| | | | Extended to May 15, 20 |)19 | | | | | | | | |
|--------------------------------|--|--------------------|--|------------|---------------------------------------|----------------------------|--|--|--|--|--|--|
| | 0 | 00 | Return of Organization Exempt Fr | om l | ncome Tax | OMB No. 1545-0047 | | | | | | |
| For | n J | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co | ode (exc | ept private foundations | 2017 | | | | | | |
| | | of the Treasury | Do not enter social security numbers on this form as | - | | Open to Public | | | | | | |
| | | enue Service | ► Go to www.irs.gov/Form990 for instructions and th | | information. UN 30, 2018 | Inspection | | | | | | |
| | | | | aing U | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| B | heck if pplicab | le: C Name of | organization | | D Employer identifica | tion number | | | | | | |
| | Addre | ge Offed | ustice | | | | | | | | | |
| | Name change Doing business as 94-258942 Initial Doing business as 94-258942 | | | | | | | | | | | |
| | return | Number | | om/suite | E Telephone number | | | | | | | |
| | Final return termir | 0 | California Street 81 | .5 | (415) | | | | | | | |
| | ated Amen | City or to | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,958,209. | | | | | | |
| | _return | Jan | Francisco, CA 94104 | | H(a) Is this a group retu | | | | | | | |
| | ⊥tiòn pendi | | nd address of principal officer:Julia R. Wilson as C above | | for subordinates? | | | | | | | |
| <u> </u> | | empt status: | | 527 | H(b) Are all subordinates inclu | | | | | | | |
| | | | one justice.org (1) (insertio.) (2) (4947(a)(1) of (2) | 327 | H(c) Group exemption | t. (see instructions) | | | | | | |
| | | f organization: | | I Vear (| of formation: $1979 M$ | | | | | | | |
| | | Summary | | | | | | | | | | |
| | 1 | | e the organization's mission or most significant activities: OneJus | stice | brings life | -changing | | | | | | |
| Activities & Governance | | legal h | elp to those in need by transformin | ng th | e legal aid | system. | | | | | | |
| rna | 2 | | is box | | | | | | | | | |
| ove | 3 | | | | | | | | | | | |
| ڻ م | 4 | Number of ind | 4 | 23 | | | | | | | | |
| es { | 5 | Total number | of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | 52 | | | | | | |
| iviti | 6 | Total number | of volunteers (estimate if necessary) | | 6 | 1006 | | | | | | |
| Acti | | | d business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | |
| | b | Net unrelated | business taxable income from Form 990-T, line 34 | ····· | | 0. | | | | | | |
| | | | | | Prior Year | Current Year | | | | | | |
| ne | 8 | | and grants (Part VIII, line 1h) | | 3,013,433. | 2,329,635. | | | | | | |
| Revenue | 9 | • | ce revenue (Part VIII, line 2g) | | 645,822. | 533,691. | | | | | | |
| Re | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 329. | 552. | | | | | | |
| | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | <u>16,443.</u> 3,676,027. | <u>0.</u> 2,863,878. | | | | | | |
| | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,070,027. | 2,003,070. | | | | | | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | |
| | 14 | - | to or for members (Part IX, column (A), line 4) | | 1,681,068. | 2,007,656. | | | | | | |
| Expenses | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 317,727 | | 1,001,000. | 0. | | | | | | |
| ben | l lua | Total fundraisi | and alsing lees (Part IX, column (A), line (75) 317 , 727 | | | | | | | | | |
| Ă | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | - | 622,270. | 849,845. | | | | | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,303,338. | 2,857,501. | | | | | | |
| | 19 | | expenses. Subtract line 18 from line 12 | | 1,372,689. | 6,377. | | | | | | |
| or es | | 10001001000 | | | ginning of Current Year | End of Year | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (F | Part X, line 16) | | 2,511,455. | 2,501,787. | | | | | | |
| Ass d Ba | 21 | | (Part X, line 26) | | 249,640. | 233,595. | | | | | | |
| Fund | 22 | | fund balances. Subtract line 21 from line 20 | | 2,261,815. | 2,268,192. | | | | | | |
| _ | art II | Signature | | • | | | | | | | | |
| Und | er pena | alties of perjury, | declare that I have examined this return, including accompanying schedules an | nd stateme | ents, and to the best of my k | nowledge and belief, it is | | | | | | |

| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowl | true, correct | ct, and complete. | Declaration of preparer | (other than officer |) is based | on all information | of which preparer | has any | knowle |
|---|---------------|-------------------|-------------------------|---------------------|------------|--------------------|-------------------|---------|--------|
|---|---------------|-------------------|-------------------------|---------------------|------------|--------------------|-------------------|---------|--------|

| Sign Signature of officer Date Here Julia R. Wilson, CEO Type or print name and title | | | | | | | | | |
|---|--|------------------------------------|------|---|--|--|--|--|--|
| Paid | Print/Type preparer's name Sean E. Cain, CPA | Preparer's signature | Date | Check PTIN if self-employed P01612986 | | | | | |
| Preparer | Firm's name 🕨 Harrington Group | , CPAs, LLP | I | Firm's EIN 95-4557617 | | | | | |
| Use Only | Firm's address 234 East Colorad | | | | | | | | |
| | Pasadena, CA 911 | Phone no. (626) 403-6801 | | | | | | | |
| May the If | RS discuss this return with the preparer shown abo | ove? (see instructions) | | X Yes No | | | | | |
| 732001 11-2 | 28-17 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | | Form 990 (2017) | | | | | |

| Form | 990 (2017) OneJustice 94-2589423 Page 2 |
|------|--|
| | t 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: |
| | OneJustice brings life-changing legal help to those in need by |
| | transforming the civil legal aid system. OneJustice removes barriers |
| | to justice by serving as a source of innovative and replicable |
| | projects that expand the delivery of legal services. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$897,841. including grants of \$) (Revenue \$302,502. |
| | Healthy Nonprofits Program: |
| | OneJustice's Healthy Nonprofits program provides training, coaching, |
| | and consulting to boards, executives, and senior management of legal |
| | services organizations throughout California to build the leadership |
| | and management skills they need to survive and thrive in the |
| | increasingly complex nonprofit sector. During FY17/18, OneJustice |
| | provided brief technical assistance on nonprofit management in 123 |
| | cases to 30 unique legal services nonprofits, and provided in-depth |
| | consulting in 42 cases to 16 unique organizations. OneJustice also |
| | conducted 12 trainings for over 90 attendees from organizations |
| | throughout the state. OneJustice completed the eighth year of the |
| | Executive Fellowship, an intensive 10-month program on nonprofit |
| 4b | (Code:) (Expenses \$ 1,283,576. including grants of \$) (Revenue \$ 231,189. |
| | OneJustice's Pro Bono Justice program expands volunteerism in the legal community, providing strategic planning, training, coaching, and |
| | resources to legal services nonprofits, firms, schools, and |
| | corporations on how to design and administer highly successful |
| | volunteer ("pro bono") legal projects. OneJustice also develops |
| | innovative pro bono delivery models, including focusing on the needs of |
| | rural Californians. During FY1718, the Pro Bono Justice program brought |
| | together nonprofit and law firm pro bono leaders at the 2018 California |
| | Statewide Pro Bono Conference in San Francisco, attended by 110 leaders |
| | in pro bono management from law firms, corporations, law schools, and |
| | legal services nonprofits. OneJustice also continued to staff and |
| | convene the Northern California and Southern California Pro Bono |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 2,181,417. |
| | Form 990 (201 |

See Schedule O for Continuation(s)

| | U | | J | J | υ | 14 |
|---|---|---|---|---|-----|----|
| П | Б | _ | | | . / | |

Form 990 (2017) OneJustice
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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | v |
| | 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, VII, VIII, IX, or X | | | |
| ~ | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| 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 | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | х | |
| b | Schedule D, Parts XI and XII | 12a | Δ | |
| a | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 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 | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 40 | 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 | 10 | х | |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 27 | |
| 13 | complete Schedule G, Part III | 19 | | x |
| | ··· | | | |

Form **990** (2017)

| | 990 (2017) OneJustice 94-25 | 89423 | Р | age 4 |
|----------|---|-------------|------|--------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | | 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 | | X |
| 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 | | x |
| 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 | | | |
| | Schedule K. If "No", go to line 25a | 24 a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24 b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24 d | | |
| 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 | 25 a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | v |
| | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | | | X X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | <u> </u> |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | x |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X | |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | - 23 | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | x |
| 35a | 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 | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 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 | | | v |
| | 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 19? | | v | l I |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | | |

Form **990** (2017)

| Part U Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in the Part V Image: Check If Schedule O contains a response or note to any line in the Part V Image: Check If Schedule O contains a response or note to any line in the Part V Image: Check If Schedule O contains a response or note to any line in the Part V Image: Check If Schedule O contains a response or note to any line in the Part V Image: Check If Schedule O contains a response or note to any line in the Part V Image: Check If Schedule O contains a response or note to any line in the Schedule O contains Check III Schedule O contains Check IIII Schedule O contains Check III Schedule O Contains Check IIII Schedule O Contheter Check IIII Schedule O Contains Check IIII Sche | Form | 990 (2017) OneJustice | | 94-2589 | 423 | Р | age 5 |
|--|------|--|----------|------------------------|-----|-----|----------|
| 1a Enter the number reported in Box 3 of Form 1008. Enter 0: if not applicable 1a 1a 16 1a Enter the number of Forms V/2G included in line 1a. Enter 0: If not applicable 1b 1c 1c No 2 Enter the number of Forms V/2G included in line 1a. Enter 0: If not applicable 1b 1c X 2a Enter the number of Forms V/2G included in line 1a. Enter 0: If not applicable 1b 1c X 2a Enter the number of entry with backup withinkling rules for reportable payments to vencions and reportable gaming to the number of entry withink were an extender second by withink of the organization file and required tedral employment tax returns? 2b X 3a Dd the organization have unrelated balances gross income of \$1.000 or more during the year? 3a X 3b If "ws," in the arise and the organization have an interest in, or a signature or other authority over, a financial account; 3a X b If "ws," in the same of the foreign Dain ka count, securities accurit, or other financial account; 5a X 5a in the same of the foreign count; 5a X 5b X 5a in "ws," in the same of the foreign countha; 5a X | Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
| 1a Enter the number eported in Box 3 of Form 1096. Enter 4-P in trapplicable 1a 1c 1c b Enter the number of Form W240 included in the 1s. Enter 4-P in trapplicable 1c X 2 Enter the number of employees reported on Form W3. Transmittat of Wage and Tax Statements. 1c X 2 Enter the number of employees reported on Form W3. Transmittat of Wage and Tax Statements. 2a 52 3 Data to estimate of the number of employees reported on Form W3. Transmittat of Wage and Tax Statements. 2a X 3 Data to estimate of the number of employees reported on Form W3. Transmittat of Wage and Tax Statements. 2a X 4 Tax stime on service of on the 2a, did the organization five all required redefail employment tax returnes? 3a X 5 Did the organization have unrelead business gross incore of 51 Long 2b, provide an explanation in Schedule O 3b X 6 At any time the regrain country (such as a bark acount, securities acount, or other financial account)? 4a X 11 'Yes, ' to line Sa or 5b, did the organization have an interest n, or a signature or othe authority over, a financial acount is the organization have nual gross receipts that an enormaly greater than \$100,000, and did the organization have and a signate organization have and a signature | | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
| b Enter the number of Forms W-20 included in line 1a. Enter 0-fin na applicable Int Int </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th> | | | | | | Yes | No |
| b Extra the function of the Verb Mithoding rules for Probable gamma to verbable gamma (gambling) with backup withhoding rules for reportable gamma (gambling) withing to prize winners? 1c X 2 Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements. 2a 52 2 Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements. 2a 52 3 Did the organization have an intelled bubies grows income of St 1000 or more during the year? 3a 3a X 3 Did the organization have an intelled bubies grows income of St 1000 or more during the year? 3a 3a X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts or fining requirements for Finic argumations for fining requirements for Finic argumations for fining requirements for Finica and the organization nate was or ita a prive 10 a prohibited tax shelter transaction? 4a X 5 Was the organization have annual gross necepts that an ormaly greater thm \$100,000, and did the organization select tax device the achartable contributions? 5a X 6 Did any transition have annual gross necepts that an ormaly greater thm \$100,000, and did the organization select and y contribution and use activatable contributions or gifts were net tax deductible achartable contributions? 7a X 7a | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | | | | |
| gambling) winnings to prize winners? 1c X 2a Enter the number of employes reported on form W3. Transmittal of Wage and Tax Statements. 1c X 2a If at least one is reported on line 2a, did the organization file all required to deal engrets that and 2b. gives that NS. To work an explanation is Schedulo 0 2b X 3a Dd the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b Df the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account is foreing the organization have an interest in, or a signature or other authority over, a francial accounts (FBAR). 5a X 5a Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that an enormaly greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or otax deductible or otax deductible or otax deductible or approximation include with every solicitation an express statement that such contributions or gifts were not tax deductible or dinker of the quadia transmits on tax state approximation in the during the year? 7a X 7b <t< th=""><th>b</th><td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td><td>1b</td><td>0</td><td></td><td></td><td></td></t<> | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
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| b If "Yes," has it filed a Form 990-T for this year? If "No," to <i>line 3b</i> , provide an explanation in Schedule O 30 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see the as bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country: ▶ 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization and party to a prohibited tas shelter transaction? 5a X 5b X 5b X 6b D dary taxable party notify the organization file Form 8868-17 5a X 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization mick were were solicitation an express statement that such contributions or gifts were not tax deductible explanations and party for goods and services provided to the party or particulation scheder as party cost of the were solicitation an explanation sell, explanatin the explanation sell. 7a X | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | ıs) | | | | |
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| e 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 X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h If the organization meceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n N/A 8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? N/A 8 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 9b 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 13 Section 501(c)(29) qualified nonprofit heatth insurance issuers. | | | 1 | | 7c | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A 8 Sponsoring organizations maintaining donor advised funds. a donor advised fund maintained by the N/A a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a 9 Donosting organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 N/A 10a 9b 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11a 11a 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11b 12a 11b 12a 11b 12a 11b 12a | | | L | | _ | | v |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7n N/A 8 9 Sponsoring organization make access business holdings at any time during the year? 8 8 9 Sponsoring organization make any taxable distributions under section 4966? N/A 9a 9a 9 Did the sponsoring organizations maintaining donor advised funds. N/A 9a 9b 9a 9b 9b 9b 9b 9a 9b 9b 9b 9a 9b 9a 9b 9a 9b 9b 9a 9b 9a 9b 9b 9b 9b 9b 9b 9b 9a 9b 9b 9b 9b 9a 9b | | | | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? N/A 8 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? N/A 13a 13a 13 Section sol (c) reserves the organi | | | | | | N / | |
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| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A. 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: | | | 11h | | | | |
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| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. Is the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Is the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Is the organization is licensed to issue qualified health plans | | | 1 | | 12d | | |
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| Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Comparize the amount of reserves on hand c Enter the amount of reserves on hand Image: Comparize the amount of reserves on hand Image: Comparize the amount of reserves on hand | | | | N/A | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c | - | | | ····· | | | |
| organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand | b | | | | | | |
| c Enter the amount of reserves on hand | - | | 13b | | | | |
| | с | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | • | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | | | | | |

| Form 990 (2 | 2017) |
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| Form | 990 (2017) OneJustice | | 94-2589 | 423 | Pa | age 6 |
|------|---|-------------|------------------------|--------|------|--------------|
| | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough | 7b below, and for a | "No" r | | |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O | . See i | instructions. | | | |
| | 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 | 23 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 23 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | | | | | |
| - | officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | | | | | |
| - | of officers, directors, or trustees, or key employees to a management company or other person? | | - | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| | more members of the governing body? | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | | | |
| - | persons other than the governing body? | | | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by th | e following. | 1.0 | | |
| | The governing body? | | | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | | |
| - | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | | | - | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such cl | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | | | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | y bere | | 114 | | |
| | | | | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y | | | | | |
| Ū | in Schedule O how this was done | | | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | |
| | Other officers or key employees of the organization | | | 15b | - | X |
| ~ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent v | vith a | | | |
| iou | taxable entity during the year? | | | 16a | | Х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | | | 100 | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to organize the organized of the | | - | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 | - (Sect | 100,501(c)(3)s,00(v) = | wailah | le | |
| .0 | for public inspection. Indicate how you made these available. Check all that apply. | 10001 | | . anau | | |
| | X Own website X Another's website X Upon request Other (explain | in Sci | hedule () | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | | , | finan | cial | |
| 13 | statements available to the public during the tax year. | i inii ot (| and policy, and | man | Jai | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oke ar | nd records: | | | |
| 20 | The Organization - (415) 834-0100 | UNS di | | | | |
| | 433 California Street, No. 815, San Francisco, CA | 94 | 104 | | | |
| | | | | | | |

| 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.

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|------------------------------|----------------------|-------------------------------|-----------------|---------|--------------|---------------------------------|-------|---------------------------------|-----------------|--------------------------|
| Name and Title | Average | (do | | Pos | itior | 1 than | 000 | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week | | cer an | id a d | recto | or/trus | itee) | from | from related | other |
| | (list any | ndividual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | ruste | l trustee | | /ee | mpen | | (00-2/1033-10100) | | and related |
| | below | d ual t | Institutional t | L | Key employee | st col | 5 | | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highest compensated employee | Form | | | 0 |
| (1) Jennifer Chaloemtiarana | 3.00 | | | | | | | | | |
| Immediate Past Chair | | X | | Х | | | | 0. | 0. | 0. |
| (2) Mitch Kamin | 2.00 | | | | | | | | | |
| Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (3) Kyuli Oh | 2.00 | | | | | | | | | |
| Vice Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (4) Diego Cartagena | 2.00 | | | | | | | | | |
| Secretary | | X | | х | | | | 0. | 0. | 0. |
| (5) Matthew Werdegar | 2.00 | | | | | | | | | _ |
| Treasurer | | х | | х | | | | 0. | 0. | 0. |
| (6) Maureen P. Alger | 1.00 | | | | | | | | | |
| Board Member | | х | | | | | | 0. | 0. | 0. |
| (7) Ethan Dettmer | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (8) Lisa Dickinson | 1.00 | | | | | | | | | • |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (9) Amelia Hanson | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (10) Rahul Kapoor | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (11) Ellen LaPointe | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (12) David Lash | 1.00 | | | | | | | | | 0 |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (13) Rebecca Justice Lazarus | 1.00 | | | | | | | | | 0 |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (14) Seth D. Levy | 1.00 | | | | | | | | | 0 |
| Board Member | 1 00 | X | | | | | | 0. | 0. | 0. |
| (15) Emma Luevano | 1.00 | x | | | | | | 0. | 0. | 0. |
| Board Member | 1 00 | <u> </u> | | | | | | 0. | 0. | 0. |
| (16) Guillermo Mayer | 1.00 | v | | | | | | 0. | 0. | <u>م</u> |
| Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) Judi McManigal | 1.00 | x | | | | | | 0. | 0. | 0. |
| Board Member | | | | | | | | 0. | 0. | Eorm 990 (2017) |

| Form 990 (2017) OneJustice 94 | | | | | | | | 94-25 | 894 | 123 | Page | э 8 | |
|--|------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---------------------------------|-----------------------|------------|----------|---------------------|----|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | vees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
| (A) | (B) | (C) | | | | | (D) | (E) | | | (F) | | |
| Name and title | Average | (do | | Pos heck | | than o | one | Reportable | Reportable | | Est | imated | |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | | am | ount of | |
| | week | | cer ar | ia a a | recto | or/trus | tee) | from | from related | | | other | |
| | (list any hours for | irecto | | | | | | the | organizations | | | pensatio | 'n |
| | related | e or d | ee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC | <i>i</i>) | | om the | |
| | organizations | rustee | l trus | | ee | npen | | (00-2/1099-00130) | | | • | nizatior related | |
| | below | Individual trustee or director | itiona | | nploy | st co i vee | 5 | | | | | nization | |
| | line) | Indivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | 0 | | |
| (18) Emily Kane Miller | 1.00 | | | | _ | | | | | | | | |
| Board Member | | X | | | | | | 0. | | 0. | | (| 0. |
| (19) Rob Nolan | 1.00 | | | | | | | | | | | | |
| Board Member | | X | | | | | | 0. | | 0. | | (| Ο. |
| (20) Max Ochoa | 1.00 | | | | | | | | | | | | |
| Board Member | | x | | | | | | 0. | | 0. | | (| 0. |
| (21) Trina Ostrander | 1.00 | | | | | | | | | | | | |
| Board Member | | x | | | | | | 0. | | 0. | | (| 0. |
| (22) Toby Rothschild | 1.00 | | | | | | | | | | | | |
| Board Member | | x | | | | | | 0. | | 0. | | (| 0. |
| (23) Eric Zabinski | 1.00 | | | | | | | | | | | | |
| Board Member | | x | | | | | | 0. | | 0. | | (| 0. |
| (24) Julia Wilson | 40.00 | | | | | | | | | \neg | | | |
| Chief Executive Officer | | | | x | | | | 145,621. | | 0. | | (| ο. |
| | | | | | | | | | | \neg | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | \neg | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 145,621. | | 0. | | (| 0. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | (| 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 145,621. | | 0. | | (| 0. |
| 2 Total number of individuals (including but n | | | | | | | no r | eceived more than \$100 | 0,000 of reportable | | | | |
| compensation from the organization | | | | | | , | | | , , | | | | 1 |
| | | | | | | | | | | | | Yes N | lo |
| 3 Did the organization list any former officer, | director, or tru | uste | e, ke | ev en | nplc | vee, | or | highest compensated e | mployee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | - | | | - | • | • | | | | - 1 | 3 | 2 | х |
| 4 For any individual listed on line 1a, is the su | Im of reportab | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | - 1 | 4 | 2 | х |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes," com | - | | | | - | | | - | | [| 5 | 2 | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated ind | depe | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of comp | ensa | ation fr | om | |
| the organization. Report compensation for | | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C |) | |
| Name and business | address | N | ONI | Ξ | | | | Description of s | ervices | Co | omper | sation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| 2 Total number of independent contractors (i | ncluding but p | not li | mite | d to | tho | se lie | | d above) who received m | ore than | | | | |
| \$100,000 of compensation from the organiz | • | | | u 10 | |) | | | | | | | |

| m 99 art \ | | | | | | 94-2589423 Page 9 | | | |
|---------------|-----------|---|-----------------------|----------------------|--|--|--|--|--|
| | • • • • • | Check if Schedule O contains a respon | so or poto to any lin | o in this Part VIII | | | Г | | |
| | | Check in Schedule O Contains a respon | se of flote to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclue from tax und sections 512 - 514 | | |
| | | Federated campaigns 1a | | | | | | | |
| 3 | | Membership dues 1b | | | | | | | |
| Ē | С | Fundraising events 1c | 271,437. | | | | | | |
| 0 | d | Related organizations 1d | | | | | | | |
| | е | Government grants (contributions) 1e | 756,423. | | | | | | |
| | f | All other contributions, gifts, grants, and | | | | | | | |
| | | similar amounts not included above 1f | 1,301,775. | | | | | | |
| 2 | g | Noncash contributions included in lines 1a-1f: \$ | 30,000. | | | | | | |
| 8 | h | Total. Add lines 1a-1f | | 2,329,635. | | | | | |
| | | | Business Code | | | | | | |
| 2 | а | Fee for service | 900099 | 464,341. | 464,341. | | | | |
| . – | | Workshops & conference | | 69,350. | 69,350. | | | | |
| | c | - | | | | | | | |
| 2 | d | | - | | | | | | |
| | | | | | | | | | |
| | e | | _ | | | | | | |
| | | All other program service revenue | | E22 601 | | | | | |
| | | Total. Add lines 2a-2f | | 533,691. | | | | | |
| 3 | | Investment income (including dividends, int | | FFO | | | | | |
| | | other similar amounts) | 🕨 | 552. | | | 55 | | |
| 4 | | Income from investment of tax-exempt bon | d proceeds 🛛 🕨 | | | | | | |
| 5 | | Royalties | ► | | | | | | |
| | | (i) Real | (ii) Personal | | | | | | |
| 6 | а | Gross rents | | | | | | | |
| | b | Less: rental expenses | | | | | | | |
| | | Rental income or (loss) | | | | | | | |
| | | Net rental income or (loss) | | | | | | | |
| 7 | | Gross amount from sales of (i) Securitie | | | | | | | |
| 1 | | assets other than inventory | | | | | | | |
| | h | Less: cost or other basis | | | | | | | |
| | D | | | | | | | | |
| | | and sales expenses | | | | | | | |
| | | Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | | | | | | |
| 8 | а | Gross income from fundraising events (not | | | | | | | |
| | | including \$ 271,437. of | | | | | | | |
| | | contributions reported on line 1c). See | | | | | | | |
| | | Part IV, line 18 | | | | | | | |
| | b | Less: direct expenses | ь 94,331. | | | | | | |
| | С | Net income or (loss) from fundraising event | s 🕨 | 0. | | | | | |
| 9 | а | Gross income from gaming activities. See | | | | | | | |
| | | Part IV, line 19 | а | | | | | | |
| | b | Less: direct expenses | | | | | | | |
| | | Net income or (loss) from gaming activities | | | | | | | |
| 10 | | Gross sales of inventory, less returns | | | | | | | |
| | · | and allowances | a | | | | | | |
| | h | Less: cost of goods sold | | | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | | | |
| | 0 | Miscellaneous Revenue | Business Code | | | | | | |
| 44 | ~ | | | | | | | | |
| 11 | | | - | | | | | | |
| | b | | - | | | | | | |
| | c | | - | | | | | | |
| | | All other revenue | | | | | | | |
| | е | Total. Add lines 11a-11d | 🕨 | | 533,691. | | | | |

OneJustice

| ~ | Check if Schedule O contains a respons | | (B) | (C) | (D) |
|----------|---|------------------------------|-----------------------------|------------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | <u><u> </u></u> | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 157,902. | 80,530. | 31,580. | 45,792 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | 1 525 000 | | 100 660 | 140 250 |
| 7 | Other salaries and wages | 1,535,909. | 1,277,893. | 109,660. | 148,356 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 1 6 0 0 1 5 | 1 4 1 0 0 0 | 10.000 | 10 710 |
| 9 | Other employee benefits | 169,815. | 141,000. | 12,099. | 16,716 |
| 10 | Payroll taxes | 144,030. | 112,249. | 13,343. | 18,438 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | 76,709. | | 76,709. | |
| | 9 | 10,109. | | 70,709. | |
| d | , , , , , , , , , , , , , , , , , , , | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | 224,125. | 190,212. | 2,089. | 31,824 |
| 10 | Advertising and promotion | 4,389. | 2,482. | 520. | 1,387 |
| 12 13 | Office expenses | 72,694. | 45,814. | 4,030. | 22,850 |
| 13 14 | Information technology | /2/0510 | 1370111 | 1,0501 | 22,030 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 222,374. | 106,068. | 101,189. | 15,117 |
| 17 | Traval | 100,283. | 95,593. | 813. | 3,877 |
| 18 | Payments of travel or entertainment expenses | | , | | - , - |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 22,855. | 20,114. | 522. | 2,219 |
| 20 | Interest | | | | <u> </u> |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 457. | | 457. | |
| 23 | Insurance | 12,275. | 8,223. | 2,875. | 1,177 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Training | 40,854. | 38,943. | 331. | 1,580 |
| b | Meals and entertainment | 32,673. | 31,097. | 404. | 1,172 |
| с | Dues and fees | 15,848. | 9,458. | 863. | 5,527 |
| d | Repairs and maintenance | 14,201. | 11,717. | 831. | 1,653 |
| е | All other expenses | 10,108. | 10,024. | 42. | 42 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,857,501. | 2,181,417. | 358,357. | 317,727 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

....

| | | Check if Schedule O contains a response or note | e to ar | y line in this Part X | | | <u></u> |
|---------------|-----|--|--------------------|---------------------------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 698,555. | 1 | 382,852. |
| | 2 | Savings and temporary cash investments | | 652,888. | 2 | 920,119. | |
| | 3 | Pledges and grants receivable, net | | 905,636. | 3 | 941,990. | |
| | 4 | Accounts receivable, net | | | 203,134. | 4 | 201,076. |
| | 5 | Loans and other receivables from current and for | | | | - | |
| | Ŭ | trustees, key employees, and highest compensat | | , , | | | |
| | | | | | | 5 | |
| | 6 | Part II of Schedule L Loans and other receivables from other disqualifi | | | | 5 | |
| Assets | 0 | section 4958(f)(1)), persons described in section | • | · · | | | |
| | | | | - | | | |
| | | employers and sponsoring organizations of section | | | | • | |
| | - | employees' beneficiary organizations (see instr). | | | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | | | |
| | 8 | Inventories for sale or use | | | 45,101. | 8 | 50,066. |
| | 9 | Prepaid expenses and deferred charges | | ····· | 43,101. | 9 | 50,000. |
| | 10a | Land, buildings, and equipment: cost or other | 10- | 16,847. | | | |
| | | basis. Complete Part VI of Schedule D | | 16,771. | 533. | 10 | 76. |
| | | Less: accumulated depreciation | 222. | 10c | 70. | | |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 13 | | |
| | 14 | Intangible assets | | | 5,608. | 14 | 5 609 |
| | 15 | Other assets. See Part IV, line 11 | | | 2,511,455. | 15 | 5,608. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 172,879. | 16 | 2,501,787. 224,625. |
| | 17 | Accounts payable and accrued expenses | | | 1/2,0/9. | 17 | 224,023. |
| | 18 | Grants payable | 76,761. | 18 | 8,970. | | |
| | 19 | Deferred revenue | | | 70,701. | 19 | 0,970. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete P | | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former | | | | | |
| billid | | key employees, highest compensated employees | | · · · | | | |
| Lial | | Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelat | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | 17-24 | . Complete Part X of | | 05 | |
| | | Schedule D | | | 249,640. | 25 | 233,595. |
| | 26 | | | · · · · · · · · · · · · · · · · · · · | 249,040. | 26 | 233,393. |
| | | Organizations that follow SFAS 117 (ASC 958) | | K nere 🕨 🖾 and | | | |
| ces | 07 | complete lines 27 through 29, and lines 33 and | | | 645,721. | 07 | 638,013. |
| lan | 27 | Unrestricted net assets | | | 1,616,094. | 27 28 | 1,630,179. |
| Ba | 28 | Temporarily restricted net assets | | | 1,010,094. | 28 29 | 1,050,175. |
| Fund Balances | 29 | | |)) ahaak hara 🔊 🗌 | | 29 | |
| | | Organizations that do not follow SFAS 117 (AS | s), check here 🕨 🗔 | | | | |
| 0 0 | ~ | and complete lines 30 through 34. | | | | 20 | |
| Net Assets or | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| t As | 31 | Paid-in or capital surplus, or land, building, or equ | | | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated inc | | | 2,261,815. | 32 | 2,268,192. |
| - | 33 | Total net assets or fund balances | | | 2,201,815. | 33 34 | 2,501,787. |
| | 34 | Total liabilities and net assets/fund balances | 4,511,455. | 34 | Form 990 (2017) | | |

Form **990** (2017)

| Form 990 (| | | OneJustice |
|------------|-----|------------|------------|
| Part X | Bal | ance Sheet | |

| Form | 1 990 (2017) OneJustice | 94-258 | 39423 | Pag | ge 12 |
|------|--|------------|--------------|------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,863 | <u>3,8</u> | 78. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,857 | 7,5 | 01. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 77. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,261 | L,8 | 15. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 2,268 | 3,1 | 92. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3 b | | |

Form **990** (2017)

| SCHEDULE A | |
|------------|--|
|------------|--|

Department of the Treasury nal Rev

| (1 | Form | 990 | or | 990- | FZ |
|----|------|-----|-----|------|----|
| v | | 330 | UI. | 330- | |

e Service

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.

| OMB No. 1545-0047 |
|------------------------------|
| 2017 |
| Open to Public Inspection |
| |

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| interne | | | Go to www.irs.gov | /Form990 for instruction | ons and th | ne latest i | nformation. | | Inspection | |
|---------|--------|---|-------------------------|--|-------------------------------------|---------------------------------|-----------------|---------------|---------------------------------|--|
| Nam | e of t | he organization OneJ | ustice | | | | | | identification number 4-2589423 | |
| Pa | rt I | Reason for Public | | All organizations must co | mplete th | is part.) Se | e instruction | | | |
| The | organ | ization is not a private found | | | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches described | d in sectio | n 170(b)(1 | I)(A)(i). | | | |
| 2 | | A school described in sect | | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or operat | ted by a g | overnmental | unit describ | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 7 | X | 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). (C | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Parl | t II.) | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | /, and state o | f the colleg | e or | |
| | | university: | | | | | | | | |
| 10 | | An organization that norma | Illy receives: (1) more | than 33 1/3% of its sup | port from | contributi | ons, member | ship fees, a | nd gross receipts from | |
| | | activities related to its exen | npt functions - subjec | ct to certain exceptions, | and (2) no | o more tha | n 33 1/3% of | its support | from gross investment | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | om busine | sses acqu | iired by the o | rganization | after June 30, 1975. | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 | | An organization organized a | and operated exclusion | ively to test for public sa | fety. See | section 50 |)9(a)(4). | | | |
| 12 | | An organization organized a | and operated exclusion | ively for the benefit of, to | perform | the functio | ons of, or to c | arry out the | purposes of one or | |
| | | more publicly supported or | | | | | | | Check the box in | |
| | _ | lines 12a through 12d that | | | | | | | | |
| а | | Type I. A supporting orga | - | - | • | | | •••••• | | |
| | | the supported organization | | • • • • | a majority o | of the dire | ctors or trust | ees of the s | upporting | |
| | | organization. You must o | - | | | | | | | |
| b | | Type II. A supporting org | - | | | | - | | - | |
| | | control or management o organization(s). You mus | | | ame perso | ons that co | ontroi or mana | age the sup | ported | |
| с | | Type III functionally inte | | | in connoc | tion with | and functions | lly intograt | od with | |
| C | L | its supported organizatio | | | | | | iny integrate | su with, | |
| d | | Type III non-functionally | | | | | | rted organi | zation(s) | |
| | | that is not functionally int | | • • • | | | | - | | |
| | | requirement (see instruct | | | • | | - | | | |
| е | | Check this box if the orga | , | • | | | | II, Type III | | |
| | | functionally integrated, or | | | | | | | | |
| f | Ente | er the number of supported of | organizations | | | | | | | |
| g | | vide the following information | n about the supporte | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (IV) IS the orga in your governi | nization listed ng document? | (v) Amount o | • | (vi) Amount of other | |
| | | organization | | above (see instructions)) | Yes | No | support (see ii | istructions) | support (see instructions) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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| Tota | I | | | | | | | | | |

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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.") | 860,175. | 1,070,373. | 1,279,791. | 3,013,433. | 3,298,340. | 9,522,112. |
| 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 | 860,175. | 1,070,373. | 1,279,791. | 3,013,433. | 3,298,340. | 9,522,112. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 985,750. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 8,536,362. |
| | ction B. Total Support | | I | I | | | , , |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | 860,175. | 1,070,373. | 1,279,791. | 3,013,433. | 3,298,340. | 9,522,112. |
| | Gross income from interest, | | | | · · | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 707. | 534. | 300. | 329. | 552. | 2,422. |
| 9 | Net income from unrelated business | | | | | | |
| - | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 1,321. | 2,482. | 2,482. | 16,443. | | 22,728. |
| 11 | Total support. Add lines 7 through 10 | | - | , - | - , - | | 9,547,262. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 3 | ,726,626. |
| | First five years. If the Form 990 is for | • | , | | | | , |
| | organization, check this box and stor | | | ., | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2017 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 89.41 % |
| | Public support percentage from 2016 | | | | | 15 | 80.73 % |
| | 33 1/3% support test - 2017. If the o | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ►X |
| b | 33 1/3% support test - 2016. If the o | organization did no | t check a box on li | | | | is box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | - | | • | | . — |
| b | 10% -facts-and-circumstances tes | - | | • • • • | | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the "facts-and-circ | | | | • • | | |
| 18 | Private foundation. If the organization | | | | | | s • |
| | | | | ,,,, | , | | F |

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

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

| Se | 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.") | | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | | |
| 3 | 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 | | | | | | | l | _ |
| 5 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | ļ | _ |
| 6 | Total. Add lines 1 through 5 | | | | | | | ļ | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | | |
| | 3 received from disqualified persons | | | | | | | | |
| k | 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 | | | | | | | | |
| C | Add lines 7a and 7b | | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| | ction B. Total Support | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (| e) 2017 | (f) Total | |
| 9 | Amounts from line 6 | | | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | | |
| k | Unrelated business taxable income | | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | |
| Ċ | Add lines 10a and 10b | | | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | | | - |
| 40 | assets (Explain in Part VI.) | | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | ()(2) | L | _ |
| 14 | First five years. If the Form 990 is for | • | | | | | | · | |
| 0 | check this box and stop here | - 0 | | | | | | <u></u> | _ |
| | ction C. Computation of Publi | | | | | | | | _ |
| | Public support percentage for 2017 (l | | | column (f)) | | 15 | | 9 | - |
| | Public support percentage from 2016 | | | | | 16 | | 9 | 6 |
| Se | ction D. Computation of Inves | stment Incom | ne Percentage | | | | | | |
| 17 | Investment income percentage for 20 | 17 (line 10c, colu- | mn (f) divided by li | ne 13, column (f)) | | 17 | | 9 | 6 |
| 18 | Investment income percentage from 2 | 2016 Schedule A, | Part III, line 17 | | | 18 | | 9 | 6 |
| 19 a | a 33 1/3% support tests - 2017. If the | organization did i | not check the box | on line 14, and lin | e 15 is more than | 33 1/39 | %, and line 1 | 7 is not | |
| | more than 33 1/3%, check this box ar | nd stop here. The | e organization qua | lifies as a publicly | supported organiz | zation | | ► | J |
| k | 33 1/3% support tests - 2016. If the | | | | | | an 33 1/3%, | and | |
| | line 18 is not more than 33 1/3%, che | | | | | | | | |
| 20 | Private foundation. If the organization | | | | | | | | |
| - | | | · · · · · | | | | | | - |

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

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

| | Yes | No |
|-----|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
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| 3a | | |
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| 3b | | |
| | | |
| 3c | | |
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| 4a | | |
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| 4b | | |
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| 4c | | |
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| 5a | | |
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| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| | | |
| 9c | | |
| | | |
| 10a | | |
| 10b | | |

| | | | Yes | No |
|-----|--|----------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi | truction | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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Part V

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain in | Part VI.) See instructions. Al |
|------|---|------------|----------------------------|--------------------------------|
| | other Type III non-functionally integrated supporting organizations must co | mplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 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 | | |
| Sect | ion 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 | v integrat | ted Type III supporting or | nanization (see |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|------|--|-------------------------------|--|---|
| Sect | ion D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| C | From 2014 | | | |
| d | From 2015 | | | |
| e | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| - | Applied to 2017 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| e | Excess from 2017 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 OneJustice

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. | | | | |
|---------|--|--|--|--|--|
| | (See instructions.) | | | | |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

ZU1 Open to Public Inspection

OMB No. 1545-0047

e

Department of the Treasury Internal Revenue Service

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

| Section 501(c)(4), (5), | or (6) organizations: Complete Part III. |
|---|--|
| Norma of argonization | |

| Nan | ne of organization | Emple | oyer identification number | | |
|------------|--|--|----------------------------|---|--|
| | OneJust | | 94-2589423 | | |
| Pa | art I-A Complete if the or | ganization is exempt unde | r section 501(c) c | or is a section 527 or | rganization. |
| 2 3 | Volunteer hours for political campa | itures aign activities | | ►\$ | |
| | | ganization is exempt unde | | | |
| 1 | Enter the amount of any excise tax | incurred by the organization under | r section 4955 | ▶\$ | |
| | Enter the amount of any excise tax | | | | |
| | If the organization incurred a section | | | | |
| 4 a | a Was a correction made? | | | | Ves 📖 No |
| | If "Yes," describe in Part IV. | | 504 (-) | | - 1/0) |
| | - | ganization is exempt unde | | | |
| 1 | Enter the amount directly expende | | | | |
| 2 | | nization's funds contributed to othe | 0 | N . | |
| - | | | | ▶\$ | |
| 3 | Total exempt function expenditure | | | | |
| | | | | | |
| _ | Did the filing organization file Form | | | | |
| 5 | | mployer identification number (EIN) ation listed, enter the amount paid t | - | - | |
| | | romptly and directly delivered to a s | | | - |
| | | additional space is needed, provid | | , 1 | to bogrogatou fand of a |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | (0) | filing organization's funds. If none, enter -0 | contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |

| Schedule C (Form 990 or 990-EZ) 2017 OneJu | | | 589423 Page 2 |
|--|---|---|--------------------------------|
| Part II-A Complete if the organizati section 501(h)). | on is exempt under section 501(c)(3) and fil | led Form 5768 (el | ection under |
| A Check if the filing organization belor | ngs to an affiliated group (and list in Part IV each affiliated | l group member's nam | e, address, EIN, |
| expenses, and share of exce | | | |
| B Check > if the filing organization chec | ked box A and "limited control" provisions apply. | | |
| Limits on Lob | bying Expenditures neans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence pul | olic opinion (grass roots lobbying) | 1,668. | |
| b Total lobbying expenditures to influence a le | gislative body (direct lobbying) | 19,532. | |
| c Total lobbying expenditures (add lines 1a ar | nd 1b) | 21,200. | |
| | | 2,836,301. | |
| e Total exempt purpose expenditures (add lin | es 1c and 1d) | 2,857,501. | |
| f Lobbying nontaxable amount. Enter the amount | | 292,875. | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| | | | |
| g Grassroots nontaxable amount (enter 25% of | of line 1f) | 73,219. | |
| h Subtract line 1g from line 1a. If zero or less, | enter -0- | 0. | |
| i Subtract line 1f from line 1c. If zero or less, | enter -0- | 0. | |
| j If there is an amount other than zero on eith | er line 1h or line 1i, did the organization file Form 4720 | | |
| reporting section 4911 tax for this year? | | | Yes No |
| | 4-Year Averaging Period Under section 501(h) | | |
| | a section 501(h) election do not have to complete all | of the five columns b | elow. |
| Se | e the separate instructions for lines 2a through 2f.) | | |
| Lob | bying Expenditures During 4-Year Averaging Period | | |
| | | | |

| (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | |
|-----------------|-----------------|--------------------------------|--|--|
| | | | (4) 2017 | (e) Total |
| 239,461. | 253,527. | 268,000. | 292,875. | 1,053,863. |
| | | | | 1,580,795. |
| 450. | 5,060. | 19,831. | 21,200. | 46,541. |
| 59,865. | 63,382. | 67,000. | 73,219. | 263,466. |
| | | | | 395,199. |
| 161. | 4,206. | 7,916. | 1,668. | 13,951. |
| | 450. 59,865. | 450. 5,060. 59,865. 63,382. | 450. 5,060. 19,831. 59,865. 63,382. 67,000. | 450. 5,060. 19,831. 21,200. 59,865. 63,382. 67,000. 73,219. |

Schedule C (Form 990 or 990-EZ) 2017

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 e | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (k |) |
|--------|---|------------------|--------------|------------|----------|
| of the | e lobbying activity. | Yes | No | Amo | ount |
| 1 a | 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: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section | 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? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | ne 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2 b | | |
| с | 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 | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| | t IV Supplemental Information | | | | |
| Provi | de 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 II-/ | A, 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.



Name of the organization

OneJustice

Employer identification number 94-2589423

| Ра | art I Organizations Maintainir | ig Donor Advised F | unds or Other Similar Fund | ds or Account | ts.Complete if the | | |
|--------|--|---|---------------------------------------|------------------------|--------------------------------|--|--|
| | organization answered "Yes" on | Form 990, Part IV, line 6. | | | | | |
| | | | (a) Donor advised funds | (b) Funds | and other accounts | | |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate value of contributions to (dur | ing year) | | | | | |
| 3 | Aggregate value of grants from (during y | /ear) | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors ar | nd donor advisors in writir | ng that the assets held in donor adv | ised funds/ | | | |
| | are the organization's property, subject | | | | Yes No | | |
| 6 | Did the organization inform all grantees, | donors, and donor advise | ors in writing that grant funds can b | be used only | | | |
| | for charitable purposes and not for the b | penefit of the donor or do | nor advisor, or for any other purpos | e conferring | | | |
| | impermissible private benefit? | | | | | | |
| Pa | art II Conservation Easements | Complete if the organiz | ation answered "Yes" on Form 990 | , Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements h | held by the organization (| | | | | |
| | Preservation of land for public use | e (e.g., recreation or educa | ation) | storically importar | nt land area | | |
| | Protection of natural habitat | | Preservation of a ce | ertified historic stru | ucture | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the orga | inization held a qualified o | conservation contribution in the for | | | | |
| | day of the tax year. | | | | eld at the End of the Tax Year | | |
| а | Total number of conservation easement | s | | 2a | | | |
| b | Total acreage restricted by conservation | easements | | 2b | | | |
| С | Number of conservation easements on a | | | | | | |
| d | | | | cture | | | |
| | listed in the National Register | | | 2d | | | |
| 3 | Number of conservation easements mo | dified, transferred, release | ed, extinguished, or terminated by t | he organization d | uring the tax | | |
| | year ► | | | | | | |
| 4 | Number of states where property subject | | | _ | | | |
| 5 | Does the organization have a written po | | | of | | | |
| | violations, and enforcement of the cons | | | | Yes 📖 No | | |
| 6 | Staff and volunteer hours devoted to me | onitoring, inspecting, han | dling of violations, and enforcing co | nservation easem | nents during the year | | |
| | ► | | | | | | |
| 7 | | ing, inspecting, handling | of violations, and enforcing conser | vation easements | during the year | | |
| - | ►\$ | | | | | | |
| 8 | Does each conservation easement repo | | | | | | |
| | and section 170(h)(4)(B)(ii)? | | | | Yes II No | | |
| 9 | In Part XIII, describe how the organization | | | | | | |
| | include, if applicable, the text of the foot | note to the organization's | s financial statements that describe | es the organization | n's accounting for | | |
| Da | conservation easements. art III Organizations Maintainir | a Collections of Ar | t, Historical Treasures, or | Othor Similar | Accoto | | |
| Га | Complete if the organization ans | - | | Other Similar | A35615. | | |
| | | | | | | | |
| 1a | If the organization elected, as permitted | | | | | | |
| | historical treasures, or other similar asse | - | | rance of public se | ervice, provide, in Part XIII, | | |
| | the text of the footnote to its financial st | | | | | | |
| b | If the organization elected, as permitted | • | ·· · | | | | |
| | treasures, or other similar assets held fo | r public exhibition, educa | tion, or research in furtherance of p | oublic service, pro | vide the following amounts | | |
| | relating to these items: | +) / | | ▶ ★ | | | |
| | (i) Revenue included on Form 990, Par | | | | | | |
| ~ | (ii) Assets included in Form 990, Part X | | | | | | |
| 2 | If the organization received or held work | | | ciai gain, provide | | | |
| | the following amounts required to be rep | | | ▶ ★ | | | |
| a L | | I, III I | | * *_ | | | |
| D | Assets included in Form 990, Part X | | | ► S | | | |

| <u></u> | - | |
|------------|------------|------|
| Schedule D | (Form 990) | 2017 |

| Sche | dule D (Form 990) 2017 OneJust: | ice | | | | | | 94-25 | 89423 | 3 Ра | age 2 |
|------|---|-------------------------------------|----------------------|----------------------------|----------------|-------------|-------------------------|-------------|-------------------|---------|--------------|
| Pa | t III Organizations Maintaining C | ollections of A | rt, His [.] | torical Tre | easures, | or Othe | er Simila | ar Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | ds, chec | k any of the | following that | at are a s | ignificant | use of its | collection | n item | s |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | Loan or excl | hange progr | ams | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further th | ne organizat | ion's exe | mpt purpo | ose in Par | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, hi | storical trea | sures, or oth | er simila | r assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | aintained as part of t | the orga | nization's co | llection? | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arran | gements. Comple | ete if the | organizatio | n answered | "Yes" on | Form 990 |), Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for | contribution | s or other as | ssets not | included | | - | | - |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing | table: | | | | | | | |
| | | | | | | | | | Amount | | |
| с | Beginning balance | | | | | | . 1c | | | | |
| d | Additions during the year | | | | | | . 1d | | | | |
| е | Distributions during the year | | | | | | . 1e | | | | |
| f | Ending balance | | | | | | . 1 f | | | | 1 |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for | escrow or cu | ustodial acco | ount liabil | lity? | ∟ | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete it | | | | | | | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | e (line 1 | g, column (a | l)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Temporarily restricted endowment | % | | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation tha | at are held a | nd administe | ered for t | he organiz | zation | г | | |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| | t VI Land, Buildings, and Equipm | | owment | funds. | | | | | | | |
| Fai | | | | / line 11e . C | | | line 10 | | | | |
| | Complete if the organization answered | | | | | | | | (-1) D1 | | |
| | Description of property | (a) Cost or o basis (investr | | (b) Cost basis (| | | ccumulate preciation | a | (d) Bool | (value |) |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| с | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 1 | 6,847. | | 16,7 | 71. | | | 76. |
| | Other | | | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colur | nn (B), line 1 | 0c.) | | | | | | 76. |

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

I otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. 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 X

| Sche | edule D (Form 990) 2017 OneJustice | | | 94- | 2589423 Page 4 |
|--|---|--|----------------|--------------|---|
| Pa | t XI Reconciliation of Revenue per Audited Financial State | ements With | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,899,133. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 35,255. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 35,255. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,863,878. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | | | 5 | 2,863,878. |
| | | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stat | | I Expenses per | Retu | ırn. |
| Pa | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| Pa 1 | | 12a. | | Retu | ırn. 2,892,756. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 12a. | | | |
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements | 12a. | | | |
| 1 2 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 12a. 2 a | | | |
| 1 2 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 12a. 2a 2b | | | |
| 1 2 a b | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 12a. | | | 2,892,756. |
| 1 2 a b c | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 12a. 2a 2b 2c 2d | 35,255. | | 2,892,756. |
| 1 2 a b c | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 12a. 2a 2b 2c 2d | 35,255. | 1 | 2,892,756. |
| 1 2 b c d e | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 12a. 2a 2b 2c 2d | 35,255. | 1 2e | 2,892,756. |
| 1 2 b c d e 3 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 12a. 2a 2b 2c 2d | 35,255. | 1 2e | 2,892,756. |
| 1 2 b c d 3 4 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 12a. 2a 2b 2c 2d 4a | 35,255. | 1 2e | 2,892,756. 35,255. 2,857,501. |
| 1 2 a b c d e 3 4 a | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b | 12a. 2a 2b 2c 2d 2d 4a 4b | 35,255. | 1 2e | 2,892,756. 35,255. 2,857,501. 0. |
| 1 2 d 6 3 4 b 5 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) | 12a. 2a 2b 2c 2d 2d 4a 4b | 35,255. | 1 2e 3 | 2,892,756. 35,255. 2,857,501. |

Provide 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, line 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 additional information.

Part X, Line 2:

OneJustice is exempt from taxation under Internal Revenue Code Section

501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure

guidance about positions taken by an organization in its tax returns that

might be uncertain. Management has considered its tax positions and

believes that all of the positions taken by OneJustice in its federal and

state exempt organization tax returns are more likely than not to be

sustained upon examination. OneJustice's returns are subject to

examination by federal and state taxing authorities, generally for three

and four years, respectively, after they are filed.

| Part XIII Supplemental Information (| continued) |
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| SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Complete if the | e organization answered "Yes" or organization answered "Yes" or organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990 | n Form 15,000 0 or Fo | 990, F on Fo rm 99 | Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ. | | the | OMB No. 1545-0047 |
|---|---|---|---|--|---|--|---------------------|---|
| Name of the organization | | | | c lute | | - | - | entification number |
| Part I Fundrais | OneJust ing Activities | LCE Complete if the organization answ | ered "\ | es" o | n Form 990, Part IV. | | – 2589 rm 990-E2 | |
| required to | complete this par | t | | | | | | |
| a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees listed | ions email solicitations ations licitations n have a written o ed in Form 990, P highest paid indiv | f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs | ation of ation of I fundra I (inclu profess | non-g gover aising ding o sional 1 | overnment grants nment grants events fficers, directors, tru undraising services? | stees, or | Yes iser is to l | |
| (i) Name and address or entity (fund | | (ii) Activity | fùnd have c or cor | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | (v) Amou to (or reta fundr listed in | ained by) aiser | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| Total | | | | . 🕨 | | | | |
| 3 List all states in white or licensing. | ch the organizatic | n is registered or licensed to solicit | contrik | oution | s or has been notified | d it is exen | npt from r | egistration |
| | | | | | | | | |
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 Schedule G (Form 990 or 990-EZ) 2017 OneJustice
 94-2589423 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | _ | of fundraising event contributions and gr | oss income on Form 990 |)-EZ, lines 1 and 6b. List | events with gross receip | ots greater than \$5,000. |
|-----------------|--------|---|----------------------------|-----------------------------|--------------------------|------------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Opening | | None | (add col. (a) through |
| | | | Doors to Jus | | (4 - 4 - 1 | col. (c)) |
| ne | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 365,768. | | | 365,768. |
| ш | 2 | Less: Contributions | 271,437. | | | 271,437. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 94,331. | | | 94,331. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | | | | | | |
| pen | 6 | Rent/facility costs | | | | |
| EX | | | | | | |
| ect | 7 | Food and beverages | | | | |
| Dir | | | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 94,331. | | | 94,331. |
| | 10 | Direct expense summary. Add lines 4 throug | h 9 in column (d) | | ► | 94,331. |
| _ | 11 | Net income summary. Subtract line 10 from I | | | | 0. |
| Pa | irt | | answered "Yes" on Form | n 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | - | |
| e | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | | bingo/progressive bingo | | col. (a) through col. (c)) |
| Rev | | | | | | |
| _ | 1 | Gross revenue | | | | |
| | | | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | | | | | | |
| :xpe | 3 | Noncash prizes | | | | |
| сt Е | | | | | | |
| Dire | 4 | Rent/facility costs | | | | |
| | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | ► | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | ► | |
| | | | | | | |
| | | ter the state(s) in which the organization cond | | | | |
| а | ls f | the organization licensed to conduct gaming a | ctivities in each of these | states? | | Yes No |
| b | If " | No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses r | evoked, suspended, or to | erminated during the tax | year? | Yes No |
| b |) If " | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |

| Sch | nedule G (Form 990 or 990-EZ) 2017 OneJustice 94 | -258 | 9423 | Page 3 |
|-----|--|--------------|----------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | No No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | 13a | | % |
| | a no otside facility | | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | · | /0 |
| 14 | | | | |
| | Address ► | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | |] Yes | 🗌 No |
| ł | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party \triangleright \$ | | | |
| | c If "Yes," enter name and address of the third party: | | | |
| | s in res, entername and address of the tillio party. | | | |
| | Name | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation 🕨 \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 47 | Mandatory distributions: | | | |
| 17 | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | | | Vec | |
| | | | 103 | |
| Ľ | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th | е | | |
| D | organization's own exempt activities during the tax year s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I | | | |
| FC | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | II, III es e | 9, 9D, 1 | UD, 15D, |
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| Part IV | Supplemental Information (continued) | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection Employer identification number

Name of the organization

| OneJ | ustice |
|------|--------|
| | |

| | OneJustice | | | | | 94-2 | 589 | 423 | |
|-----|--|--------------------------------------|--|---|-----------|--|-----|-----|----|
| Pa | rt I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | | (d) Method of de noncash contribu | | • | :s |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other ► (Flight vouche) | Х | 1 | 30,000 |). | | | | |
| 26 | Other ► () | | | | | | | | |
| 27 | Other ► () | | | | | | | | |
| 28 | Other ► (| | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation during | g the tax year for o | contributions | | | | | |
| | for which the organization completed Form 82 | 83, Part IV, I | Donee Acknowled | gement 29 | | | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | on any property re | ported in Part I, lines 1 th | ough 28 | 3, that it | | | |
| | must hold for at least three years from the date | e of the initia | al contribution, and | d which isn't required to b | e used t | or | | | |
| | exempt purposes for the entire holding period | ? | | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard cont | ributions | \$? | 31 | | X |
| 32a | Does the organization hire or use third parties | or related or | rganizations to sol | cit, process, or sell nonca | ash | | | | |
| | contributions? | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for which column (a) is a | checked | · , | | | |
| | describe in Part II. | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The number of contributions reported is based on the number of donors.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service



94-2589423

OneJustice

Form 990, Part III, Line 4a, Program Service Accomplishments: leadership and management, with 28 Fellows graduating in June 2018. OneJustice also continued to coordinate the annual Northern California Public Interest/Public Sector Careers Day, one of the largest public interest and government career fairs in the nation. The 2018 Careers Day was attended by 129 employers and more than 450 law students.

Two new projects were added to the Healthy Nonprofits Program's portfolio in FY1718. The first, called the Organizational Change Accelerators, is a capacity-building fellowship program that provides training and coaching in three specific content areas that are critical to increasing the efficiency and effectiveness of legal services organizations: Research and Evaluation, Pro Bono, and Innovation. During FY1718, curricula was developed in each content area, and stakeholder presence and interest was mapped in California's East Bay and beyond. The second new project is called the Capacity Building Academy, which aims to increase the capacity of legal services organizations serving rural immigrant communities through an online training program. Key goals include increasing nonprofit management capacity of the participating organizations, increasing skills in pro bono management and design, and ensuring that the participating organizations have access to pro bono transactional legal services on issues related to nonprofit management. In FY1718, we began designing infrastructure for this online program, developed curricula, and created a plan for recruiting legal services organizations.

| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 | | |
|---|---|--|--|
| Name of the organization OneJustice | Employer identification number 94-2589423 | | |
| Form 990, Part III, Line 4b, Program Service Accomplishments: | | | |
| Managers groups. OneJustice's award-winning Justice Bus Project engaged | | | |
| over 715 volunteers to deliver 51 mobile legal clinics, serving | | | |
| low-income people in rural and isolated areas of the state. The Bay | | | |
| Area and Los Angeles Association of Pro Bono Counsel (APBCo) IMPACT | | | |
| Projects engaged over 260 pro bono volunteers to deliver 27 free legal | | | |
| clinics in isolated communities in the San Francisco Bay Area and south | | | |
| Los Angeles. These Justice Bus Project and IMPACT legal clinics | | | |
| primarily assisted low-income Californians with immigration, criminal | | | |
| record clearance services, and estate planning legal assistance. | | | |
| OneJustice also continued its work in the collaborative "California Pro | | | |
| Bono Training Institute" project to develop 58 new training video | | | |
| modules, which were used by over 2,080 new registrants, who were | | | |
| preparing to participate in pro bono opportunities. | | | |

In FY1718, the Pro Bono Justice team undertook consulting projects with the City of San Jose and in Marin County in order to share knowledge of best practices in pro bono systems design and management. By focusing on building pro bono networks across multiple legal services organizations in a geographic area, more comprehensive coverage that is responsive to community needs can result. In addition, in Northern California, the Pro Bono Justice team worked to expand access to criminal record clearance services for immigrants in order to decrease risk of deportation, deepened relationships with community partners serving immigrants, and remained responsive to community needs when immigration policy changed. In Southern California, OneJustice staff serve as lead on the Los Angeles Raids Rapid Response Network legal committee and volunteer coordinator, and support the Los Angeles Pro 72212 08-07-17

| Name of the organization | Employer identification number |
|--|--------------------------------|
| OneJustice | 94-2589423 |
| | |
| Bono Removal Defense Collaborative, which includes sys | stems building in |

Form 990, Part VI, Section B, line 11b:

OneJustice's Form 990 is reviewed by the organization's governing body before it is filed. The process is as follows: OneJustice's Audit Committee reviews the Form 990 with the CEO. After approval by the Audit Committee for submission, the Form 990 is distributed via email to the entire Board of Directors for Board members to raise any questions or concerns. The Form is then submitted.

Form 990, Part VI, Section B, Line 12c:

OneJustice's conflict of interest policy requires Board members and key employees to disclose, on an annual basis, any interests that could rise to conflicts. Board members and key employees are given a disclosure form each year that asks them to disclose any conflicts, as defined by the policy. The policy also requires any Director who is affiliated with a prospective vendor, paid consultant, or grantee to abstain from voting with regard to any transaction with financial consequences to OneJustice involved that person or entity and, after disclosing his or her interest, to leave the room during discussion and while the vote is taken. At Board meetings, the Chair routinely reminds Board members about the policy and the conflicts requirement before any votes are taken involving transactions with financial consequences to OneJustice the Board's actions were in compliance with the policy when any such votes are taken.

Form 990, Part VI, Section B, Line 15a:

| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 | | | |
|---|---|--|--|--|
| Name of the organization OneJustice | Employer identification number $94 - 2589423$ | | | |
| The OneJustice Board delegated to the Executive Committee the review of | | | | |
| executive compensation. The Executive Committee consists | of the Chair, Vice | | | |
| Chair, Immediate Past Chair, and Secretary of the Board, | all of whom are | | | |
| independent persons. The CEO was not involved in the comp | ensation review | | | |
| and approval process. In June 2017, the Committee reviewe | d comparable | | | |
| executive compensation packages in the broader nonprofit | sector, as well as | | | |
| the legal services nonprofit sector more specifically. At | that time, the | | | |
| Committee reviewed comparability data from several source | s, including but | | | |
| not limited to: the OneJustice salary scale approved by t | he Board of | | | |
| Directors for use starting April 2016, the 2016 Legal Aid | Compensation | | | |
| Survey Report, and the 2018 Northern California Fair Pay | Nonprofit | | | |
| Compensation report. | | | | |

Form 990, Part VI, Section C, Line 19:

OneJustice provides the financial information from its annual audit and the Form 990 to the public online at www.onejustice.org. OneJustice also states on the website that it will share the conflict of interest policy, whistleblower policy, audit and Form 990 directly with anyone who submits an email request for the documents. OneJustice also provides its Form 990, audit, and financial information to GuideStar; OneJustice has also earned the Gold GuideStar Exchange Seal in recognition of its commitment to transparency.