## **COPY OF FORM 990**

#### (TO BE USED, OR COPIED, FOR)

## **\*\*PUBLIC INSPECTION ONLY\*\***

#### **NOTE**

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

**<u>In-person requests:</u>** A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

<u>Website alternative</u>: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

**<u>Permissible charges</u>**: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

**<u>Penalties</u>**: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- *Exemption Application \$20 per day with no maximum.*
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**<u>Private foundation exempt</u>**: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

**Donor Information:** Please note that donor information is not open to public inspection and has been excluded from this copy.

\*\* Public Disclosure Copy \*\*

#### ggr Form

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

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

		the Treasury Je Service Go to www.irs.gov/Form990 for instructions and the	atest	information.	Inspection
A F	or the	2021 calendar year, or tax year beginning and endin			
B C	heck if oplicable	C Name of organization		D Employer identificat	ion number
	Addres	Administer Justice			
X	Name change	Doing business as		45-3450789	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	E Telephone number		
	Final return/	855-818-4554			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,231,663.
	Amende return	H(a) Is this a group retur	'n		
	Applica			for subordinates?	
	pending	same as C above		H(b) Are all subordinates include	
ΙT	ax-exe	mpt status: 🗴 501(c)(3) 🛄 501(c) ( ) ◀ (insert no.) 🛄 4947(a)(1) or 🤙	527	If "No," attach a list	
J۷	Vebsite	www.administerjustice.org		H(c) Group exemption n	umber 🕨
κF	orm of o	organization: 🗴 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨 📘	Year c	of formation: 2011 M S	tate of legal domicile: IL
Pa	rt I	Summary			
e	<b>1</b> E	Briefly describe the organization's mission or most significant activities: Empowering	vuln	erable neighbors	
nc	v	with the help of a lawyer and the hope of God's love			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	more	than 25% of its net asse	ts.
ove	3 N	Jumber of voting members of the governing body (Part VI, line 1a)			12
8 G		lumber of independent voting members of the governing body (Part VI, line 1b)			11
es {	<b>5</b> T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			19
Activities	<b>6</b> T	otal number of volunteers (estimate if necessary)			299
Acti		otal unrelated business revenue from Part VIII, column (C), line 12			0.
`	b١	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8 (	Contributions and grants (Part VIII, line 1h)		1,014,078.	2,992,121.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		17,678.	50,169.
Sev	<b>10</b> li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-13,377.	67,456.
-	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,311.	-26,657.
	<b>12</b> T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,024,690.	3,083,089.
	<b>13</b> (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	<b>14</b> E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	<b>15</b> S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots\dots}$		516,665.	849,756.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	bТ	otal fundraising expenses (Part IX, column (D), line 25)			
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		357,334.	312,402.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		873,999.	1,162,158.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		150,691.	1,920,931.
Net Assets or Fund Balances			Beę	ginning of Current Year	End of Year
sset	<b>20</b> T	otal assets (Part X, line 16)		772,984.	2,817,415.
at As		otal liabilities (Part X, line 26)		16,503.	39,616.
Lur Lur	22 1	let assets or fund balances. Subtract line 21 from line 20		756,481.	2,777,799.
Ра	rt II	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 any knowledge.

					Data				
Sign		Signature of officer			Date				
Here		Bruce Strom, CEO							
		Type or print name and title							
	Prir	nt/Type preparer's name	FIEHAIEI S SIGIIALUIE	Date	Check	PT	IN		
Paid	Sar	a Tibbott	Sara Vibbott	10/27/2022	2 <sup>if</sup> self-employed <b>i</b>	2014	86965		
Preparer	Firn	n's name 🍗 Capin Crouse, LLP			Firm's EIN 🕨 36-3	3990	892		
Use Only	Firn	n'saddress 👞 55 Shuman Blvd, Suite 30	0						
		Phone no.505-502	2-27	46					
May the II	RS d	iscuss this return with the preparer shown abo	ove? See instructions			X	Yes		No
						_	. 00	A	

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2021) Administer Justice	45-3450789 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Empowering vulnerable neighbors with the help of a lawyer and the hope	
	of God's love. Through neighborhood-based Gospel Justice Centers we	
	free people from the fear of confusing legal circumstances to provide	
	a customized plan for clarity, confidence and direction.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
	revenue, if any, for each program service reported.	
4a		nue\$ 50,169.)
	Administer Justice empowers vulnerable neighbors with the help of a	·,
	lawyer and the hope of God's love through the home of the church. Our	
	vision is to see 1,000 Gospel Justice Centers transforming lives in the	
	name of Christ. These centers are in neighborhood churches across the	
	country. Administer Justice trains volunteers for nine distinct roles	
	that simplify justice through a fully supported, turnkey operation.	
	Each Gospel Justice Center requires \$5,000 to open but once opened is	
	fully sustained through \$30 client copays. Donors support the funds to	
	launch a center and clients keep the doors open as they contribute a	
	small amount toward the help and hope they receive through a center.	
	(Continued on Sch O)	
4b	(Code: ) (Expenses \$ 116, 145. including grants of \$ ) (Rever	
	Administer Justice conducted a Low Income Taxpayer Clinic to provide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	representation of low income taxpayers in controversy with the Internal	
	Revenue Service. 172 total tax cases were worked in 2021. Total	
	donated services resulted in \$100,604 in donated tax volunteer	
	services.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rever	nue \$ )
		/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses > 1,047,764.	·,
		Form <b>990</b> (2021)

	990 (2021)         Administer Justice         45-3450789		Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		x
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	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U		8		x
9	Schedule D, Part III	0		<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<b> </b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ĺ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
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		x
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	х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		L	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
-				

Administer Justice

45-3450789

	990 (2021) Administer Justice 45-3450789		Р	age <b>4</b>
Pa	rt IV 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cale add a L David L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Vea" complete School de L. Dort IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C		28c		x
20	"Yes," complete Schedule L, Part IV	20C		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^ _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II	32		^ _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		
<u>.</u>	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<u> </u>	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		1
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Pa	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Vac	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	x	
12000				(2021)

132004 12-09-21

Form	990 (2021) Administer Justice 45-3450789		Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<b> </b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	711		
0		8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 <sup>~~</sup>	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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		l I
	If "Yes," complete Form 6069.			

Form	990 (2021) Administer Justice 45-3450789		Р	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	:		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.0		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and 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	х	
	Other officers or key employees of the organization	15b		х
	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ IL , CA , M			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıd finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Julie Roper - 855-818-4554			
	1750 Grandstand Place #15, Elgin, IL 60123			

Form 990 (			Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
4		and the second data in a state the data in a second s	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not o	Pos	ition	than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d	recto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			-
(1) Bruce Strom	40.00									
CEO		х		х				34,015.	0.	74,452.
(2) Steve Keist	1.00									
Chair		х		х				0.	0.	0.
(3) Dan Arnold	1.00									
Treasurer		х		х				0.	0.	0.
(4) Tempia Courts	1.00									
Secretary		х		х				0.	0.	0.
(5) Joe Abraham	1.00									
Director		х						٥.	0.	0.
(6) Maryann Mings	1.00									
Director		х						0.	0.	0.
(7) Lavon Koerner	1.00									
Director		х						٥.	٥.	0.
(8) Clement Leslie	1.00									
Director		х						0.	0.	0.
(9) James Charlton	1.00									
Director		Х						0.	0.	0.
(10) Jennifer McHugh	1.00									
Director		х						0.	0.	0.
(11) Kevin Drendel	1.00									
Director		х						0.	0.	0.
(12) Kenneth Edward Copeland	1.00									
Director		х						0.	0.	0.
		<u> </u>	<u> </u>		<u> </u>	<u> </u>				
		-								
							L			- 000 (222 )

Form 990 (2021) Administer J	ustice								45-3450	789		Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unle	(C Posi heck ss per nd a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e tion ted
							-						
1b Subtotal c Total from continuation sheets to Part V	II, Section A							34,015. 0. 34,015.		0. 0. 0.			,452. 0. ,452.
d Total (add lines 1b and 1c)         2         Total number of individuals (including but r compensation from the organization							ho r	,	l ),000 of reportabl			/ 1	, <u>4</u> 52.
												Yes	No
3 Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for s											3		x
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from			U		
and related organizations greater than \$15 5 Did any person listed on line 1a receive or									idual for services		4		X
rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors	•							•			5		X
1 Complete this table for your five highest co	-									ipens	ation 1	from	
the organization. Report compensation for (A) Name and business		ear e		ng v	vith	or w	rithi	n the organization's tax (B) Description of s		C	( <b>(</b> ompe		'n
		NO											
2 Total number of independent contractors ( \$100.000 of compensation from the organ	•	ot lii	nite	d to		se li: 0	steo	d above) who received n	nore than				

	990 ( <b>t VII</b>			ter Justi	ce				45-3450789	Page
rai	1 11					evente te enville	a in this Davt V/III			Г
		Check if Schedule O	cont	ains a respo	nse	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	L
							Total revenue	Related or exempt	Unrelated	Revenuè exclud
								function revenue	business revenue	from tax unde sections 512 - 5
6										30010113 012 0
Ϊ		Federated campaigns								
р		Membership dues								
and Other Similar Amounts		Fundraising events				269,440.				
ilaı		Related organizations								
E.		Government grants (cont		· ·		321,987.				
Ъ,	f	All other contributions, gifts,								
Æ		similar amounts not included	d abov			2,400,694.				
ğ	g	Noncash contributions included in	n lines	1a-1f <b>1g</b> \$						
an	h	Total. Add lines 1a-1f				🕨	2,992,121.			
						Business Code				
	2 a	Appointment Fees				541100	17,936.	17,936.		
ø	b	Membership Dues				900099	5,648.	5,648.		
Řevenue	с									
eve	d				_					
ш	е				_					
		All other program service	reve	nue		900099	26,585.	26,585.		
	g						50,169.	,		
	3	Investment income (inclu					, -			
	Ŭ	other similar amounts)	-				29,373.			29,3
	4	Income from investment								,-
	5									
	5	noyalles		(i) Real		(ii) Personal				
	•	Que en ante								
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	160,0	00.					
	b	Less: cost or other basis								
		and sales expenses								
	С	Gain or (loss)	7c	38,0	83.					
	d	Net gain or (loss)			<u></u>	►	38,083.			38,0
	8 a	Gross income from fundraisi								
		including \$	269	,440. of						
		contributions reported or								
		Part IV, line 18			8a	0.				
	b	Less: direct expenses			8b	26,657.				
		Net income or (loss) from			ts	🕨	-26,657.			-26,6
		Gross income from gamir		-						
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				· • • •				
		Gross sales of inventory,	-	-	<u> </u>					
	.5 u	and allowances			10a					
	h	Less: cost of goods sold			10a					
+	С	Net income or (loss) from	sale	s or inventor	у					
						Business Code				
an	11 a									
ē	b									
Kevenue	С							ļ		
-	d	All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instructi	ons			►	3,083,089.	50,169.	0.	40,79
										Farm 000

Administer Justice

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	108,467.	100,890.	7,577.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	39,954.	38,820.	1,134.	
7	Other salaries and wages	539,047.	462,869.	76,178.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	121,814.	121,814.		
10	Payroll taxes	40,474.	40,474.		
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	20,199.		20,199.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,614.	11,614.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	8,020.		8,020.	
12	Advertising and promotion	56,192.	56,192.		
13	Office expenses	65,696.	65,696.		
14	Information technology	45,319.	44,033.	1,286.	
15	Royalties				
16	Occupancy	52,946.	52,946.		
17	Travel	4,739.	4,739.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.004	0.004		
19	Conferences, conventions, and meetings	9,094.	9,094.		
20					
21	Payments to affiliates	84.5	84.0		
22	Depreciation, depletion, and amortization	713.	713.		
23		8,637.	8,637.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Membership and dues	11,481.	11,481.		
b			-		
с					
d					
e	All other expenses	17,752.	17,752.		
25	Total functional expenses. Add lines 1 through 24e	1,162,158.	1,047,764.	114,394.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21		1		Form <b>990</b> (202 <sup>-</sup>

	· · · · · ·	2		(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			335,315.	1	193,304
2	Savings and temporary cash investments				2	10,913
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			138,603.	4	
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs	tantial contribu	utor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disquali	fied persons (a	as defined			
	under section 4958(f)(1)), and persons describe	d in section 49	958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			3,530.	9	525
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	31,821.			
b	Less: accumulated depreciation		24,671.	1,723.	10c	7,150
11	Investments - publicly traded securities			291,888.	11	2,605,523
12	Investments - other securities. See Part IV, line				12	· ·
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1,925.	15	(
16	Total assets. Add lines 1 through 15 (must equ			, 772,984.	16	2,817,415
17	Accounts payable and accrued expenses			16,503.	17	39,616
18	Grants payable			,	18	,
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete l				21	
22	Loans and other payables to any current or forn					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa				24	
20	parties, and other liabilities not included on lines					
	of Schedule D	, .			25	
26	Total liabilities. Add lines 17 through 25			16,503.	26	39,616
- 20	Organizations that follow FASB ASC 958, che			_ ,	20	
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			756,481.	27	2,777,799
28	Net assets with donor restrictions			· · · · <b>/</b> - · = ·	28	
20	Organizations that do not follow FASB ASC 9				20	
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in				31	
32				756,481.	32	2,777,799
33	Total net assets or fund balances			772,984.	33	2,817,415
_ 33	Total liabilities and net assets/fund balances			,,2,504.	33	Form <b>990</b> (20

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) Administer Justice	45-3450789		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,083	,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,162	,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,920	,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		756	,481.
5	Net unrealized gains (losses) on investments	5		100	,387.
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 on 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	2	,777	,799.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igie Audit			x
Ŀ	Act and OMB Circular A-133?		3a		<u> </u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	ne of	the organization						Employer	identification number
			ster Justice						5-3450789
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
Гhe	orgar	nization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(ii	ii).		
4		A medical research organiz						)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C		0 ,		, ,			
6		A federal, state, or local gov	• •	nental unit described in s	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					he general	public described in
·		section 170(b)(1)(A)(vi). (C			rom a gov	onnontai		ne general	
8		A community trust describe		(1)(A)(vi) (Complete Par	• 11 )				
9		An agricultural research org				ad in coniu	unction with a	land-grant	college
3		or university or a non-land-							
		university:	grant college of agric			name, ong		the colleg	60
10		An organization that norma	lly reacives (1) more	than 22 1/20/ of its sup	nort from	oontributic	na mombora	hin face of	ad areas respire from
10		-	•					-	•
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the or	gamzation	alter Julie 30, 1975.
		See section 509(a)(2). (Con	•	ively to test for public or	fati Caa	nantian E(	O(a)(4)		
11 10	H	An organization organized a		•	•			and out the	numpered of one or
12		An organization organized a		•	•			•	• •
		more publicly supported or	-						neck the box on
		lines 12a through 12d that				-		-	
а		<b>Type I.</b> A supporting orga		-	•	-		•••••	
		the supported organization			a majority (	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus							
С		Type III functionally inte						lly integrate	ed with,
		its supported organizatio							
d		Type III non-functionally	• •					•	
		that is not functionally int		• •	•		-	1 an attent	iveness
	_	requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organiz	zation.			
		er the number of supported of	•						
g		vide the following information		ed organization(s).	(iv) Is the orga	nization listed	(1) (		(vi) Amount of other
		(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
<u>Fota</u>									

Sch		dminister Justi				45-3450789	Page <b>2</b>
Pa	rt II Support Schedule for	Organizations	Described in S	Sections 170(b	o)(1)(A)(iv) and	d 170(b)(1)(A)(vi)	
	(Complete only if you checke	d the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify u	under Part III. If the o	organization
	fails to qualify under the tests	s listed below, pleas	se complete Part III	.)			
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	217,896.	671,316.	848,647.	890,476.	2,992,121.	5,620,456.
2	Tax revenues levied for the organ-	,	,	,	,	, ,	
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	217,896.	671,316.	848,647.	890,476.	2,992,121.	5,620,456.
5	The portion of total contributions		,	,		_,	-,,
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,871,595.
6	Public support. Subtract line 5 from line 4.						3,748,861.
	ction B. Total Support						0,710,0011
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	217,896.	671,316.	848,647.	890,476.	2,992,121.	5,620,456.
	Gross income from interest,			010,017.		2,352,121.	5,010,150.
0							
	dividends, payments received on						
	securities loans, rents, royalties,	154.	1,315.	1,077.	586.	29,373.	32,505.
•	and income from similar sources	134.	1,313.	1,077.	500.	25,575.	52,505.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			2 0 2 7	6 335		9 363
	assets (Explain in Part VI.)			2,027.	6,335.		8,362. 5,661,323.
11	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities,		,			12	50,169.
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and stor						
-	ction C. Computation of Publ						66.00 04
	Public support percentage for 2021 (					14	66.22 %
15	Public support percentage from 2020					15	99.48 %
16a	<b>33 1/3% support test - 2021.</b> If the c	-					and X
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the c						
<i></i>	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
-	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances tes	-					J% or
	more, and if the organization meets the						<b>,</b> —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a b	oox on line 13, 16a,	16b, 17a, or 17b,	check this box a		
						Schedule A (F	orm 990) 2021

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

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2	021	<b>(f)</b> Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
U	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								_
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		•	•					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b 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 (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) c	organizati	on,	
	check this box and <b>stop here</b>	-					-	▶□	
See	ction C. Computation of Publi								
15	Public support percentage for 2021 (li	ne 8, column (f), <i>i</i>	divided by line 13,	column (f))		15			%
	Public support percentage from 2020					16			%
	ction D. Computation of Inves								
17	Investment income percentage for 202	<b>21</b> (line 10c. colu <sup>,</sup>	mn (f), divided by I	ine 13. column (f))		17			%
	Investment income percentage from 2					18			%
	<b>33 1/3% support tests - 2021.</b> If the						and line 1	7 is not	
	more than 33 1/3%, check this box an							▶	
b	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 3			_
	line 18 is not more than 33 1/3%, chee	ck this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies a	as a publicly suppo	orted orga	nization	▶∟	
20	Private foundation. If the organization	1 did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>	▶∟	

Page 4

Yes

No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- **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.**
- **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.* 
  - **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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

_	edule A (Form 990) 2021 Administer Justice 45-34 Tt IV Supporting Organizations (continued)	50789	Гi	age 5
14			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C		110		
Sec	detail in Part VI. Ition B. Type I Supporting Organizations	11c		
			Vac	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	s,	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructic	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have been engaged in			
		01-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 Administer Justice			45-3450789 Pag
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on I	Nov. 20, 1970 (explair	n in Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E	<u>.</u>
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> 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-function	-	d Type III supporting	organization (see
-				

instructions).

Schedule A (Form 990) 2021

	Administer         Justice           rt V         Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (contin		-3450789
Sect	ion D - Distributions	<u></u>	Contant		Curre
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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 t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distrik Amount
1	Distributable amount for 2021 from Section C, line 6			-	
2	Underdistributions, if any, for years prior to 2021 (reason-				
<u> </u>	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i					
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
i j 4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D,				

5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

nber

Name of the organization		Employer identification hui
	Administer Justice	45-3450789
Organization type	(check one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated 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

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

LX For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	En	ployer identification number
Administ	er Justice		45-3450789
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,098,04	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$125,203	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000	Person X Payroll 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 contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2021)		Page <b>3</b>
Name of or	rganization		Employer identification number
Administ	er Justice		45-3450789
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(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
		   \$	

lame of or	rganization			Employer identification number	
dminist	er Justice			45-3450789	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional sp	nrough <b>(e) and</b> the following line e aritable, etc., contributions of <b>\$1,000 o</b>	ntry For organizations		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I	·				
		(e) Transfer of gi			
	Transferee's name, address, and			ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
F		(e) Transfer of gi	 ft		
ŀ	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
F	I	(e) Transfer of gi	ft		
F	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	(e) Transfer of gift				
ŀ	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee	

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)	
------------	--

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

OMB No. 1545-0047 Open to Public Inspection

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

Employer	identification	number
4.5	2450500	

	Administer Justice			45-3450789	
Pa			Acco	unts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds		-
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	ferring		-
					No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7	7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	storically	y important land area	
	Protection of natural habitat	Preservation of a c	ertified h	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conserv		
	day of the tax year.			Held at the End of the Tax	Year
а	Total number of conservation easements		. 2a		
b	Total acreage restricted by conservation easements		. 2b		
с	Number of conservation easements on a certified historic str	ucture included in (a)	. 2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure			
	listed in the National Register		. 2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the or	ganizatio	n during the tax	
	year ▶				
4	Number of states where property subject to conservation east	sement is located 🕨			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			_
	violations, and enforcement of the conservation easements it	t holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation ea	sements during the year	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easeme	nts during the year	
	►\$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)		_
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement a	and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that de	scribes the	
	organization's accounting for conservation easements.				
Pa			er Simi	lar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance	sheet works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furthe	erance o	f public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	ince she	et works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of p	ublic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$	
			•	\$	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provid	e	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		►	\$	
	Assets included in Form 990. Part X			\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Sche	dule D (Form 990) 2021 Administer					45-34		Page <b>2</b>
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, o	or Othe	er Similar As	sets(conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of	the following tha	at make s	ignificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d		exchange progra				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they furth	er the organizati	on's exer	mpt purpose in l	Part XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, historical 1	reasures, or oth	er similar	assets		
	to be sold to raise funds rather than to be ma		V				Yes	No No
Pa	t IV Escrow and Custodial Arrang		ete if the organiz	ation answered	"Yes" on	Form 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia		-					
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:					
							Amoun	it
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance					<b>1</b> f		
	Did the organization include an amount on Fo					• • • • • • • • • • • • • • • • • • • •	Yes	
	If "Yes," explain the arrangement in Part XIII.							
Fa	T V Endowment Funds. Complete if	<u>,</u>				(d) Three years ba		r voare back
		(a) Current year	(b) Prior year		IS DACK			I YEATS DACK
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
Ť	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr			n (a)) held as:				
a	Board designated or quasi-endowment		_%					
a	Permanent endowment	%						
С	·	6						
0-	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are ne	a and administe	ered for tr	ie organization		Yes No
	by:						20(1)	
	(i) Unrelated organizations							
h	(ii) Related organizations							
4	Describe in Part XIII the intended uses of the			n:			<b>3b</b>	
	t VI Land, Buildings, and Equipm		ownent turius.					
1 4	Complete if the organization answered		) Part IV line 11	a See Form 990	) Part X	line 10		
							(d) Roo	k voluo
	Description of property	(a) Cost or o basis (investr	• • •	ost or other sis (other)	• •	cumulated preciation	( <b>u</b> ) 600	k value
10	Land							
	Land							
	Buildings							
	Leasehold improvements			31,821.		24,671.		7,150.
	Equipment			51,021.		21,071.		,,±30 <b>.</b>
	Other Add lines 1a through 1e. (Column (d) must ed		X column (P) lit	20 10 c )				7,150.
Tota	$\sim$	10an 0111 330, Fall	л, сошни (D), Ш			🔽		·,±50.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000, Dart IV, line	11b See Form 000 Part V line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	al derivatives	(1) 20011 1440		
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) [	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)		

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

Sche	edule D (Form 990) 2021 Administer Justice			45-3450789	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,658,056.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	100,387.		
b	Donated services and use of facilities	2b	447,923.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	26,657.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	574,967.
3	Subtract line 2e from line 1			3	3,083,089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,083,089.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		.    .	
1	Total expenses and losses per audited financial statements			1	1,636,738.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	447,923.		
b	Prior year adjustments	<b>2</b> b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	26,657.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	474,580.
3	Subtract line 2e from line 1			3	1,162,158.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,162,158.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19,	or if the	2021	
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection	
Name of the organization	e of the organization Employer								
	Administer	Justice					45-345078	39	
	complete this par	Complete if the organization answit.	ered "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a Mail solicitations e Solicitation of non-government grants									
<b>b</b> Internet and email solicitations <b>f</b> Solicitation of government grants									
c Phone solici		g 🛄 Specia	l fundra	aising	events				
d 🛄 In-person so									
•		or oral agreement with any individua	•	Ũ					
, , ,		art VII) or entity in connection with p			•			es No	
	•	viduals or entities (fundraisers) purs	uant to	agree	ements under which	the fu	undraiser is t	o be	
compensated at le	east \$5,000 by the	organization.							
			(iii)	Did	(1) Q		Amount paic		
(i) Name and addres		(ii) Activity	(iii) fundi have c	aiser ustody	(iv) Gross receipts		or retained by fundraiser	<sup>()</sup> to (or retained by)	
or entity (fund	uraiser)			ntrol of utions?	from activity	lis	ted in col. (i)	organization	
			Yes	No					
				<u> </u>					
Total	ich the organization	n in registered or lineneed to callet				 	overnet free		
or licensing.	ich the organizatio	n is registered or licensed to solicit	CONTIN	butions	s or has been notified	u it is	exempt from	registration	

Schedule G (Form 990) 2021

Administer Justice

45-3450789 Page **2** 

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ 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
			1 -	Open the Gates -		(add col. (a) through
			Elgin	Oakbrook	2	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	81,070.	. 141,800.	46,570.	269,440
	2	Less: Contributions	81,070.	141,800.	46,570.	269,440
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ß	5	Noncash prizes				
xhei isd	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages	3,000.	6,628.	11,926.	21,554
-	8	Entertainment				
	9	Other direct expenses	1,776.	1,776.	1,551.	5,103
		<b>B</b> <sup>1</sup> <b>1 1 1 1 1 1 1 1 1 1</b>			•	26,65
	10 11 rt I	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)		►	
Pa		Net income summary. Subtract line 10 from	n line 3, column (d)n n answered "Yes" on Forn		reported more than	-26,657
Pai	11	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization	line 3, column (d)	n 990, Part IV, line 19, or r	►	- 26 , 657 ( <b>d)</b> Total gaming (add
Pai	11	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization	n line 3, column (d)n n answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	- 26 , 657 ( <b>d)</b> Total gaming (add
Pal	11 rt I	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d)n n answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c
Pal	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	- 26 , 657 ( <b>d)</b> Total gaming (add
Pal	1 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n line 3, column (d) n answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	- 26 , 657 ( <b>d)</b> Total gaming (add
	1 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	- 26 , 657 ( <b>d)</b> Total gaming (add
Pal	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	- 26 , 657 ( <b>d)</b> Total gaming (add
Pal	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>reported more than (c) Other gaming (c) Other gaming </pre>	- 26 , 657 ( <b>d)</b> Total gaming (add
Pal	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>reported more than (c) Other gaming (c) Other gaming </pre>	- 26 , 657 ( <b>d)</b> Total gaming (add
	11 rt I 2 3 4 5 6 7 8	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 throut	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Column (c)	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>reported more than (c) Other gaming (c) Other gaming </pre>	- 26 , 65 ' (d) Total gaming (add

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ **Yes b** If "Yes," explain: \_\_\_\_\_ **Yes** 

132082 10-21-21

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021	Administer Just:	ice	45-3	450789	Page <b>3</b>
11	Does the organization conduct g	aming activities with nc	onmembers?		Yes	No
	Is the organization a grantor, be	neficiary or trustee of a t	trust, or a member of a partner			No No
13	Indicate the percentage of gamin					
					13a	%
						%
	Enter the name and address of t				. [ ]	
	Name 🕨					
	Address ►					
15a	a Does the organization have a co	ntract with a third party	/ from whom the organization re	eceives gaming revenue?	Yes	└── No
k	b If "Yes," enter the amount of gar	ning revenue received k	by the organization $\blacktriangleright$ \$	and the amount		
	of gaming revenue retained by th					
c	If "Yes," enter name and addres					
	Name 🕨					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation					
	Description of services provided	►				
	Director/officer	Employee	Independent contr	ractor		
17	Mandatory distributions:					
é	a Is the organization required unde	er state law to make cha	aritable distributions from the g	gaming proceeds to		□
	retain the state gaming license?				L Yes	∟ No
k		s required under state la	aw to be distributed to other ex	xempt organizations or spent in the		
Pa	organization's own exempt activ art IV Supplemental Info			I, line 2b, columns (iii) and (v); and F	Part III lines Q	9h 10h
			ride any additional information.		art III, intes s	, 30, 100,

Administer Justice

Part IV Supplemental Information (continued)	

SCHEDULE O (Form 990)

## 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45-3450789

Administer Justice

Form 990, Part III, Line 4a, Program Service Accomplishments:

Administer Justice has three unique distinctives that combined

differentiate our legal ministry services from all other organizations:

A) we affirm dignity and sustainability; B) we are Biblical and

holistic; C) we are church-led, team supported and neighborhood based.

In 2021, we launched a new campaign to Open the Gates for Justice and

Hope by establishing 300 Gospel Justice Centers by the end of 2025. We

entered a new partnership with The Salvation Army in the Western

Territory, received two significant lead gifts, and increased the

number of centers from 35 to 57. These centers were served by 136

volunteer attorneys and 299 trained support volunteers who together

served 3,140 neighbors in need.

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

Form 990 is prepared by an independent CPA firm and reviewed in detail by

the organization's top management. The reviewed Form 990 is then provided

to the board of directors prior to filing with the IRS.

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

The board has a policy manual which is reviewed with every new board member

and officer. One of the policies is the conflict of interest policy which

new board members and officers must sign off on when they join. Once a year

this is reviewed by existing board members and officers for the same

purpose. Should any potential conflicts of interest be disclosed, the board

#### member or officer would be asked to refrain from participation in any

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

Name of the organization	Employer identification number
Administer Justice	45-3450789
deliberation or decision with regard to matters affected by the	
relationship.	
Form 990, Part VI, Section B, Line 15a:	

The CEO's compensation is set by a committee of independent board members

after review of independent compensation data and evaluation of

performance. The organization utilizes multiple compensation comparability

reports to assist in determining fair and reasonable compensation. The

final compensation is approved at the board meeting and the process is

documented in the minutes.

Part VI, Section B, Line 15b:

The organization does not compensate any other officers or key employees.

Therefore, this line was answered no in accordance with the instructions.

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

The governing documents, conflict of interest policy and financial

statements are available upon request.

Form 990, Part VII:

Compensation reported in Part VII, column D is the amount reported on

the individual's W-2, box 1 or 5 (whichever amount is greater) per the

IRS instructions. In the case of minister's compensation when box 5 of

the W-2 is not applicable, box 1 compensation is used. Employee

deferrals to qualified retirement plans are normally captured in box 5,

not box 1 of Form W-2. For reporting purposes we have included the

minister's retirement plan deferrals in Part VII, column F.

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			TIN)	
•	Administer Justice				45-3450789			
File by the due date t filing your return. Se	for Number, street, and room or suite no. If a P.O. box, see instructions.							
instruction								
Enter th	he Return Code for the return that this application is for (fil	e a separa	te application for each return)			0	) 1	
Application			Application			R	eturn	
Is For			Is For				Code	
Form 990 or Form 990-EZ			Form 1041-A 0					
Form 4720 (individual)			Form 4720 (other than individual)				09	
Form 9	90-PF	04	Form 5227				10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 9	90-T (trust other than above)	06	Form 8870				12	
Form 9	90-T (corporation)	07						
<ul> <li>If the</li> <li>If this box</li> <li>I</li> <l< th=""><th>he organization named above. The extension is for the org <math>\boxed{X}</math> calendar year <u>2021</u> or</th><th>Group Exe and atta <u>Novembe</u> anization's</th><th>emption Number (GEN) I ich a list with the names and TINs of r 15, 2022 , to file is return for: d ending</th><th>f this is fo f all memb</th><th>r the whole g pers the exter npt organizat</th><th>roup, chec nsion is for.</th><th></th></l<></ul>	he organization named above. The extension is for the org $\boxed{X}$ calendar year <u>2021</u> or	Group Exe and atta <u>Novembe</u> anization's	emption Number (GEN) I ich a list with the names and TINs of r 15, 2022 , to file is return for: d ending	f this is fo f all memb	r the whole g pers the exter npt organizat	roup, chec nsion is for.		
<u>a</u> b If	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter an	y refundable credits and	3a	\$		0.	
_	stimated tax payments made. Include any prior year overp			3b	\$		<u> </u>	
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See			3c	s		0.	
	n: If you are going to make an electronic funds withdrawal				·	9-TE for pay	•	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)