efile Public Visual Render ObjectId: 202402279349300345 - Submission: 2024-08-14 TIN: 72-1597864 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Inspection

Internal	Revenue Service					
A F	or the 2022 c	alendar year, or tax year beginning 10-01-2022 , and ending 09-3	30-2023			
O Add	ck if applicable: dress change me change	C Name of organization JUSTICE IN MOTION INC		D Employe 72-1597		fication number
_	tial return al return/terminated	Doing business as				
_	ai return/terminated nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite	E Telephone	number	
	plication pending	PO BOX 160128		(646) 35	51-1160	ı
_		City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11216		G Gross red	eipts \$ 4	,247,962
		F Name and address of principal officer:	H(a) Is thi	s a group ret	urn for	
		CATHLEEN CARON PO BOX 160128		dinates?		☐Yes ✓No
		BROOKLYN, NY 11216	H(b) Are a include	ll subordinate led?	€S	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527	If "No	," attach a li		
J W	ebsite:▶ JUS	TICEINMOTION.ORG	H(c) Group	exemption	number	•
K Forn	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation: 2005	M State	of legal domicile: NY
Pa	art I Sum	mary	1	l		
	1 Briefly des	cribe the organization's mission or most significant activities:				
9	PROTECT	MIGRANT RIGHTS BY ENSURING JUSTICE ACROSS BORDERS.				
aŭ						
E E						
Governance	2 Check thi				۱.	l
.es		of voting members of the governing body (Part VI, line 1a)			3	15
Activities &		of independent voting members of the governing body (Part VI, line 1b)		•	4	15
Ě		nber of individuals employed in calendar year 2022 (Part V, line 2a)		•	5	0
E C		nber of volunteers (estimate if necessary)		•	6	16
٩		elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11	· · · ·		7b	0
			Pri	or Year		Current Year
2		ions and grants (Part VIII, line 1h)		3,689,10	_	4,015,407
Revenue	_	service revenue (Part VIII, line 2g)		45,0		55,784
ã		nt income (Part VIII, column (A), lines 3, 4, and 7d)		28,40	_	169,845
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,3		6,926
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,774,9	_	4,247,962
		nd similar amounts paid (Part IX, column (A), lines 1–3)			0	0
		paid to or for members (Part IX, column (A), line 4)			0	0
88		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,565,0	_	1,693,868
eg:		nal fundraising fees (Part IX, column (A), line 11e)		93,50	00	132,000
Expenses		aising expenses (Part IX, column (D), line 25) ▶364,163				
ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		992,2	-	1,113,178
	_	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,650,83	31	2,939,046
	19 Revenue	less expenses. Subtract line 18 from line 12		1,124,1	_	1,308,916
Net Assets or Fund Balances			Beginning	of Current Ye	ar	End of Year
set	20 Total asse	ets (Part X, line 16)		4,828,9	78	6,214,122
d B		ilities (Part X, line 26)		120,2	_	163,070
S E		s or fund balances. Subtract line 21 from line 20		4,708,74	_	6,051,052
		· · · · · · · · · · · · · · · · · · ·		711		-,,

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	gnature of officer				Date	
	THLEEN CARON EXECUTIVE DIRE	ECTOR				
Тур	pe or print name and title					
	Print/Type preparer's name	Preparer's sign	ature	Date 2024-08-05	Check if	PTIN P01269549
b				2024-08-03	self-employed	
parer	Firm's name WEGNER CP	AS LLP			Firm's EIN 🕨 3	39-0974031
Only	Firm's address > 230 PARK AV	/E FL 3			Phone no. (212	2) 551-1724
	NEW YORK,	NY 101690005				
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			Page 2			
			. 490 =			
` '						Page
rt III St a	atement of Program Se	ervice Accomplishm	ents			
			line in this Part III .			🗸
•	•					
ICE IN MOT	ION PROTECTS MIGRANT RI	GHTS BY ENSURING JUS	TICE ACROSS BORDE	RS.		
D: J H		-: f: i i	- 4	-l		
	, ,	nificant program service	s during the year which	n were not lis	sted on	☐ Yes ✓ No
•		· · · · · ·				
			naes in how it conduct	e any nrogra	m	
	gamzation cease conducting,	of make significant chai	iges in now it conduct	is, any progra		. Yes V No
	escribe these changes on Sci	nedule O				. Oles Will
•	-		or each of its three la	raast araaram	. comicos os r	managered by avenages
Section 50)1(c)(3) and 501(c)(4) organ	izations are required to				
(Code:) (Expenses \$	1.059.624 inc	cluding grants of \$) (Revenue \$	55,784)
EXPLOITATION COUNTRIES VIOLENCE A WITHOUT COUNTRIES TO MIGRANT COUNTRIES OF THE PROPERTY OF T	ON OR CIVIL RIGHTS ABUSES IN OF ORIGIN, OR TO ENSURE THA AND PERSECUTION NEED LEGAL , ROSS-BORDER LEGAL SUPPORT, HROUGH TWO PATHWAYS. FIRST LIENTS' COUNTRIES OF ORIGIN.	THE U.S., THEIR U.S. LAWY T RETURNED MIGRANTS REC ASSISTANCE IN THE COUNTF THESE MIGRANTS ARE CUT WE MATCH U.S. LAWYERS	ERS MUST WORK ACROSS CEIVE JUSTICE EVEN AFT RIES THEY ESCAPED TO C OFF FROM THEIR RIGHTS WITH MEMBERS OF OUR I	S BORDERS TO S ER THEY'VE LEF BBTAIN DOCUME S.WE PROVIDE M DEFENDER NETV	SECURE KEY EVI T THE U.S. SIMII NTS AND EVIDE NGRANTS WITH WORK TO PROVII	DENCE IN THEIR CLIENTS' LARLY, MIGRANTS WHO FLEE NCE FOR IMMIGRATION CASES. ACCESS TO JUSTICE ACROSS DE CASE SUPPORT IN THEIR
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PRACTITION THEIR CAPA	NERS ACROSS MEXICO, GUATEMA ACITY TO CARRY OUT HUMAN RIG	LA, EL SALVADOR, HONDUR HTS WORK AND TO EDUCAT	AS, AND NICARAGUA. THE MIGRANTS IN THEIR CO	IROUGH TRAINII OMMUNITIES, IN	NGS AND CUSTON COLLABORATION	MIZED RESOURCES, WE BUILD ON WITH BROADER CROSS-
AND CENTR	AL AMERICA, JUSTICE IN MOTIO	N SUPPORTS THE DEVELOPM	ENT OF A BROADER AND			
(Code:) (Expenses \$	428.825 inc	cluding grants of \$) (Revenue \$)
POLICY ADV	OCACY - INFORMED BY OUR CRO	SS-BORDER LEGAL WORK,	JUSTICE IN MOTION ADV		CHANGES TO PR	OTECT THE RIGHTS OF MIGRANTS
FEES TO WO IN FEAR OF TRANSPARE	ORKERS, OR TRICK THEM INTO F PUNITIVE CONTRACTS, MAKING NCY IN THE COMPLEX AND ABUS	RONTING MONEY FOR JOBS THEM EVEN MORE VULNERA E-RIDDEN U.S. TEMPORARY	THAT DON'T EXIST. MIGR BLE TO EXPLOITATION. J	ANTS ARRIVE IN	N THE U.S. OR C ION WORKS WIT	ANADA SADDLED WITH DEBT OR TH ALLIES TO (1) INCREASE
	•	•) (Revenue 9	\$	
` '	·) (Revenue s	Ŧ	,
rotar pro	3. am service expenses	2,043,007				Form 990 (202
						(202)
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	che IRS discovaries described to the order of the prior o	Firm's address 230 PARK AV NEW YORK, It is address 240 Paperwork Reduction Act Notice, see 240 Paperwork Reduction's miss and Exercise the organization's MIGRANT RIGORD To the organization undertake any sign the prior Form 990 or 990-EZ?	Tirm's address ▶ 230 PARK AVE FL 3 NEW YORK, NY 101690005 The IRS discuss this return with the preparer shown above? See apperwork Reduction Act Notice, see the separate instruct Paperwork Reduction Act Notice, se	Firm's address ▶ 230 PARK AVE FL 3 NEW YORK, NY 101690005 the IRS discuss this return with the preparer shown above? See Instructions. Pagerwork Reduction Act Notice, see the separate instructions. Page 2 990 (2022) 990 (2022) 990 (2022) 990 (2022) 990 (2022) 10 (2022) 10 (2022) 10 (2022) 10 (2022) 11 (2022) 12 (2022) 13 (2022) 14 (2022) 15 (2022) 16 (2022) 16 (2022) 17 (2022) 18 (2022) 19 (2022) 19 (2022) 19 (2022) 19 (2022) 10 (2022) 10 (2022) 10 (2022) 10 (2022) 11 (2022) 12 (2022) 13 (2022) 14 (2022) 15 (2022) 16 (2022) 16 (2022) 17 (2022) 17 (2022) 18 (2022) 19 (2022) 19 (2022) 19 (2022) 10 (2022) 10 (2022) 10 (2022) 10 (2022) 10 (2022) 11 (2022) 11 (2022) 12 (2022) 13 (2022) 14 (2022) 15 (2022) 15 (2022) 16 (2022) 16 (2022) 17 (2022) 17 (2022) 18 (2022) 19 (2022) 10 (the IRS discuss this return with the preparer shown above? See Instructions. Apperwork Reduction Act Notice, see the separate instructions. Cat. I Page 2 990 (2022) Till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: CE IN MOTION PROTECTS MIGRANT RIGHTS BY ENSURING JUSTICE ACROSS BORDERS. Did the organization undertake any significant program services during the year which were not list the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services? (Code:) (Expenses \$ 1,059,624 including grants of \$ 1664. ACTION - OUR LEGAL ACTION PROGRAM ENSURES THAT MIGRANTS' RIGHTS DO NOT STOP AT THE BORDE EXPLOITATION OR CIVIL RIGHTS ABUSES IN THE U.S., THEIR U.S. LAWYERS MUST WORK ACROSS BORDERS TO COUNTRIES OF ORIGIN, OR TO ENSURE THAT RETURNED MIGRANTS' RIGHTS DO NOT STOP AT THE BORDE EXPLOITATION OR CIVIL RIGHTS ABUSES IN THE U.S., THEIR U.S. LAWYERS MUST WORK ACROSS BORDERS TO COUNTRIES OF ORIGIN, OR TO ENSURE THAT RETURNED MIGRANTS RECEIVE JUSTICE EVEN AFTER THEY'VE LEFT VIOLENCE AND PERSECUTION NEED LEGAL ASSISTANCE IN THE COUNTRIES THEY ESCAPED TO OBTAIN DOCUME WITHOUT CROSS—BORDER LEGAL SUPPORT, THESE MIGRANTS ARE VIOLED TO TAKE ON AND SUCCEED AT TO TRANSARTIONAL MIGRANTS. (Code:) (Expenses \$ 554.618 including grants of \$ 100 MIGRANTS RIGHTS' COUNTRIES FOR ORIGIN, SECOND, WE TRAIN U.S. LAWYERS TO TAKE ON AND SUCCEED AT TO TRANSARTIONAL MIGRANTS. ELEARN ABOUT AND DEPENDER HERD WITHOUT CROSS MUSTICE EVEN ARE PROJECT TO ARROUND AND MIGRANT SUPPOR	Firm's address ▶ 220 PARK AVE FL 3 NEW YORK, NY 101690005 the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Page 2 990 (2022) **Till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III. Briefly describe the organization's mission: CEE IN MOTION PROTECTS MIGRANT RIGHTS BY ENSURING JUSTICE ACROSS BORDERS. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services services? If "Yes," describe these new services on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as I section 501(C)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other and the program service accomplishments for each of its three largest program services as Section 501(C)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other continuous control of the section 501(C)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other control of the section 501(C)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other control of the section 501(C)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other control of the section 501(c) and 501(c)(4) organizations are required to report the amount of grants and allocations to other control of the section o

Chacklist of Dequired Schedules

Page 3

			res	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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. **	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	Yes	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III \mathfrak{B} .	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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)? If "Yes," complete Schedule D, Part X **	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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	Yes	
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b		No
~1	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	orm QQ	

Page 4 -

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			✓
	<u> </u>		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		F	orm 99	0 (2022)

Form 990 (2022) Page **5**

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a	No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a b	Gross income from members or shareholders		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	No

It "Yes," complete Form 4/20, Schedule O.

L7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that
	would result in the imposition of an excise tax under section 4951, 4952, or 4953?
	If "Yes " complete Form 6069

17	

Form **990** (2022)

	Page 6 ———————————————————————————————————			
Form	990 (2022)			D (
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" rest	onse to	Page (
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		~
Se	ction A. Governing Body and Management		Yes	No
1 =	Enter the number of voting members of the governing body at the end of the tax year 1a 15		res	NO
	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 15			
_				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	110
	the second of th		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable foderal tax law, and take stops to cafegurard the organization's eventure.			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
C-	ction C Disclosure	100		
<u>5e</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
	NY			

10/27/2	8:15 AM Justice In Motion Inc - Full Filing- Nonprofit Explorer - ProPublica
10	ection 0104 requires an organization to make its roim 1025 (1024 or 1024-A, ii applicable), 390, and 390-1 (section (1(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website \square Another's website \checkmark Upon request \square Other (explain in Schedule O)
19	escribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest licy, and financial statements available to the public during the tax year.
20	ate the name, address, and telephone number of the person who possesses the organization's books and records: COURTNEY DAVIES PO BOX 160128 BROOKLYN, NY 11216 (646) 351-1160
	Form 990 (2022
	Page 7
Form	0 (2022) Page
Par	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
Se	on A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Co year.	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
• L	all of the organization's current key employees, if any. See the instructions for definition of "key employee."
	the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nei	r	, guillz			a un	, cuii	CIT			(E)	
Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck rsor ector	ı is l	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	for related organizations below dotted line)	Individual trustee or director	yee		ormer ighest compensated inployee ey employee		Former Highest compensated employee Key employee Officer		(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) MARK CARON	1.00	Х		Х				0	0	(
TREASURER								-			
(2) AMAL BOUHABIB DIRECTOR (FROM SEPT 2023)	1.00	х						0	0	0	
(3) GRETCHEN KUHNER VICE PRESIDENT	1.00	х		х				0	0	0	
(4) SABRINA LEBLANC DIRECTOR	1.00	Х						0	0	C	
(5) BETH LYON DIRECTOR	2.00	х						0	0	C	
(6) MARIA M ODOM PRESIDENT	2.00	Х		Х				0	0	0	
(7) KEN PASQUALE DIRECTOR	3.00	Х						0	0	0	
(8) LUCRECIA OLIVA DIRECTOR	1.00	х						0	0	0	
(9) CHRISTA STEWART DIRECTOR	1.00	Х						0	0	0	
(10) CHRISTIAN MUNOZ-VAZQUEZ	1.00	Х		Х				0	0	0	

SECRETARY		Ī					
(11) INGRID NAVA DIRECTOR (FROM SEPT 2023)	1.00	Х			0	0	0
(12) ELEANOR NORDHOLM DIRECTOR	1.00	Х			0	0	0
(13) CLAUDIA HERRMANNSDORFER DIRECTOR	1.00	х			0	0	0
(14) JULIE JORGENSEN DIRECTOR (THRU JULY 2023)	1.00	х			0	0	0
(15) HEYDI JOSE GONZALEZ DIRECTOR (FROM SEPT 2023)	1.00	Х			0	0	0
(16) ANNETTE MALKIN DIRECTOR (FROM SEPT 2023)	1.00	Х			0	0	0
(17) CATHLEEN CARON EXECUTIVE DIRECTOR	40.00		х		139,358	0	30,630

Form **990** (2022)

Page 8 -

Form 990 (2022) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	Average Position (do not check more than ours per one box, unless person is both an compe			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other			
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) YADIRA HUERTA DEFENDER NETWORK DIRECTOR	40.00					х		106,908	0	36,792
(19) KEELI SORENSEN POLICY & GOVERNMENT AFFAIRS DIRECTOR	40.00					Х		122,365	0	12,144
1b Sub-Total					* *					

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 3

Part VII

			<u> </u>			Yes	No
3 Did the organization list any former officer		key employee, or hi	ighest compensated	employee on			
line 1a? If "Yes," complete Schedule J for si					3		No
For any individual listed on line 1a, is the si organization and related organizations grea individual				the	4	Yes	
Did any person listed on line 1a receive or	accrue compensatior	n from any unrelated	l organization or indi	vidual for	_	165	
services rendered to the organization?If "Ye	es," complete Schedi	ule J for such person			5		No
Section B. Independent Contractors					•		
Complete this table for your five highest co from the organization. Report compensation					npensa	ation	
	A)			(B) iption of services		(C) Compen	
E SUDDES GROUP	silless address		DEVELOPME	NT AND FUNDRAISI	ING		132,0
89 GRANDVIEW AVENUE			STRATEGY A	ND			
DLUMBUS, OH 43212							
Total number of independent contractors (incl compensation from the organization ► 1	luding but not limited	d to those listed abo	ve) who received mo	re than \$100,00	0 of		
the digametations of					ı	Form 99 0	0 (202
		Danie O					
		Page 9 ———					
rm 990 (2022)							Page
Part VIII Statement of Revenue Charle if Schodule O contains a rece	nanca ar nata ta an	v line in this Part VIII					
Check if Schedule O contains a res	sponse of flote to any	(A)	(B)	(C)	ΤĖ	 (D)	
		Total revenue	Related or exempt	Unrelated business		Reven excluded	
			function revenue	revenue	ta	x under s 512 - !	
Federated campaigns 1a			revenue			312	51 1
ontributions,							
Membership dues 1b							
milar no[Htgdraising events 1c							
nounts raising events							
d Related organizations 1d							
Government grants (contributions)							
f All other contributions, gifts, grants,							
and similar amounts not included above							
4,015,407							
g Noncash contributions included in							
lines 1a - 1f:\$							
h Total. Add lines 1a-1f	4,015,407						
	Business Code						
2a PROGRAM SERVICE FEES	541100	55,784	55,784				
ogram Service Revenue					+		
eve							
ф. С							
					+		
й ₁ Е							
gra							
£							

expenses

general expenses

expenses

mestic governments. See Part IV, line 21 ants and other assistance to domestic individuals. See rt IV, line 22 ants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, lines 15 d 16. mefits paid to or for members mpensation of current officers, directors, trustees, and y employees mpensation not included above, to disqualified persons (as fined under section 4958(f)(1)) and persons described in ction 4958(c)(3)(B) mer salaries and wages	193,245	135,271	19,325	
vernments, and foreign individuals. See Part IV, lines 15 d 16	193,245	135,271	19,325	
mpensation of current officers, directors, trustees, and y employees	193,245	135,271	19,325	
mpensation not included above, to disqualified persons (as fined under section 4958(f)(1)) and persons described in the case of the case o	193,245	135,271	19,325	
fined under section 4958(f)(1)) and persons described in ction 4958(c)(3)(B)				38,649
ner salaries and wages				
	1,145,370	914,517	180,332	50,521
nsion plan accruals and contributions (include section 1(k) and 403(b) employer contributions)	26,991	21,322	4,116	1,553
ner employee benefits	225,166	185,282	38,660	1,224
yroll taxes	103,096	81,425	15,712	5,959
es for services (non-employees):				
nagement				
gal	13,988		13,988	
counting	15,700		15,700	
bbying				
ofessional fundraising services. See Part IV, line 17	132,000			132,000
vestment management fees				
ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	764,981	485,048	161,250	118,683
vertising and promotion				
ice expenses	9,239	2,481	2,885	3,873
	75,747	29,267	43,881	2,599
·	1,432		1,432	
•	72,633	58,049	11,149	3,435
yments of travel or entertainment expenses for any leral, state, or local public officials				
nferences, conventions, and meetings	108,975	99,236	7,171	2,568
erest				
yments to affiliates				
preciation, depletion, and amortization	3,606		3,606	
surance	2,287		2,287	
ner expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount ceeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O.)				
ICENSES AND FEES	31,343	18,042	10,202	3,099
II other expenses	13,247	13,127	120	
tal functional expenses. Add lines 1 through 24e	2,939,046	2,043,067	531,816	364,163
int costs. Complete this line only if the organization ported in column (B) joint costs from a combined ucational campaign and fundraising solicitation.				
eck here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				
ergonyh) viik yonyh rey kahsapı	in services (non-employees): In agement In a	is for services (non-employees): Inagement	ss for services (non-employees): Inagement	sis for services (non-employees): nagement pla

Page 11 —

Form 990 (2022) Page **11**

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			110,112	1	117,233
	2	Savings and temporary cash investments .			2,759,331	2	1,391,960
	3	Pledges and grants receivable, net			1,201,532	3	577,302
	4	Accounts receivable, net			6,293	4	15,791
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges			10,655	9	23,525
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	24,408			
	b	Less: accumulated depreciation	10b	18,256	6,560	10 c	6,152
	11	Investments—publicly traded securities .			734,495	11	4,059,616
	12	Investments—other securities. See Part IV, line	11 .		0	12	22,543
	13	Investments—program-related. See Part IV, line	11 .	. [13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	[15		
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	4,828,978	16	6,214,122
	17	Accounts payable and accrued expenses			120,230	17	163,070
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	art IV c	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	or 35% controlled entity		22		
Ï	23	Secured mortgages and notes payable to unrela	ted thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· —		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,		25		
	26	Total liabilities. Add lines 17 through 25 .			120,230	26	163,070
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck ho	ere 🕨 🗹 and	3,652,370	27	5,417,373
Bal	28	Net assets with donor restrictions	•		1,056,378	28	633,679
Þ			• •		1,000,010		000,0.0
or Fur	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	ļ		29		
sts	30	Paid-in or capital surplus, or land, building or eq	uipmer	nt fund		30	
SSE	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
t A	32	Total net assets or fund balances			4,708,748	32	6,051,052
Ne	33	Total liabilities and net assets/fund balances .		🗂	4,828,978	33	6,214,122
				<u> </u>	<u> </u>		Form 990 (2022)

For	m 990 (2	2022)		Page 1 2
F	Part XI	Reconcilliation of Net Assets		
		Check if Schedule O contains a response or note to any line in this Part XI		 . \square
1	L Total	revenue (must equal Part VIII, column (A), line 12)	1	4,247,96
2	2 Total	expenses (must equal Part IX, column (A), line 25)	2	2,939,04
3	Rever	nue less expenses. Subtract line 2 from line 1	3	1,308,91
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,708,74
5	Netu	unrealized gains (losses) on investments	5	33 38

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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 32, column	(B)) 10		6	,051,052
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 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revieweparate basis, consolidated basis, or both:	wed on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep consolidated basis, or both:	arate basis,			
	✓ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant.		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Guidance, 2 C.F.R. Part 200, Subpart F?	he Uniform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required	3b		
			ſ	orm 99	0 (2022)
	990 (2022)				
Ac	lditional Data		Retur	n to Fo	orm

Software ID: Software Version:

Form 990. Special Condition Description:

efile Public Visual Render

ObjectId: 202402279349300345 - Submission: 2024-08-14

TIN: 72-1597864

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue 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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

		ne organization					Employer identific	ation number
JUSTI	JE IN M	OTION INC					72-1597864	
	rt I	Reason for Public					See instructions.	
_	rganiz	ation is not a private fou		•	<i>J</i> ,	,		
1		A church, convention of	,				(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	~	An organization that no section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related t investment income and 30, 1975. See section	o its exempt fur unrelated busin	actions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, See	rganization oper er to regularly a	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting organiz	ervised or controlled in the sar				
С		Type III functionally supported organization	integrated. A	supporting organization	n operated in co	nnection with, ar	nd functionally integra	ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this box if the or integrated, or Type III r				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				<u> </u>	_
g		de the following informat						
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Toto								
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	<u> </u> 5F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Scheo	dule A	(Form 990) 2022			3			Page 2
Pa	rt II			rations Described ne box on line 5, 7,				.)(A)(vi)

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

Gross receipts from activities that are not an unrelated trade or business

under section 513 Tax revenues levied for the

10/2//	24, 8:15 AIVI	Jusi	tice in Motion inc -	Full Filing- Nonp	rollt Explorer - Pro	Publica			
	organization s benefit and entrer paid		1		1	1	1		
_	to or expended on its behalf The value of services or facilities								
3	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3						+		
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support		<u>l</u>			ļ			
	ndar year								
	iscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
` 9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
b	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.						_		
С	Add lines 10a and 10b.						_		
11	Net income from unrelated business activities not included on 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 assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						-		
13	11. and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	, fourth, or fifth	tax year as a secti	ion 501(c)(3) or	janiza	tion, cl	heck
	this box and stop here								ightharpoons
Se	ction C. Computation of Public								
15	Public support percentage for 2022 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			
	ction D. Computation of Invest					1 1			
17	Investment income percentage for 20 2			line 13. column (′f))	17			
	Investment income percentage from 2	•				18			
18	'	•	•			_	17		
19a	33 1/3% support tests-2022. If the								
	more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly	supported organiz	ation		▶	
b	33 1/3% support tests—2021. If the								18 IS
	not more than 33 1/3%, check this box	and stop here.	The organization o	jualifies as a pub	licly supported org	anization)	▶ ∪	
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, chec	k this box and see	instructions		ightharpoons	
						Schedule A	(Form	990)	2022
			Page 4						
Sche	dule A (Form 990) 2022							F	Page 4
Par	t IV Supporting Organization	S							
	(Complete only if you checked		of Part I. If you che	ecked box 12a, o	f Part I, complete	Sections A and E	. If yo	u chec	ked
	box 12b, of Part I, complete Se			12c, of Part I, co	mplete Sections A	, D, and E. If you	ı chec	ked bo	X
	12d, of Part I, complete Section		omplete Part V.)						
Se	ction A. All Supporting Organiz	ations							1
						-		Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the se			ted. If designated	d by class or purpo	se,			
	describe the designation. If historic an	a continuing relat	ionsnip, explain.				1		
2	Did the organization have any support	ed organization th	nat does not have	an IRS determin	ation of status und	ler section			
	509(a)(1) or (2)? If "Yes," explain in F								
	described in section $509(a)(1)$ or (2) .						2		
					(6)2 If "Voc " and	<i>!</i> : 2/ /	_		-
2-	Did the organization have a supported	organization dos	cribed in costion [N1(c)(/) /E\ ~~					
3a	Did the organization have a supported 3c below.	organization desc	cribed in section 5	01(c)(4), (5), or	(0): II Tes, alls	ver lines 3b and	_		
3a	3c below.						3a		
3a b	3c below. Did the organization confirm that each	supported organi	ization qualified u	nder section 501	(c)(4), (5), or (6)	and satisfied	За		
	3c below. Did the organization confirm that each the public support tests under section	supported organi	ization qualified u	nder section 501	(c)(4), (5), or (6)	and satisfied			
	3c below. Did the organization confirm that each the public support tests under section determination.	supported organi 509(a)(2)? <i>If "Ye</i> :	ization qualified u s," describe in Pa i	nder section 5010 r t VI when and h	(c)(4), (5), or (6) a now the organization	and satisfied on made the	3a 3b		
	3c below. Did the organization confirm that each the public support tests under section	supported organi 509(a)(2)? <i>If "Ye</i> :	ization qualified u s," describe in Pa i	nder section 5010 r t VI when and h	(c)(4), (5), or (6) a now the organization	and satisfied on made the			

	ir res, explain in Part vi what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
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.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	4c 5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited 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 .	6		
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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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).			
	Schedule A	10b (Form	990)	2022
		(,	
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2022		F	Page 5
Par	t IV Supporting Organizations (continued)			T
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
а	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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.			
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	1		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations		V	B1 -
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		Yes	No

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		organization(s)? If "No," describe in Par in the same persons that controlled or ma			1	 	
	,, , , ,	<u> </u>	maged the su				
Sec	ction D. All Type III Supporting	ng Organizations				Yes	N
	Did the organization provide to each	of its supported organizations, by the las	et day of the fi	fth month of the organization's		163	- 14
	tax year, (i) a written notice describi	ng the type and amount of support provi	ded during the	prior tax year, (ii) a copy of the			
		ed as of the date of notification, and (iii) on the otification, to the extent not previously provided the control of the cont		rganization's governing			
		rs, directors, or trustees either (i) appoin		by the supported	1		
	organization(s) or (ii) serving on the	governing body of a supported organizal continuous working relationship with the	tion? <i>If "No," e</i>	explain in Part VI how the	2		_
;	By reason of the relationship describ	ed in line 2 above, did the organization's	supported ord	janizations have a significant			
		nt policies and in directing the use of the oe in Part VI the role the organization's s			. 3		
		-Integrated Supporting Organiza					
	Check the box next to the method the	nat the organization used to satisfy the Ir	itegral Part Te	st during the year (see instru	ctions):		
а	The organization satisfied the	Activities Test. Complete line 2 below.					
b	The organization is the paren	t of each of its supported organizations.	Complete line	3 below.			
c	The organization supported a	governmental entity. Describe in Part V	I how you sup	ported a government entity (s	ee instru	ctions)	
	Activities Test. Answer lines 2a an	d 2b below.					
						Yes	N
		on's activities during the tax year directly he organization was responsive? If "Yes,"			,		
	organizations and explain how the	ese activities directly furthered their exer	npt purposes,	how the organization was			
	responsive to those supported organ substantially all of its activities.	izations, and how the organization deteri	mined that the	se activities constituted	2a		
	•	a, above constitute activities that, but for	the organizat	ion's involvement, one or more	<u> </u>		
		nization(s) would have been engaged in? apported organization(s) would have enga					
	Parent of Supported Organizations.	Answer lines 32 and 3h below			2b		
	., -	to regularly appoint or elect a majority of	of the officers	directors or trustees of each	of 3a		
ŭ	the supported organizations? If "Yes"	or "No", provide details in Part VI.	Title officers,	directors, or trustees or each) Ju		
		tantial degree of direction over the policie					
	supported organizations? <i>If "Yes," de</i>	escribe in Part VI. the role played by the	organization	3	3b		
				Schedule	A (Forn	n 990)	20
		——————————————————————————————————————					
hed	ule A (Form 990) 2022					F	Page
Par	t V Type III Non-Function	ally Integrated 509(a)(3) Suppo	rting Organ	izations			
1		satisfied the Integral Part Test as a quali II non-functionally integrated supporting				e	
	Section A - Adjusted Net Inc	, , , , , , , , , , , , , , , , , , , ,	organizacions	(A) Prior Year	_	rent Yea	ır
	<u>-</u>		1		(opti	onal)	
	Net short-term capital gain	_	2				
	Other gross income (see instructions		3				
	Other gross income (see instructions	P)	4				
	Add lines 1 through 3						
	Depreciation and depletion	r incurred for production or collection of	5 gross 6	+			
6		or incurred for production or collection of ation, or maintenance of property held fons)					
			7	1			
7	Other expenses (see instructions)		,				
	Other expenses (see instructions) Adjusted Net Income (subtract lin	es 5, 6 and 7 from line 4)	8				

Aggregate fair market value of all non-exempt-use assets (see instructions for short

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

tax year or assets held for part of year): **a** Average monthly value of securities

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

1a

1b

1c

1d

	(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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ted Type III supporting organization (see

— Раде 7 —

Schedule A (Form 990) 2022

Page 7

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2 Amounts paid to perform activity that directly furthers exe excess of income from activity	empt purposes of supported or	ganizations, in 2	
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s 3	
4 Amounts paid to acquire exempt-use assets		4	
5 Qualified set-aside amounts (<i>prior IRS approval required</i> -	provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions		6	
7 Total annual distributions. Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to which details in Part VI). See instructions	the organization is responsiv	e (<i>provide</i>	
9 Distributable amount for 2022 from Section C, line 6		9	
10 Line 8 amount divided by Line 9 amount		10	
Section F - Distribution Allocations	(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

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c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part</i> See instructions.	γ1.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greate than zero, <i>explain in Part VI</i> . See instructions.	r		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.	5		
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
Schedule A (Form 990) 2022	———— Page 8 ————		Page 8
Part VI Supplemental Information. Provide the Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Seinstructions).	9a, 9b, 9c, 11a, 11b, and 11c; Pa ection E, lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Facts And Circumstances Tes	st	
Return Reference	E	Explanation	
		S	chedule A (Form 990) 2022

Additional Data Return to Form

efile Public Visual Rer	der ObjectId: 202402279349300345 - Submission: 2024-	08-14	TIN: 72-1597864
Schedule B	Schedule of Contribu	itors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 9 Go to <u>www.irs.gov/Form990</u> for the late		2022
Name of the organization JUSTICE IN MOTION INC		Emplo	oyer identification number
Organization type (ch	eck one):	72-159	97864
Filers of:	Section:		
Form 990 or 990-EZ			
1 0111 330 01 330-LZ	☐ 501(c)() (enter number) organization		
	☐ 4947(a)(1) nonexempt charitable trust not treated	d as a private foundation	
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as	a private foundation	
	☐ 501(c)(3) taxable private foundation		
under sections received from a 990, Part VIII, li For an organization of the year, purposes, or for this box is che purpose. Don't religious, charitation: An organization.	tion described in section 501(c)(3) filing Form 990 or 990-EZ 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Formy one contributor, during the year, total contributions of the ne 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. tion described in section 501(c)(7), (8), or (10) filing Form 99 total contributions of more than \$1,000 exclusively for religion the prevention of cruelty to children or animals. Complete P tion described in section 501(c)(7), (8), or (10) filing Form 99 contributions exclusively for religious, charitable, etc., purposecked, enter here the total contributions that were received decomplete any of the parts unless the General Rule applies to able, etc., contributions totaling \$5,000 or more during the year that isn't covered by the General Rule and/or the Special to the must answer "No" on Part IV line 2 of its Form 990 or contributions and the special of the must answer "No" on Part IV line 2 of its Form 990 or contributions to the contributions to the special of the must answer "No" on Part IV line 2 of its Form 990 or contributions to the contributions to the special of the must answer "No" on Part IV line 2 of its Form 990 or contributions to the contributions to the special of the must answer "No" on Part IV line 2 of its Form 990 or contributions to the contrib	rm 990 or 990-EZ), Part II, lir greater of (1) \$5,000 or (2) 2 20 or 990-EZ that received frous, charitable, scientific, lite earts I, II, and III. 20 or 990-EZ that received frouses, but no such contribution uring the year for an exclusive this organization because itear	ne 13, 16a, or 16b, and that 1% of the amount on (i) Form om any one contributor, rary, or educational om any one contributor, ns totaled more than \$1,000. yely religious, charitable, etc., t received nonexclusively \$ B (Form 990,
or on its Form 990PF, F 990-EZ, or 990-PF).	t it must answer "No" on Part IV, line 2, of its Form 990; or ol Part I, line 2, to certify that it doesn't meet the filing requireme	ents of Schedule B (Form 990	0,
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 00-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)
	Page 2		
Schedule B (Form 990) Name of organization	(2022)	Page Employer ide	2 entification number
THETTEE THE MOTION THE		72 1507064	· · · · ·

https://projects.propublica.org/nonprofits/organizations/721597864/202402279349300345/full and the state of the state of

Employer identification number

JUSTICE IN I	NOTION INC	72-1397804	
Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
112011110122			Payroll
	·	\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
=			Payroll
	·	<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
=			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
	<u> </u>		contributions.) Schedule B (Form 990) (2022)
	Page 3		
Schedule B Name of org	(Form 990) (2022)	Employer identification	Page 3
JUSTICE IN I			on namper
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	72-1597864	
(a) No. from	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

Part I

(See instructions)

<u>.</u>			\$	
		_		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		-	\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Ē			\$_	
Schedule	B (Form 990) (2022)	Page 4		Schedule B (Form 990) (2022) Page 4
Name of or	rganization N MOTION INC			entification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional second	tributor. Complete columns (a) the total of exclusively religious, characters.) ► \$	rough (e) and the following	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
_				
		(e) Transfer of gift		
	Transferee's name, address, and		Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor	to transferee
(a)				

/27/24, 8:15 AM			n Inc - Full Filing- Nonprofit		
Part I	(α) Purpose oτ giπ	(c) Use of gift	(a) Description	n of now gift is neid
		(e) Transfer of gift		
	Transferee's name, address, and			onship of transferor to trar	ısferee
(a) o. from Part I	(b) Purpose of gift	((c) Use of gift	(d) Description	n of how gift is held
	Transferee's name, address, and	(e ZIP 4) Transfer of gift Relatio	onship of transferor to tran	nsferee
				Schedu	le B (Form 990) (202
Additiona	al Data				Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202402279349300345 - Submission: 2024-08-14 **Political Campaign and Lobbying Activities**

TIN: 72-1597864

OMB No. 1545-0047

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

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)(4), (5), or (6) on the organization	organizations: Complete F	rarı III.		Employer identi	fication r	hau
	TICE IN MOTION INC					ification num	iber
Dow	t T A Complete if the	arganization is even	ant under costion E01/s)	au is a sastis	72-1597864	ation .	
			npt under section 501(c)				
1	"political campaign activitie		indirect political campaign activi	ities in Part IV. S	ee instructions for	definition of	
2		•	ions		·		
3			instructions				
	<u> </u>		npt under section 501(c)(
1	•	•	rganization under section 4955.				
2 3	•	, -	nization managers under section t file Form 4720 for this year?		•		
	-	•	tille Form 4720 for tills year?			☐ Yes	∪ No
4a						☐ Yes	□ No
b Dord	If "Yes," describe in Part IV t I-C Complete if the		npt under section 501(c),	ovcont costi	on E01/c\/2\		
			• • • • • • • • • • • • • • • • • • • •	-			
1 2	•		anization for section 527 exempt ontributed to other organizations	for section 527	exempt		
					🕨 \$		
3	function activities		2. Enter here and on Form 1120-				
3 4	function activities Total exempt function expe	nditures. Add lines 1 and		-POL, line 17b	> \$	☐ Yes	□ No
	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions re-	inditures. Add lines 1 and file Form 1120-POL for the sand employer identification. For each organization ceived that were promptly	2. Enter here and on Form 1120-	-POL, line 17b 527 political orga m the filing orga rate political org	smizations to which anization's funds. A lanization, such as	Yes the filing	□ No amount
4 5	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions re-	inditures. Add lines 1 and file Form 1120-POL for the sand employer identification. For each organization ceived that were promptly	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	smizations to which anization's funds. A lanization, such as	Yes the filing Also enter the a separate se	amount egregated ount of outributions d promptly of delivered te political n. If none,
4 5	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions refund or a political action co	inditures. Add lines 1 and file Form 1120-POL for the sand employer identificatits. For each organization ceived that were promptly mmittee (PAC). If addition	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	sanizations to which anization's funds. A lanization, such as IV. Amount paid from ng organization's ds. If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly of delivered te political n. If none,
4 5 (a)	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions refund or a political action co	inditures. Add lines 1 and file Form 1120-POL for the sand employer identificatits. For each organization ceived that were promptly mmittee (PAC). If addition	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	sanizations to which anization's funds. A lanization, such as IV. Amount paid from ng organization's ds. If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly of delivered te political n. If none,
4 5 5 (a)	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions refund or a political action co	inditures. Add lines 1 and file Form 1120-POL for the sand employer identificatits. For each organization ceived that were promptly mmittee (PAC). If addition	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	sanizations to which anization's funds. A lanization, such as IV. Amount paid from ng organization's ds. If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly of delivered te political n. If none,
4 5 (a)	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions refund or a political action co	inditures. Add lines 1 and file Form 1120-POL for the sand employer identificatits. For each organization ceived that were promptly mmittee (PAC). If addition	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	sanizations to which anization's funds. A lanization, such as IV. Amount paid from ng organization's ds. If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly of delivered te political n. If none,
4 5 (a) 1 1 2 2 3 3	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions refund or a political action co	inditures. Add lines 1 and file Form 1120-POL for the sand employer identificatits. For each organization ceived that were promptly mmittee (PAC). If addition	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	sanizations to which anization's funds. A lanization, such as IV. Amount paid from ng organization's ds. If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly of delivered te political n. If none,
4 5 (a) 1 1 2 3 3 4 4 5 5 6 6	function activities Total exempt function expe Did the filing organization f Enter the names, addresse organization made paymen of political contributions refund or a political action co	nditures. Add lines 1 and file Form 1120-POL for the sand employer identificates. For each organization derived that were promptly mmittee (PAC). If addition (b) Address	2. Enter here and on Form 1120- his year?	-POL, line 17b 527 political organ the filing organ rate political organizate political organization in Part 1	sanizations to which enization's funds. A lanization, such as IV. Amount paid from ng organization's ds. If none, enter -0	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount of our our of our our of our

Schedule C (Form 990) 2022 Page 2

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Part II-A

	SECTION SOT(11/).					
A	Check if the filing organization belongs to an a		in Part IV each a	affiliated group m	ember's nam	e, address, EIN,
В	expenses, and share of excess lobbying Check $ ightharpoonup$ if the filing organization checked box A		ovisions annly			
			ovisions apply.		(a) Filing	(b) Affiliated group
	Limits on Lobbying (The term "expenditures" means		rred.)	org	ganization's totals	totals
12	Total lobbying expenditures to influence public opinion	-				
b	Total lobbying expenditures to influence a legislative l	, ,				
c	Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c and	1d)				
f	Lobbying nontaxable amount. Enter the amount from columns.	the following table in b	oth			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble 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 6	excess over \$500,00	0.		
		\$175,000 plus 10% of the ϵ				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,0	00.		
	Over \$17,000,000	\$1,000,000.				
_	Consequents neutrophic amount (anter 250), of the 150					1
	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0					
ï	Subtract line 1f from line 1c. If zero or less, enter -0-					
j	If there is an amount other than zero on either line 1					☐ Yes ☐ No
	section 4911 tax for this year?					U res U No
	(Some organizations that made a s	eraging Period Und			te all of th	e five
	columns below. See th					ie live
	Lohhving Evne	enditures During 4-	Voor Avorogi	ng Poriod		
		multures burning 4	Tear Averagii	ig Feriod		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount					
	Labbating spiling approach					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					
C	local lobbying expenditures					
d	Grassroots nontaxable amount					
6	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
	, , ,	•			Schedule	C (Form 990) 2022
		Page 3 -				
	edule C (Form 990) 2022	 			e:	Page 3
Pa	rt II-B Complete if the organization is e Form 5768 (election under section		on 501(c)(3)	and has NOT	filed	
For	each "Yes" response on lines 1a through 1i below, pro		d description of t	he lohhving	(a)	(b)
activ		viue iii rait IV a uetailet	i description or ti	ie lobbyilig	Yes N	lo Amount
	During the year did the filing evangination attempt	to influence foreign not	ional state or lo	nal logislation	1 00 1	7
1	During the year, did the filing organization attempt including any attempt to influence public opinion on					
	W					
a h	Volunteers?			i\2		No
b c	Media advertisements?		_	-	Yes	No
d	Mailings to members, legislators, or the public?					No
e	Publications, or published or broadcast statements?					ln l

0/27/2	24, 8:15 AM	Justice In Motion Inc - Full Filing- Nonprofit Explorer - ProPu	blica				
f	• •	lobbying purposes?		No	+		
g	Direct contact with legislators, th	eir staffs, government officials, or a legislative body?	Yes		1		527
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?			No			
j	Total. Add lines 1c through 1i						527
2a	Did the activities in line 1 cause t	the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912					
С	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the or 501(c)(6).	ganization is exempt under section $501(c)(4)$, section $501(c)$	(5), c	r sect	ion		
						Yes	No
1	, ,	ore) dues received nondeductible by members?			1		
2		n-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to car	ry over lobbying and political expenditures from the prior year?			3		
1	•	mounts from members	1				
2	Section 162(e) nondeductible lob expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
a b			2a 2b				
c	Total		2c				
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does exer to the reasonable estimate of nondeductible lobbying and political					
5		political expenditures. See Instructions	5				
	rt IV Supplemental Info	· · · · · · · · · · · · · · · · · · ·	3				
	••						
		Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information.	Part II-	A, lines	1 and	d 2 (se	e
	Return Reference	Explanation					
PART	II-B, LINE 1:	IN FISCAL YEAR 2023, JUSTICE IN MOTION PRIMARILY CONTACTED LEGISLA INITIATIVES THAT SUPPORT THE END GOAL TO PROTECT MIGRANTS' RIGHTS	TORS I S.	N SUPP	ORT C)F	
			Sched	ule C (Form	990)	2022

Additional Data

Software ID: Software Version: Return to Form

efile Public Visual Render

ObjectId: 202402279349300345 - Submission: 2024-08-14

TIN: 72-1597864

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

	ment of the Treasury		Attach to Form 9					_	n to Public
	Il Revenue Service	► Go to <u>www.irs.gov/Forms</u>	990 for instruction	ns a	nd the latest info			In entification	spection
	me of the organ					-	-	enuncauor	i number
							597864		
Ра		izations Maintaining Donor Advisete if the organization answered "Yes				or Acc	ounts.		
	Соттріс	the in the organization answered Tes	(a) Donor				(b) Func	ds and other	accounts
1	Total number at	end of year							
2	Aggregate value	of contributions to (during year)							
3	Aggregate value	of grants from (during year)							
4	Aggregate value	at end of year							
5		ation inform all donors and donor advisor property, subject to the organization's excl					funds are	_	Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and dor oses and not for the benefit of the donor o	or donor advisor, or	for	any other purpose of	be use conferr	ed only fo ing imper	or rmissible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes	" on Form 990, P	art	IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organi	ization (check all th	at a _l	pply).				
	Preservati	on of land for public use (e.g., recreation	or education)		Preservation of an	histor	ically imp	ortant land	area
	Protection	of natural habitat			Preservation of a	certifie	d historic	structure	
	Preservation	on of open space							
2		2a through 2d if the organization held a que last day of the tax year.	qualified conservation	n cc	entribution in the fo	rm of a		ation	of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
c	Number of cons	ervation easements on a certified historic	structure included	in (a)	2c			
d		ervation easements included in (c) acquir e listed in the National Register	ed after July 25, 20	06,	and not on a	2d			
3	Number of constax year	servation easements modified, transferred	l, released, extingui	ished	d, or terminated by	the or	janizatior	n during the	
4	Number of state	es where property subject to conservation	easement is locate	ed 🕨					
5		ization have a written policy regarding the				of viola	ations,	☐ Yes	□ No
_	Staff and volunt	teer hours devoted to monitoring, inspect	ing handling of vio	latio	ns and enforcing o	onserv	ation eas		
6	b	teer flours devoted to morntornig, inspect	ing, nananng or vio	iacio	ns, and emoreing e	onser v	acion cus	cincins duin	ig the year
7	Amount of expe	enses incurred in monitoring, inspecting, h	nandling of violatior	ıs, a	nd enforcing conser	vation	easemen	its during the	e year
8		servation easement reported on line 2(d) a 0(h)(4)(B)(ii)?				70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports conse and include, if applicable, the text of the f n's accounting for conservation easements	footnote to the orga						
Par	t III Organi	izations Maintaining Collections of the if the organization answered "Yes	of Art, Historica			er Si	milar As	ssets.	
1a	If the organizat	ion elected, as permitted under FASB ASC ures, or other similar assets held for public ext of the footnote to its financial stateme	958, not to report c exhibition, educat	in it	s revenue statemer or research in furth				
b	historical treasu	ion elected, as permitted under FASB ASC ures, or other similar assets held for publi- nts relating to these items:							
(-	ded on Form 990, Part VIII, line 1					> \$		
		in Form 990, Part X							
2	If the organizat	ion received or held works of art, historicants required to be reported under FASB A	al treasures, or oth	er si	milar assets for fina		_	ide the	
а	-	ed on Form 990, Part VIII, line 1	-				. 🕨 \$		
b		in Form 990, Part X · · · · · · · ·							

Cat. No. 52283D

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

Schedule D (Form 990) 2022

---- Page 2 -----

Sche	dule D	(Form 990) 2022									Page 2
Par	t III	Organizations Maintaining Col	lections of Art, I	listori	cal Treas	sures, o	r Other S	Similar Ass	sets (cont	inued)	
3		the organization's acquisition, accession (check all that apply):	n, and other records,	check a	any of the	following t	that are a	significant us	e of its col	lection	
а		Public exhibition		d	☐ Loa	an or exch	ange prog	rams			
b		Scholarly research		е	Oth	ner					
С		Preservation for future generations									
4	Provid Part X	e a description of the organization's col III.	lections and explain	how the	ey further t	he organiz	zation's ex	empt purpose	e in		
5	During assets	g the year, did the organization solicit on to be sold to raise funds rather than to	receive donations of the maintained as p	of art, hi	storical tre e organiza	asures or tion's colle	other simi	ilar	Yes		0
Pai	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990	, Part IV,	line 9, or	reported	d an amoun	t on Form	990,	Part X,
1a		organization an agent, trustee, custodi ed on Form 990, Part X?							☐ Yes		o
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing	table:	•		An	nount		_
c	Begin	ning balance					1c				
d	Additi	ons during the year \ldots \ldots \ldots \ldots					1d				_
е	Distrib	outions during the year					1e				_
f	Ending	g balance					1f				_
2a	Did th	e organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or o	custodial a	ccount lia	bility?	☐ Yes		0
b		s," explain the arrangement in Part XIII	Check here if the e	xplanati	on has bee	en provide	d in Part X	III			
Pa	rt V	Endowment Funds. Complete if the organization answ	varad "Vas" on Far	.m 000	Dort IV	lina 10					
		Complete ii the organization ansv	(a) Current year		rior year		ears back	(d) Three year	s back (e)	Four yea	rs back
1a	Beginni	ng of year balance									
b	Contrib	utions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
		xpenditures for facilities grams									
f	Adminis	strative expenses									
g	End of	year balance									
2		e the estimated percentage of the curre	ent year end balance	(line 1	g, column ((a)) held a	ıs:				
а	Board	designated or quasi-endowment									
b	Perma	nent endowment 🕨									
С		endowment ►									
3a		ercentages on lines 2a, 2b, and 2c shou ere endowment funds not in the posses	•	tion that	t are held s	and admin	istored for	- the			
Ju		ization by:	Sion of the organization	cion cha	are nea e	and dannin	istered for	tile		Yes	No
	(i) Ur	related organizations							3a(i)		
		elated organizations							3a(ii)		
ь 4		s" on 3a(ii), are the related organization be in Part XIII the intended uses of the	•						3b		
	t VI	Land, Buildings, and Equipmen		Willelle	unus.						
га	. 41	Complete if the organization answ		m 990	, Part IV,	line 11a.	See Form	m 990, Part	X, line 1) .	
	Descri	otion of property (a) Cost or oth (investme		or other	basis (other	(c) Acc	cumulated d	epreciation	(d) B	ook value	e
1a	Land										
b	Building	gs									
		old improvements									
		ent			24,40	08		18,256			6,152
		inos 12 through 10 (Column (d) must o	aual Farm 000, Deat	· V a=1:	mn (B) !!-	10(5)					6.15-
rota	ıı. Add l	ines 1a through 1e. (Column (d) must e	quai ruiii 990, Part	A, COIU	ııııı (ö), IIN	ie 10(C).)	• •	Scho	dule D (F	orm 00	6,152

Schedule D (Form 990) 2022 Page **3**

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)		(c) Method of va	
(including name of security)	Book	Cost	or end-of-year r	
1) Financial derivatives	value			
2) Closely-held equity interests				
3) Other				
A)				
B)				
C)				
0)				
≡)				
F)				
G)				
н)				
	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Meth	nod of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ine 11d. See For	m 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, F	Part IV, li	ine 11e or 11f.S	<u>ee Form 990,</u> P	art X, line 25.
(a) Description of liabilit				(b) Book v

	/24, 8:15 AM Justice In Motion Inc - Ft	ıll Filir	ng- Nonprofit Explorer - Pr	roPublica	3
_					
_					
tal	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to	the o	organization's financial sta	tements	that reports the
gaı	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	e if th	e text of the footnote has	been pro	ovided in Part XIII
				Schedu	ule D (Form 990) 2022
_	Page 4 ——				
hei	dule D (Form 990) 2022				Dage 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue ner R	eturn	Page 4
64	Complete if the organization answered 'Yes' on Form 990, Par			ctuiiii	_
	Total revenue, gains, and other support per audited financial statements .			1	4,281,350
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_			
а	Net unrealized gains (losses) on investments	2a	33,388		
b	Donated services and use of facilities	2b			
2	Recoveries of prior year grants	2c			
ı	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	33,388
	Subtract line 2e from line 1			3	4,247,962
	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
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,247,962
ar	t XII Reconciliation of Expenses per Audited Financial Staten			Return	l.
	Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements			1	2,939,046
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		+	2,333,040
3	Donated services and use of facilities	2a	1		
•	Prior year adjustments	2b		-	
	Other losses	2c		-	
-	Other (Describe in Part XIII.)	2d		-	
d	Add lines 2a through 2d			2e	0
	Subtract line 2e from line 1	·		3	2,939,046
		-	- -	\vdash	2,303,040
	Amounts included on Form 990. Part IX. line 25, but not on line 1:				
Э	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	4a	İ		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		-	
e a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		- - 4c	0
d e a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		4c 5	0 0
e a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		\leftarrow	
e a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b	· · · · · · · · · · · · · · · · · · ·	5	2,939,046
e a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	· · · · · · · · · · · · · · · · · · ·	5	2,939,046

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TIN: 72-1597864

OMB No. 1545-0047

2022

SCHEDULE F

(Form 990)

efile Public Visual Render ObjectId: 202402279349300345 - Submission: 2024-08-14

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Department of the Treasury	► Attach to Form 990. Fig. 60 to www.irs.gov/Form990 for instructions and the latest information.							n to Public ection			
Name of the organization JUSTICE IN MOTION IN							mployer iden	itificatio	n number		
-	Information	on Activities	Outside the U	nited Stat	es. Comple		72-1597864 rganization a	nswered	d "Yes" on		
Form 99	0, Part IV, line	14b.									
For grantmake other assistance to award the grant	e, the grantees'	eligibility for the	grants or assis	tance, and t	he selection	n criteria us	ed		Yes 🗆 No		
2 For grantmake outside the Unit		Part V the orga	nization's proced	lures for mo	nitoring the	use of its	grants and oth	ner assis	tance		
3 Activites per Reg		(b) Number of	(c) Number of				y listed in (d) is a	(f) To	tal expenditures		
(a) Region		offices in the region	employees, agents, and independent contractors in the	region (by ty fundraising services, inves to recipients	pe) (such as, g, program tments, grants located in the	program se speci	ervice, describe fic type of) in the region	for a	nd investments n the region		
CENTRAL AMERI CARIBBEAN - AI BARBUDA, ARUI	NTIGUA &	0	region 0			PAYMENT FOR CONTRACTED SERVICES, TRAINING, AND EDUCATION		349,982			
NORTH AMERICA MEXICO, BUT NO STATES	A - CANADA AND OT THE UNITED	0	0	PROGRAM SI	OGRAM SERVICES PAYME CONTF TRAIN		TENT FOR TRACTED SERVICES, NING, AND CATION		91,581		
Sub-total b Total from contin		0	0						441,563		
Part I		o , see the Instru	0 ctions for Form		Cat.	No. 50082V	Sched	ule F (F	0 441,563 orm 990) 2022		
			Pa	ge 2 ——							
Schedule F (Form 990) Part II Grants a		sistance to C	rganizations	or Entitie	es Outsid	e the Uni	ted States.	Compl	ete if the organizat	ion answered "Yes"	Page 2
Part IV, I	ine 15, for any	recipient who	received mo	re than \$5,	000. Part	II can be	duplicated if	additio	onal space is neede	d. -	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Regior		urpose of grant		nount of grant	(f) Manne cash disburser		(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-											

IANI I, LINE J.	METHOD OF ACCOUNTING.
PART III ACCOUNTING METHOD:	
•	
·	Schedule F (Form 990) 2022

Additional Data

Software ID: Software Version: efile Public Visual Render

ObjectId: 202402279349300345 - Submission: 2024-08-14

TIN: 72-1597864 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding

2022

Department of the Treasury Internal Revenue Service		organizatio Go to www.ir.	,, or it the	Open to Public Inspection					
	ie of the organization FICE IN MOTION INC							Employer ide	ntification number
								72-1597864	
Pa		_	i ties. Complete if the are not required to	_		answered "Yes" on Fo part.	rm 990,	Part IV, line 1	7.
1	Indicate whether the	e organiza	ation raised funds thro	ough any	of the fo	ollowing activities. Check	all that a	oply.	
а	Mail solicitations				e	Solicitation of non-	-governm	ent grants	
b	Internet and ema	ail solicita	tions		f	Solicitation of gove	ernment g	ırants	
С	Phone solicitation	าร			g	Special fundraising	events		
d	☐ In-person solicita	ations							
2a						vidual (including officers, on with professional fundr			s 🗆 No
b			aid individuals or entit 5,000 by the organiza		draisers)	pursuant to agreements (under whi	ch the fundraise	r is
(i) ľ	Name and address of i		(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	THE SUDDES GROUP 1289 GRANDVIEW AVI COLUMBUS, OH 43212		DEVELOPMENT AND FUNDRAISING STRATEGY AND PROCESS CONSULTING	Yes	No No	0		132,000	-132,000
Γota	al				•			132,000	-132,000
	List all states in which licensing.	the orga	nization is registered	or licens	ed to soli	icit contributions or has b	een notifi	ed it is exempt f	rom registration or
NY			:=======	:::::::	:======			:========	
For F	Paperwork Reduction A	ct Notice,	see the Instructions fo	or Form 9	990 or 990	O-EZ. Cat. No.	50083H	Sc	hedule G (Form 990) 2022
					<u> </u>	ge 2 ————			
^ - I	adula C (Earm 000) 20								

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	coi. (c))
1120					
Revenue					
Seve					
ч					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				<u> </u>
	4 Cash prizes				
se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
쬬	7 Food and beverages				
ect	8 Entertainment				
ā	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 t11 Net income summary. Subtract line 10				
Par	t III Gaming. Complete if the orga		es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
	on Form 990-EZ, line 6a.	T	· I	· · · · · · · · · · · · · · · · · · ·	
11152110					
nue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Revenue	1 Gross revenue	(a) Bingo		(c) Other gaming	
	1 Gross revenue	(a) Bingo		(c) Other gaming	
enses		(a) Bingo		(c) Other gaming	
enses	2 Cash prizes	(a) Bingo		(c) Other gaming	
	2 Cash prizes	(a) Bingo		(c) Other gaming	
enses	2 Cash prizes	(a) Bingo			
enses	2 Cash prizes		bingo/progressive bingo		
enses	2 Cash prizes		bingo/progressive bingo	☐ Yes % ☐ No	
enses	2 Cash prizes	☐ Yes % No Shrough 5 in column (d)	bingo/progressive bingo Yes	☐ Yes % ☐ No	
enses	2 Cash prizes	☐ Yes % No Shrough 5 in column (d)	bingo/progressive bingo Yes	☐ Yes % ☐ No	
o Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) t line 7 from line 1, column on conducts gaming active	bingo/progressive bingo Yes % No n (d)	☐ Yes % ☐ No ▶ ▶	(a) through col.(c))
Direct Expenses	2 Cash prizes	Yes% No through 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	bingo/progressive bingo Yes % No n (d)	☐ Yes % %	(a) through col.(c))
a 6 Direct Expenses	2 Cash prizes	Yes % No Through 5 in column (d) It line 7 from line 1, column on conducts gaming activities in each of	bingo/progressive bingo Yes	☐ Yes	(a) through col.(c))
q a o	2 Cash prizes	Yes%_ No through 5 in column (d) t line 7 from line 1, column on conducts gaming active aming activities in each of	bingo/progressive bingo Yes % No n (d)	☐ Yes	Yes No
q a o	2 Cash prizes	Yes % No Through 5 in column (d) It line 7 from line 1, column on conducts gaming activities in each of the column activities in e	bingo/progressive bingo Yes	☐ Yes	Yes No

Scriedule & (FOLIII 550) 2022

		Pa	age 3 ——————					
Sche	dule G (Form 990) 2022						Р	age 3
11	Does the organization conduct gam	ing activities with nonmembers	?			Ves	□No	
12	Is the organization a grantor, benefition formed to administer charitable gan	iciary or trustee of a trust or a		entity		□ Yes	□No	
13	Indicate the percentage of gaming a					∪ res	∪ NO	
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	person who prepares the organ	ization's gaming/special events bo	oks and re	cords:			
	Name							
	Address							
15a	Does the organization have a contrarevenue?	ct with a third party from whom	m the organization receives gamin 	g 		□ Ves	□ No	
b	If "Yes," enter the amount of gamin	g revenue received by the orga	nization 🕨 \$	and th	е	_ 103	_ 110	
	amount of gaming revenue retained	by the third party 🕨 \$						
c	If "Yes," enter name and address of	the third party:						
	Name Name							
	Address							
16	Gaming manager information:							
	Name Name							
	Gaming manager compensation	\$						
	Description of services provided							
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor				
		_ ,	_ ,					
17	Mandatory distributions:							
а	Is the organization required under s	tate law to make charitable dis	tributions from the gaming procee	ds to				
b	retain the state gaming license? . Enter the amount of distributions re		tod to other exempt erganizations	or coent		☐ Yes	□ No	
b	in the organization's own exempt a			or speric				
Par	t IV Supplemental Informa	tion. Provide the explanati	ons required by Part I, line 2b cable. Also provide any additi					
	Return Reference	<u></u>	Explanation					
SCHE	DULE G, PART I, LINE 2B, COLUMN (OMPENSATED AS AN INDEPENDE THLY PAYMENTS OF \$11,000.	NT CONTRA	ACTOR \	VIA A CON	TRACT WI	HICH
				Sched	ule G (Fo	orm 990) 2	022	
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10/27/24, 8:15 AM efile Public Visual Render ObjectId: 202402279349300345 - Submission: 2024-08-14 TIN: 72-1597864 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization JUSTICE IN MOTION INC Employer identification number 72-1597864 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. $\hfill \Box$ Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study V **V** Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . . . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

The organization? Any related organization? If "Yes," on line 5a or 5b, describe in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?

If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

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

Cat. No. 50053T

5a

5b

6a

6b

7

8

No

No

No

Nο

Nο

No

Page 2 -

Schedule J (Form 990) 2022 Page 2 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(C) Retirement (E) Total of (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (D) Nontaxable (F) Compensation in and/or 1099-NEC and other benefits columns deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other reported as Bonus & reportable compensation compensation deferred on prior incentive compensation Form 990 compensation 1 CATHLEEN CARON 139,358 (i) 30,630 169,988 EXECUTIVE DIRECTOR 0 (ii)

0/27/24, 8:15 AM	Justice In Motion Inc - Full Filing- Nonprofit Explorer - ProPublica							
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			Page 3					
0								
Part III Supplemental Information								Page 3
Provide the information, explanation, or descriptions required	for Part I, lines 1a,	1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7	, and 8, and for Pa	rt II. Also complete	e this part for any	additional inform	ation.
Return Reference				Explanation		•		
						S	Schedule J (Forn	n 990) 2022
Additional Data							Retur	n to Form

Software ID: Software Version: efile Public Visual Render

ObjectId: 202402279349300345 - Submission: 2024-08-14

TIN: 72-1597864

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047
2022

Open to Public Inspection

Name of the organization JUSTICE IN MOTION INC

Employer identification number

72-1597864

Return Reference	Explanation
FORM 990, PART V, LINE 2A:	JUSTICE IN MOTION, INC. LEASES EMPLOYEES FROM A PROFESSIONAL EMPLOYMENT ORGANIZATION, TRINET. THE EMPLOYEES ARE CONSIDERED COMMON LAW EMPLOYEES OF JUSTICE IN MOTION, INC., HOWEVER, TRINET IS THE EMPLOYER OF RECORD AND EMPLOYEES GET THEIR W2S FROM TRINET.
FORM 990, PART VI, SECTION A, LINE 2	MARK CARON AND CATHLEEN CARON HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 4	DURING THE FISCAL YEAR THE ORGANIZATION UPDATED THEIR BYLAWS AS FOLLOWS: AUTHORITY OF THE TREASURER AND EXECUTIVE DIRECTOR WAS MODIFIED TO ALLOW THEM TO ENTER CONTRACTS AND TO SIGN CHECKS. BYLAWS WERE ALSO AMENDED TO DEFINE THAT ANY OUT OF BUDGET CONTRACT EXCEEDING \$50,000 WILL BE SUBMITTED TO THE FINANCE COMMITTEE AND SUBSEQUENTLY PRESENTED TO THE BOARD FOR APPROVAL.
FORM 990, PART VI, SECTION B, LINE 11B	THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE AND ADMINISTRATION DIRECTOR AND THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15A	THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY REGULARLY DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION USING DATA ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SIMILAR SERVICES. THE PROCESS WAS LAST CONDUCTED IN AUGUST 2023.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.
FORM 990, PART IX, LINE 11G	ADMINISTRATIVE CONSULTANTS: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 161,250. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 161,250. DEFENDER FEES: PROGRAM SERVICE EXPENSES 398,821. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 398,821. PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 84,784. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 84,784. COMMUNICATIONS AND DESIGN: PROGRAM SERVICE EXPENSES 1,443. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 118,683. TOTAL EXPENSES 120,126.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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