl of mane	age the sup	ported			
С		Type III functionally inte			in connec	tion with:	and functions	lly integrate	ed with			
C	_	its supported organization	•					my integrate	od with,			
ч		Type III non-functionally						rted organi	zation(s)			
d	<u> </u>	that is not functionally int										
		•	-	-	•			u an alleni	iveness			
_	_	requirement (see instructions) Check this box if the organized in the control of	·					II Type III				
е		functionally integrated, or					i iype i, iype	ii, Type iii				
	Ento	er the number of supported o	• •	many integrated support	ing organi	Zation						
'		rithe number of supported to ride the following information	3	od organization(e)					<u> </u>			
		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
	•	organization	}	(described on lines 1-10	Yes	No	support (see t	nstructions)	support (see instructions)			
				above (see instructions))								
		l										
				<u> </u>								
					 							
					[ĺ	ĺ					
			-		 	 			 			
]]						
					 	ļ						
		·				1						
						 						
Tota	l	'	I	I	1	1	I		1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 JEWS UNITED FOR JUSTICE, INC. 52-2346578 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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 ")	545,756.	668,251.	773,769.	871,658.	563,063.	3422497.
2	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	545,756.	668,251.	773,769.	871,658.	563,063.	3422497.
5							
_	by each person (other than a	ļ					
	governmental unit or publicly					i	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						636,462.
6	Public support. Subtract line 5 from line 4	<u>-</u>					2786035.
	etion B. Total Support					<u> </u>	27000331
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	545,756.	668,251.	773,769.	871,658.	563,063.	3422497.
	Gross income from interest,	31377301	000,231.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0/2/0300	300,0001	<u> </u>
Ū	dividends, payments received on	!					
	securities loans, rents, royalties,						
	and income from similar sources	216.	229.	307.	174.	118.	1,044.
9		210.	227.	307.	<u> </u>		
9	activities, whether or not the						
	business is regularly carried on					'	
40	Other income Do not include gain						<u></u>
10	or loss from the sale of capital						
	assets (Explain in Part VI)		45,534.	13,721.	į.	2,857.	62,112.
44	Total support. Add lines 7 through 10		40,004.	19,721.		2,051.	3485653.
	Gross receipts from related activities,	oto (ago instructi			L	12	125,345.
	First five years. If the Form 990 is for			d fourth or fifth to	v voor op a cactio	L.————	123,343.
13	organization, check this box and stor	-	s iirst, second, triii	u, louitii, or mitrita	ax year as a section	11 30 1 (0)(3)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (fl)		14	79.93 %
	Public support percentage from 2016		•	, Ola 1111 (1))		15	84.16 %
	33 1/3% support test - 2017. If the o	•	•	n line 13, and line	14 is 33 1/3% or n		
.00	stop here. The organization qualifies				111000 17070 0111		▶ X
h	33 1/3% support test - 2016. If the c		•		line 15 is 33 1/3%	or more check th	
	and stop here. The organization qual					or more, ericen a	
170	10% -facts-and-circumstances tes	•	• • •		13 16a or 16b	and line 14 is 10%	or more
111							
	and if the organization meets the "fac					it viriow the organ	■ [
A.	meets the "facts and-circumstances"		·		-	17a and line 15 :-	10% or
Ď	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the						_
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	п от поселеска	DUX UIT IITE 13, 16	a, 100, 17a, 01 1/1		edule & (Form 990	

(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

50	qualify under the tests listed be	low, please com	plete Part II)				
	ction A. Public Support					<u> </u>	
	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.")					<u> </u>	_ <i></i>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					/	
	are not an unrelated trade or bus-					/	
	iness under section 513						
4	Tax revenues levied for the organ						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to					/	
	the organization without charge					/	
6	Total. Add lines 1 through 5					1	
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons		1	[
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		 				
	: Add lines 7a and 7b					 	
	Public support. (Subtract line 7c from line 6)		L		/	<u> </u>	<u> </u>
	ction B. Total Support				<u>/</u>	T	
Cale	ndar year (or fiscal year beginning in) ▶ ↓	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ł	Unrelated business taxable income			*			
	(less section 511 taxes) from businesses acquired after June 30, 1975			1			
(Add lines 10a and 10b			7			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		,,	Į.			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		£ f				
13	Total support (Add lines 9, 10c, 11, and 12)						L
	First five years. If the Form 990 is for	the organization'	s first, second, thu	rd, fourth, or fifth ta	x year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	(
16	Public support percentage from 2016	Schedule A, Part	t III, line 15			16	
	ction D. Computation of Inves						
17						17	
18	Investment income percentage from 2	,		, , , , , , , , , , , , , , , , ,		18	
	a 33 1/3% support tests - 2017. If the	/		on line 14, and line	15 is more than	<u> </u>	
156	more than 33 1/3%, check this box ar	,					▶
ŧ	33 1/3% support tests - 2016. If the	organization did i	not check a box or	n line 14 or line 19a	, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, chec	/					>
20	Private foundation. If the organization	ກ/did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Supporting	Organizations

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

		Yes	No
	_ 1		
	2		
	<u>3a</u>		
	3b	!	
			_
	3c		
Ì	4a	<u> </u>	
	4b		
	4c		
	5a		
	5b		
	5c		
	i		}
	6		-
	7		}
	8		-
	9a		
	9b		
	_9c	-	
	10a		
m C	10b 90 or 9	90-F7	2017

Schedule A (Form 990 or 990-EZ) 2017 JEWS UNITED FOR JUSTICE			52-2346578 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	Т
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b 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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	ł		
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	ganization (see
instructions)	•		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 JEWS UNITED FOR JUSTICE, INC.	52-2346578 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions)	r 17b, Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e, Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
REIMBURSEMENTS OF STAFF SALARIES	
2014 AMOUNT: \$ 45,534.	
2015 AMOUNT: \$ 13,721.	
2017 AMOUNT: \$ 2,000.	
MISC. REVENUE	
2017 AMOUNT: \$ 857.	
PART II, SHORT YEAR EXPLANATION:	
THE ORGANIZATION IS FILING A SHORT YEAR RETURN AS THE ORGAN	IIZATION IS
CHANGING ITS FISCAL YEAR FROM 12/31 TO 6/30.	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internat Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	O1/o)//) /5) or /6) or con-	Siana Camalata Baid III			
Name of orga	501(c)(4), (5), or (6) organiza	tions Complete Part III.		Emn	loyer identification number
realine of orga		TUBD EOD THOUTO	TNO		•
Part I-A	Complete if the ord	ITED FOR JUSTICE panization is exempt und	der section 501(c)	or is a section 527	52-2346578
T dit i A	Outspicte if the org	jamzation is exempt and	der section out(o)	01 13 4 30001011 027	ngamzation.
d Duninda				us David IV	
	, ,	ation's direct and indirect politi	cal campaign activities		
	campaign activity expendit				§
3 Volunte	er hours for political campai	gn activities			
Part I-B	Complete if the ord	janization is exempt un	der section 501(c)	(3).	
		incurred by the organization un			B
	<u>*</u>	incurred by organization manag		· ▶ :	
	<u>-</u>	n 4955 tax, did it file Form 4720			Yes No
	orrection made?		, ,		Yes No
	describe in Part IV				
Part I-C	Complete if the org	janization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter th	e amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	B
2 Enter th	e amount of the filing organ	ization's funds contributed to o	ther organizations for s	ection 527	
exempt	function activities			▶ :	B
3 Total ex	empt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	-1	
line 17b				> :	B
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
5 Enter th	e names, addresses and er	nployer identification number (E	EIN) of all section 527 po	olitical organizations to whi	ch the filing organization
made p	ayments For each organiza	tion listed, enter the amount pa	ud from the filing organi	zation's funds. Also enter t	he amount of political
contribu	itions received that were pr	omptly and directly delivered to	a separate political org	janization, such as a separ	ate segregated fund or a
political	action committee (PAC) If	additional space is needed, pro	vide information in Part	: IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0
					
					_
					
		1	I	1	1

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

LHA

732041 11-09-17

26

2017.02070 JEWS UNITED FOR JUSTICE, IN 30391__1

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Fo	orm 990 or 990-EZ) 2017	JEWS_UNITE	D FOR JUSTIC	E, INC.	52-2	346578 Page 2
Part II-A	Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	ed Form 5768 (el	ection under
	section 501(h)).					
A Check	if the filing organiza	tion belongs to an a	filiated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
_	expenses, and shar	re of excess lobbying	g expenditures)			
B Check	if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply		
		ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lob	bying expenditures to influ	uence public opinion	(grass roots lobbying)		12,275.	
	bying expenditures to influ		·-	į	12,060.	
	bying expenditures (add li	24,335.				
	empt purpose expenditure	400,489.				
	empt purpose expenditure		 Id)		424,824.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				84,965.		
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	\$500,000		f the amount on line 1e			
Over \$50	0,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000		
Over \$1,0	000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,5	500,000 but not over \$17,		000 plus 5% of the exce			
Over \$17		\$1,000				
g Grassroo	ots nontaxable amount (en	iter 25% of line 1f)			21,241.	
h Subtract	line 1g from line 1a If zer	o or less, enter -0-		:	<u> </u>	
i Subtract	line 1f from line 1c If zero	or less, enter -0-		l	0.	l. <u>.</u>
j If there is	an amount other than ze	ro on either line 1h o	r line 1i, did the organiz	ation file Form 4720	-	
reporting	section 4911 tax for this					Yes No
_	(Some organizations the	nat made a section	veraging Period Under 501(h) election do not irate instructions for li	have to complete all	of the five columns b	elow.
		Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
	alendar year I year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	nontaxable amount	105,370	. 138,630.	168,447.	84,965.	497,412.
	g ceiling amount f line 2a, column(e))					746,118
c Total lob	bying expenditures	26,742	. 10,358.	24,793.	24,335.	86,228.
	ots nontaxable amount	26,343	. 34,658.	42,112.	21,241.	124,354
	ots ceiling amount f line 2d, column (e))					186,531

Schedule C (Form 990 or 990-EZ) 2017

6,560.

13,371.

15,686.

Schedule C (Form 990 or 990 EZ) 2017 JEWS UNITED FOR JUSTICE, INC. 52-2346578 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	(a)		(b)	
of the lobbying activity.	No	Amo	unt		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?					
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raflies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 					
Other activities? j Total Add lines 1c through 1i					
 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on 501(c)	(5), or se	ction		
501(c)(6).			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		r? 3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members		1			
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 	cal				
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list\ Part I	l-Δ lines 1 a	and 2 (see		
instructions), and Part II-B, line 1. Also, complete this part for any additional information		.,,	(
		·			
					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 52-2346578

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		as of Freedom to Complete in the
—–	organization answered Tes Off Offin 990, Fair tv, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Demon de Mode Territo	(2) - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
2	·	· · · · · · · · · · · · · · · · · · ·	
3	Aggregate value of contributions to (during year)		
4	Aggregate value of grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the access hold in denor ad	vised funds
3		_	Yes No
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	- -	-
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?	donor advisor, or for any other purpo	Yes No
Pa	rt II Conservation Easements. Complete if the orga	unization answered "Ves" on Form 99	
1	Purpose(s) of conservation easements held by the organization		5,7 (111,111,111)
•	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space	Fleseivation of a c	erined historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fol	m of a conservation easement on the last
-	day of the tax year	ed conservation contribution in the fol	Held at the End of the Tax Year
•	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure.	cture included in (a)	2c
d		• •	
u	listed in the National Register	101 1720700, 4114 1101 011 4 111010110 0110	2d
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by	
_	year ▶		g
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		 of
	violations, and enforcement of the conservation easements it l		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	rvation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describ	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furth	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b		·	
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of	public service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea		icial gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items.	
a	· · · · · · · · · · · · · · · · · · ·		S
h	Assets included in Form 990 Part X		S S

732051 10-09-17

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

Schedule D (Form 990) 2017

		ITED FOR							46578	
Pai	t III Organizations Maintaining C	ollections of A	Art, Histo	orical Tr	easures, o	r Othe	r <u>Si</u> mila	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other reco	rds, check	any of the	following that	t are a sig	nıficant	use of its	collection if	tems
	(check all that apply)			-	_	_				
а	Public exhibition		d \square	oan or exc	hange progra	ms				
ь	Scholarly research				5 , 5					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	ain how the	ev further t	he organizatio	on's exem	not purpo	se in Pari	XIII	
5	During the year, did the organization solicit or	•		•	_					
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Com	olete if the	organizatio	on answered "	Yes" on I	orm 990). Part IV.		
	reported an amount on Form 990, Par			3						
1a	Is the organization an agent, trustee, custodi	an or other intermo	ediary for c	ontribution	ns or other as	sets not i	ncluded			
	on Form 000 Part V2		-						Yes	No
h	If "Yes," explain the arrangement in Part XIII					•	•••		J 100	
	Too, explain the arrangement in a comme	and complete the	ionoming to	10.0.					Amount	
С	Beginning balance						1c		7 111100111	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	···,		
-	Did the organization include an amount on Fo	orm 990 Part X lin	e 21 for e	scrow or c	ustodial acco	unt liabilit			Yes	No
	If "Yes," explain the arrangement in Part XIII						у.		1 163	
Par							7			
	T T T T T T T T T T T T T T T T T T T	(a) Current year		or year	(c) Two year			ears back	(e) Four ve	ears back
1a	Beginning of year balance	(a) Cultone year	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ioi your	(c) ino jua	O Duoix	<u>ujoo</u> j	Jan B Babit	107:00.7	, a. o. o. a.
b	Contributions		+		 					
	Net investment earnings, gains, and losses		+							
C	Grants or scholarships		+		 					
d	Other expenditures for facilities		+		 					
е	·				}	j				
	and programs					-				
' -	Administrative expenses		 		 					
g	End of year balance	root was and halo		. column (a)) hold as				L	
2	Provide the estimated percentage of the curr	•	%	, column (a)) Helu as					
a	Board designated or quasi-endowment Permanent endowment	%	70							
b		% %								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organ	ization tha	t are neid a	and administe	rea for th	e organi.	zation	[v	an Na
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	Arama kekeel		ala ade de PC	3				3a(iı)	
	If "Yes" on line 3a(ii), are the related organiza				•				_3b	
Box	Describe in Part XIII the intended uses of the		dowment f	unas					 -	
Fai			00 0-411	haa 44= 1	Caa	. Dod V	10			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10									
	Description of property	(a) Cost or		٠,	t or other (other)		cumulate reciation	,	(d) Book	value
		basis (inves	- Interity	Dasis	(Outel)	uep	- COLATION			
_	Land	<u> </u>								
b	Buildings									
С	Leasehold improvements				7 120			42		EOO
d	Equipment				7,132.		5,5	42.	1	<u>,590.</u>
<u>е</u>	Other	gual Form 000. Pa		na (B) Inna	10-1					590

Schedule D (Form 990) 2017

(u) Bossipion	(2)
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

(b) Book value (a) Description of liability 1. (1) Federal income taxes 3,275 SECURITY DEPOSIT LIABILITY (3)(4) (5)(6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 3,275.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(3) Other (A) (B) (C) (D) (E) (F) (G) (H)

> (1) (2) (3) (4)(5)(6)(7) (8) (9)

Sche	edule D (Form 990) 2017 JEWS UNITED FOR JUSTICE, I	NC.	52-2346578 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u>. </u>	
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	2a	1 1
b	Donated services and use of facilities	2b	7
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	46	7
С	Add lines 4a and 4b		7 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	·	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7
e	Add lines 2a through 2d	201	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	1401	ļ ļ
a	Other (Describe in Part XIII)	4a 4b	
b	Add lines 4a and 4b	40	
C			5
Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		1_3_1
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, lin	e 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information	
PA	RT X, LINE 2:		
<u>JU:</u>	FJ BELIEVES THAT IT HAS APPROPRIATE SUPPOR	T FOR ANY TAX P	OSITIONS TAKEN,
AN	D AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX	POSITIONS THAT	ARE MATERIAL
TO	THE FINANCIAL STATEMENTS OR THAT WOULD HA	VE AN EFFECT ON	I ITS TAX-EXEMPT
ST	ATUS. THERE ARE NO UNRECOGNIZED TAX BENEFI	TS OR LIABILITI	ES THAT NEED TO
BE	RECORDED.		
			

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 Open to Public Inspection

Name of the organization

Employer identification number

JEWS UNITED FOR JUSTICE, INC. 52-2346578
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EQUITY IN OUR LOCAL COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 1:
THE BOARD OF DIRECTORS MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF THE
DIRECTORS IN OFFICE, DESIGNATE ONE OR MORE COMMITTEES, EACH COMMITTEE TO
CONSIST OF TWO OR MORE DIRECTORS, WHICH COMMITTEES, TO THE EXTENT PROVIDED
IN SUCH RESOLUTION, SHALL HAVE AND EXECISE THE AUTHORITY OF THE BOARD OF
DIRECTORS IN THE MANAGEMENT OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEW THE COMPLETED FORM 990 AND THE EXECUTIVE
DIRECTOR SIGNS IT BEFORE IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND WAS LAST SIGNED B
ALL BOARD MEMBERS IN THE FALL OF 2017.
TODY OOD DIDE UT GROWEN TO THE UT
FORM 990, PART VI, SECTION B, LINE 15:
IN 2015 THE BOARD HIRED A COMPENSATION CONSULTANT TO DO A STUDY THAT
COMPARED THE SALARIES OF COMPARABLE ORGANIZATIONS USING THEIR FORMS 990.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLIC
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
THE TIMESTAN STATEMENTS AVAIDABLE TO THE FURBIC OFON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization	Employer identification number 52-2346578
FORM 990, PART XII, LINE 2C	
THESE PROCESSES HAVE NOT CHANGED FROM THE PREVIOUS YEAR.	