# Federal Tax Return ADMINISTER JUSTICE 2022

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# Form **990**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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.

<u>A</u>	199910 037 1300	Today Chair	endar year, or tax				, and e	ending				
В	Check if a	applicable:	C Name of organizat	tion ADMINIST	TER JUSTICE			D	Employe	r identificatio	n number	
	Address	change	Doing business as	Company of the compan		1046-14V						
	Name cha	anno			s not delivered to street	address)	Room/suite	45	45-3450789			
ᆜ	Hame one	arige	1750 GRANDST	AND PLACE			15	E	Telephon	e number		
Ш	Initial return City or town				Sta	ate	ZIP code	/0	EE) 040	4554		
П	Final return.	/terminated	ELGIN		IL	0	60123	(8	55) 818-4	1554		
	i mai retum	rterminateu	Foreign country na	ame For	eign province/state/cou	inty	Foreign postal	code				
	Amended	return						G	Gross rec	eipts \$	1,2	26,354
	Applicatio	n pending	F Name and address	s of principal officer					1			
	, white and	politing			TAND OTE 45 EI	OIN II A	20100		A17	for subordinates'	Yes	X No
				7	TAND, STE 15, EL	LGIN, IL 6	50123		Salah A	es included?	Yes	No
1	Tax-exem	npt status:	X 501(c)(3)	501(c) (	(insert no.)	4947(a)(1)	or 527	If "No.	" attach a li	st. See instruc	tions	
J	Website:	: ww	v.administerjustice	e.org	2=38.3%			H(c) Group	evemntion	number		
ĸ	Form of c	organization	[ ]		ти Па			1				
		1703	76300 \$10000000000000000000000000000000000	Trust Ass	sociation Other	100	L Yea	r of formation	2011	M State o	of legal domicile:	IL
	Part I		nmary									
a)	1	Briefly de	escribe the organi	ization's mission	or most significar	nt activitie:	s: Emp	owering vu	ulnerable	neighbors	with the	
2		help of a	lawyer and the h	ope of God's love	е							,
'n												
Activities & Governance	2	Check th	is box if t	the organization	discontinued its o	neratione	or disposed	at more th	on 250/	of ito not or		
တ္တ			of voting member	rs of the governir	na hody (Part VIII)	ing 10	or dishosed			1 880 T	sseis.	40
ంర	4	Number	of independent vo	oting mombors of	fthe governing be	ille la)	W 11 - 2 1 1 1	DEC. 40. NE. ORG	* * *	3		10
es	5	Total pur	or independent vo	one plant die	tine governing bo	dy (Pari	vi, line (b).	8 90 8 8	300 ¥	4	in the same	10
<u>¥</u>	6	Total nur	nber of individuals	s employed in ca	ilendar year 2022	(Part V, 1	-			5		17
Ċ	6	Total nur	nber of volunteers	s (estimate if nec	essary)		<b>▶</b> • ∞ • •	500 00 00 00	34 (SA)	6		742
ď	7a	lotal unr	elated business re	evenue from Par	t VIII, column (C),	line 12.		A 165 N N	n n	7a		0
	b	Net unre	lated business tax	xable income fror	m Form 990-T, Pa	ut J, line 1	<u>1</u> ,		2 8 5	7b		
ē								Pr	ior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)							2,992	2,121	1.09	96,734
en	9	Program service revenue (Part VIII, line 2g) . 🍖 . 🐧							50	,169		54,269
Revenue	10	Investme	vestment income (Part VIII, column (A), lines 3, 4, and 7d)							,456		0
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								6,657		75,351
	12	Total reve	nue-add lines 8 th	hrough 11 (must e	egual Part VIII, colu	mn (A) lin	e 12\	<del></del>	3,083			26,354
	13	Grants a	nd similar amount	ts paid (Part IX o	column (A) lines 1	1_3\	0 12)		3,000	0	1,22	20,354
	14	Benefits	ts and similar amounts paid (Part IX, column (A), lines 1–3)							0		
S	15	Salaries	other compensation	n employee hene	fits (Part IX column	 . (A) linos	5 10)		0.40			0
Se	16a	Profession	nal fundraising fe	os (Port V sola	mp (A) line 11-	1 (A), III165	3-10)		848	0,756	86	55,426
Expenses								- 15.00P910		0		
X	17	Other and	draising expenses	(Part IX, Column	1 (D), line 25)		30,802					
_	17	Other exp	penses (Part IX, c	column (A) lines	11a-11d, 11f-24e	e)	1 H			,402	39	2,887
	18	rotal exp	enses. Add lines	15-17 (must equ	ial Part IX, columr	n (A), line	25) [		1,162	,158	1,25	8,313
L 60	19	Revenue	less expenses. S	jubtract line 18 fr	om line 12				1,920	,931	-3	31,959
Net Assets or Fund Balances			. ( /	/4				Beginning	of Current	Year	End of Year	
sse 3ala	20		ets (Part X, line 16	media.	x 90 c x 10 x x		20 0 00 1		2,817	,415	2,44	8,482
절	21		lities (Part X, line				[	- 100 IOC IO	39	,616	4	3,846
		Net asset	ts or fund balance	s. Subtract line 2	21 from line 20 .				2,777	.799		4,636
	rt II		nature Block				-					
Jnde	er penaltie:	s of perjury,	I declare that I have ex	xamined this return, in	cluding accompanying	schedules a	and statements,	and to the be	st of my kno	owledge		
and I	pelief, it is	true, correc	t, and complete. Declar	ration of preparer (oth	ner than officer) is base	d on all infor	mation of which	preparer has	any knowle	edge.		
Sig	n											
Hei		Signature	e of officer				3-3-3-		Date			
161	C	BRUCI	E STROM				CEO		170/20-2008			
		1	ype or print name and	title			- 020					
			Type preparer's name	Comment (ACC)	Preparer's signatur	·e		Date		200-0-M	PTIN	
Pai	d		240 8 150					Date	CH	eck if	DOS DIEN	
	parer	Todd	Zastrow					4/26/2		lf-employed	P00344693	
	Only	Firm's	name Zastrov	w & Co., Ltd						36-399265		
		Firm's			e 830, Oak Brook	11 60522	0.	200			AL SCHOOL STATE OF THE STATE OF	
100	the IDC							Pho	ne no.	(630) 954- <sup>-</sup>		
vidy	ine IRS	uiscuss	this return with th	e preparer show	n above? See ins	tructions.		<u> </u>		6 8 6	X Yes	No
	n		47 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	202 N N	80 7 7 8							

			\$8E	CONT.								
4a	(Code: ) (Expenses \$1,			(Revenue \$								
	Administer Justice empowers vulnerable neighbor			d's								
	love through the hope of the church. Our vision											
	transforming lives in the name of Christ. These			<u> </u>								
	country. Administer Justice trains volunteers for											
	justice through a fully supported, turnkey operati	on. Each Go	spel Justice									
	Center requires \$5,000 to open but once opened is fully sustained through \$30 client co-pays.											
	Donors support the funds to launch a center and	clients keep the doors oper	as they contribute	a								
	small amount toward the help and hope they rec	eived through a center.	· · · · · · · · · · · · · · · · · · ·									
			, 									
4h	(Codo: \/Evpopeoc \$	including grants of	¢	\ /Payanua \$	25 000 \							
4b	(Code: ) (Expenses \$ Administer Justice conducted a Low Income Tax	naver Clinic to provide repre	φ sentation of low inco	) (Ivevellue à	20,000 )							
	taxpayers in controversy with the Internal Reven											
	Low Income Taxpayer Clinic after the first quarte											
		OI ZOZZ.										
		7										
-		A3 66 860 860 860 865 865 865 865 865 865 865 865 865 865		W W M' 201								
4c	(Code: ) (Expenses \$	including grants of	\$	) (Revenue \$	)							
	DESTRUCTION OF THE PROPERTY OF											
4d	Other program services (Describe on Schedule 0	O.)										
	(Expenses \$ 0 including gra		0)(Revenue \$	0	)							
4e		1,152,193	/ /	——————————————————————————————————————								

Form 990 (2022) ADMINISTER JUSTICE 45-3450789 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 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 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D, Part X. 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 12b and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . X X 13 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.............

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . .

X

X

19

20a

Par	t IV Checklist of Required Schedules (continued)		1	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			990
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		X
w.	24b through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- TA		
C	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 V.	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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		<del>  ^</del>
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00		V
	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		<del>  ^</del>
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	0.3		95 ± 22
Marie and Toron	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	2Eh		
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		ļ —
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	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	-		LINES.
2000 500	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	E 6065 FB		Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	(3) (3) (3) (3) (4)		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	artae 1		
	reportable daming (dampling) winnings to prize winners?	1 10	ı X	1

Par	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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Х
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	L	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1,58,45-51	Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1/15	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		189	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		425	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	X = 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	SE INCHES	E COLUMN
1700	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			- V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	E = 18		
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, or any disqualified or other person engage in any activities			
ADDIN	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI

Sect	tion A. Governing Body and Management			To-
<b>3</b> 11		Samuel Co.	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
i.	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			latinos.
1740	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	9	3	
0274	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			57%
-	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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
C4	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	Χ
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.		
100	Did the ergonization have local charters branches as afflicted?	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Χ	-
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	401		
110			X	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10-	V	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^	
C	describe on Schedule O how this was done	42-	v	
13	Did the organization have a written whistleblower policy?	12c 13	X	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	14	^	
	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	
b	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.	100		
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	100	a long to	
	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, FL, IL, MI, NM, NY, OH, PA, SC, TN, WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	- XI		
	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 poli	су,		
	and financial 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 Suite 15, Elgin, IL 60123			

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ADMINISTER JUSTICE

	ABIMINIOTER COOTIOE	00,00	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII.		

Y

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	rson irect	than or is both is both is fruste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bruce Strom	40.00	1								
CEO		X	-	X		Х		45,514	0	65,291
(2) James Charlton	1.00	1300		V		1		0		0
President (2) Paniel Arnold	1.00	X	╁	Х		-	_	0	0	0
(3) Daniel Arnold Treasurer	1.00	X		X				0	0	0
(4) Tempia Courts	1.00		$\vdash$	-				- U	- J	
Secretary		X		Х				0	o	0
(5) Joe Abraham	1.00	_						8.5.308		
Director		X						0	0	0
(6) LaVon Koerner	1.00	1								
Director		X						0	0	0
(7) Jennifer McHugh Director	1.00	×						0	0	0
(8) Kevin Drendel	1.00							<u> </u>		
Director		X						0	О	0
(9) MaryAnn Mings Tennant	1.00							A SALES AND		,
Director		X						0	0	0
(10) Edward Kenneth Copeland	1.00									
Director		X						0	0	0
(11)		8								
(12)										
(13)								W		
(14)										

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					- APR	C)					
	(A)	(B)	(do r	not ch		ition more	than	one	(D)	(E)	(F)
	Name and title	Average hours					is bot		Reportable compensation	Reportable	Estimated amount
		per week			Y		_		from the	compensation from related	of other compensation
		(list any hours for	divic	stitu	Officer	ву е	nplo	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related	Individual to or director	tiona	3	Key employee	yee	=	1099-NEC)	1099-NEC)	related organizations
		organizations below	Individual trustee or director	Institutional trustee		yee	mpe	İ			
		dotted line)	8	stee			Highest compensated employee				
							ed				
(15)							1,000		4		
(16)											
(47)	N 16 10 10 10 10 10 10 10 10 10 10 10 10 10									V	3000
717		<b> </b>						. ,			
(18)											
_(::12											
(19)							4	1			
1						Common I					
(20)									2)		1999
							1				· · · · · ·
(21)					-			*			
(22)		379	-			9					
1441		}		9			3				
(23)					-			- 3			
			V								
(24)			7					= 3			, - <del>///////////////////////////////////</del>
N.							8				
(25)		<b>*</b>						500			
_						0					
1b	Subtotal		9 8	8		8	6 8		45,514	0	65,291
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)					87.9	* 8	8	0	0	0
2	Total number of individuals (including but not li		ted at					104	45,514	000 of	65,291
-	reportable compensation from the organization		ieu ai	JOVE	=) VV	110 1	ecen	veu	more than \$100,	000 01	4
			WII (S)							107	Yes No
3	Did the organization list any former officer, dire	ector, trustee, key	emp	loye	e, c	or hi	ghes	t co	mpensated		
	employee on line 1a? If "Yes," complete Sched	lule J for such inc	lividu.	al.	* 1			e Fi	A A was a second		3 X
4	For any individual listed on line 1a, is the sum	of reportable com	pens	atio	n ar	nd o	ther	com	pensation from		
	the organization and related organizations great									ŀ	
	individual			1980	*1 /2		× 12			[	4 X
5	Did any person listed on line 1a receive or acc	ue compensation	n from	an	y ur	rela	ated o	orga	anization or indivi	dual	
	for services rendered to the organization? If "Y	es," complete Sci	hedul	e J	for s	such	n per	son	<u> </u>		5 X
Sec.	tion B. Independent Contractors	SE PRE CHE			27		8 W	_		· · · · · · · · · · · · · · · · · · ·	
1	Complete this table for your five highest compecompensation from the organization. Report compensation.	ensated independ	ent c	ontr	acto	ors t	hat r	ece	ived more than \$	100,000 of	
- 10	(A)	impensation for tr	ie ca	end	iai y	/ear	endi	ng	8103800	organization's ta	190010.60
	Name and business add	ress							(B) Description of servi	ices Co	(C) ompensation
NON	E					12.0		12886	1 988		0
											0
			3007 324								0
										500-00012000	0
	Total annulas of independent of the control of the	90 p 9 0 m2 50				1g 50					0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ed to t	nos	e lis	sted	abov	ı (ev	who received		
	more than \$100,000 or compensation from the	organization					U	_			

45-3450789

Stat	ement	of R	evenue
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		Check if Schedule O contains a respon-	se or	note to any line ir	n this Part VIII			::: <u>L</u>
				8	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
· ·	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
ي ق	С	Fundraising events	1c	74,369				
An An	d	Related organizations	1d	0				
ia Gi		Government grants (contributions)	1e	308,305				
ns,		All other contributions, gifts, grants, and						
er S		similar amounts not included above	1f	671,666				
년 독	g	Noncash contributions included in	- 0.1	,,			1996	
d tr	9	lines 1a–1f	1g	\$ 0				
ပ္ ၕ	h	Total. Add lines 1a–1f			1,054,340			
				Business Code				
e l	2a	Appointment Fees		541100	49,540	49,540		
2	b	Membership Dues		900099	4,729	4,729		
yram Sen Revenue	С				0		4-4-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
E 9	d				•0			
Re	Δ				0			
Program Service Revenue	f	All other program service revenue			0			
Δ.	q	Total. Add lines 2a–2f			54,269			
	3	Investment income (including dividends, in			0,250	100 m		
	J	other similar amounts)			42,394	8		42,394
	4	Income from investment of tax-exempt bon			0	X 155000		
	5	Royalties			0			- 36
	•	(i) Rea		(ii) Personal				7.737 <b>~</b> 32-m ; 4
	6a	Gross rents 6a	a.c					
	b	Less: rental expenses . 6b						
	c	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Securi	ties	(ii) Other				
		sales of assets	4					
		other than inventory . 7a	0	0				
ne	b	Less: cost or other basis	A.					
Revenue		and sales expenses 7b	0	0				
e	С	Gain or (loss) 7c	0	0				
Ē	d	Net gain or (loss)			0			
Othe	8a	Gross income from fundraising						
0		events (not including \$ 74,369						
		of contributions reported on (line 16).		9				
		See Part IV, line 18	8a	74,369				
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising even	ts.		74,369			
	9a	Gross income from gaming activities.						
		See Part IV line 19.	9a	0				
	b	Less: direct expenses	9b	0				
	С	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	y		0			
2	2011			Business Code				
Miscellaneous Revenue	11a	Miscellaneous		900099	982	982		
scellaneo Revenue	b				0			
ev	С				0			
lisc	d	All other revenue			0			
Σ	е	Total. Add lines 11a-11d			982			
1800	12	Total revenue. See instructions			1,226,354	55,251	0	42,394

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this Pa	art IX	18 181 18 18/ 11 18 18 6	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	ol			
3	Grants and other assistance to foreign				
1100	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	Ť			I THE RESERVE THE PARTY OF THE
•	trustees, and key employees	110,805	86,625	0	24,180
6	Compensation not included above to disqualified	110,000	00,020		21,100
O	persons (as defined under section 4958(f)(1)) and				
	10.00	٥			
7	persons described in section 4958(c)(3)(B)	613,459	613,459		
7	Other salaries and wages	013,438	615,459		330 - 90
8	Pension plan accruals and contributions (include	o			
	section 401(k) and 403(b) employer contributions)	99,414	99,414		
9	Other employee benefits				
10	Payroll taxes	41,746	41,748		
11	Fees for services (nonemployees):	0			
a	Management	0			
b	Legal		<u> </u>	75 040	
С	Accounting	5 310		75,318	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	U			<del>1</del>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-40	(A), amount, list line 11g expenses on Schedule O.)	0	40.524	0	58
12	Advertising and promotion	19,592	19,534		
13	Office expenses	43,353	43,231		122
14	Information technology	120,656	120,656		
15	Royalties		50.040		- W
16	Occupancy	59,010	59,010		
17	Travel	17,961	17,961		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0 24,612	18,170		6 440
19	Conferences, conventions, and meetings	24,612	10, 170		6,442
20	Interest	0			
21	Payments to affiliates		2 200		0
22	Depreciation, depletion, and amortization	2,282	2,282	0	0
23	Insurance	8,183	8,183		
24	Other expenses. Itemize expenses not covered				
	above. (List miscerianeous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	44.400	44.400		
а	Miscellaneous	14,488	14,488		
b	Membership and Dues	7,432	7,432		
C		0			91 330 - <del>1911</del> -18
d	All alban annual				
e	All other expenses	1 250 212	1 450 400	75.040	20.000
25	Total functional expenses. Add lines 1 through 24e	1,258,313	1,152,193	75,318	30,802
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)				
	10110WING 30F 30-2 [A30 330-720]				

45-3450789

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .		3 9	
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	193,304	1	440,004
	2	Savings and temporary cash investments	10,913	2	32,428
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	2000	controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
m		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	)
Assets	7	Notes and loans receivable, net	0	7	0
138	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	525	9	6,418
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 34,469			
	b	Less: accumulated depreciation	7,150	10c	7,516
	11	Investments—publicly traded securities	2,605,523	11	1,956,654
	12	Investments—other securities. See Part IV, line 11	0	12	0,
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	5,462
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,817,415	16	2,448,482
	17	Accounts payable and accrued expenses	39,616	17	43,846
	18	Grants payable	0	18	N W W
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	· ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab	}	controlled entity or family member of any of these persons	0	22	200-4
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete	99		2
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	39,616	26	43,846
es		Organizations that follow FASB ASC 958, check here X		4	
nc Suc		and complete lines 27, 28, 32, and 33.		A STOR	
a	27	Net assets without donor restrictions	2,777,799	27	2,404,636
P	28	Net assets with donor restrictions	0	28	
H		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	H-3-2-3-4-1
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et	32	Total net assets or fund balances	2,777,799	32	2,404,636
Z	33	Total liabilities and net assets/fund balances	2,817,415	33	2,448,482

Form	990 (2022) ADMINISTER JUSTICE	45-345	0789	Pa	ge <b>12</b>
Pari	t XI Reconciliation of Net Assets			S - 6	E
	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		1,226	6,354
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,258	8,313
3	Revenue less expenses. Subtract line 2 from line 1	3		-31	1,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,777	7,799
5	Net unrealized gains (losses) on investments	5		-341	1,204
6	Donated services and use of facilities	6		_ 100_0	1 2
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		2,404	4,636
Part	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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
20	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	1 9 /8	2a	J. 6 (10)	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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?	8 8 8	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	s 760 m	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

### **SCHEDULE A** (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. 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization				Employer identification	n number
ADMINISTER JUSTICE					150789
Part I Reason for Public Charity Status. (A					
The organization is not a private foundation because it 1 A church, convention of churches, or association					
2 A school described in section 170(b)(1)(A)(ii)	. (Attach Schedule E (Forn	n 990).)			
3 A hospital or a cooperative hospital service or	ganization described in <b>se</b>	ction 170(b	)(1)(A)(iii	i).	
4 A medical research organization operated in c hospital's name, city, and state:	onjunction with a hospital	described ir	section	170(b)(1)(A)(iii). Er	nter the
5 An organization operated for the benefit of a c section 170(b)(1)(A)(iv). (Complete Part II.)	college or university owned	or operated	d by a go	vernmental unit desc	cribed in
6 A federal, state, or local government or govern	nmental unit described in s	ection 170	(b)(1)(A)(	v).	
7 X An organization that normally receives a substaction described in section 170(b)(1)(A)(vi). (Complete Section 170(b)(1)(A)(vi).		om a goveri	nmental u	unit or from the gene	ral public
8 A community trust described in section 170(b)	)(1)(A)(vi). (Complete Part	II.)			
9 An agricultural research organization describe or university or a non-land-grant college of agruniversity:	ed in section 170(b)(1)(A)(in riculture (see instructions).	x) operated Enter the r	in conjur name, city	nction with a land-gra r, and state of the co	ant college llege or
An organization that normally receives (1) mor receipts from activities related to its exempt fu support from gross investment income and un acquired by the organization after June 30, 19	nctions, subject to certain related business taxable in	exceptions;	and (2) r	no more than 33 1/3 511 tax) from busine	% of its
11 An organization organized and operated exclu	sively to test for public saf	ety. See <b>se</b>	ction 509	(a)(4).	
An organization organized and operated exclusion of one or more publicly supported organization. Check the box on lines 12a through 12d that or	ns described in section 50	9(a)(1) or s	ection 50	9(a)(2). See section	n 509(a)(3).
a Type I. A supporting organization operated, the supported organization(s) the power to organization. You must complete Part IV,	regularly appoint or elect a				
b Type II. A supporting organization supervise control or management of the supporting organization(s). You must complete Part I	rganization vested in the sa				
c Type III functionally integrated. A support	ing organization operated	in connection	on with, a	nd functionally integ	rated with,
its supported organization(s) (see instruction  d Type III non-functionally integrated. A sur	pporting organization oper	ated in coni	nection w	ith its supported org	
that is not functionally integrated. The organ requirement (see instructions). You must c					entiveness
e Check this box if the organization received functionally integrated, or Type III non-functionally integrated.	a written determination fro	m the IRS t	hat it is a		e III
f Enter the number of supported organizations .					0
g Provide the following information about the sup		F 22 27 27 27 27			
(ii) Name of supported organization (iii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the or listed in your docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No	3	
(A)		163	NO	Tunit or an artist	WAR TO THE TOTAL TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA
(B)					
(C)				1	
(D)					
(E)					<del>                                     </del>
Total				0	0
and the second s	THE PROPERTY OF THE PARTY OF TH	a promote was the second of		U	U

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 671,316 848.647 890,476 2,992,121 1,171,103 6,573,663 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . . 671,316 848,647 890,476 2,992,121 1,171,103 6,573,663 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . 350,000 Public support. Subtract line 5 from line 4 6,223,663 Section B. Total Support (c) 2020 (a) 2018 Calendar year (or fiscal year beginning in) (b) 2019 (d) 2021 (e) 2022 (f) Total Amounts from line 4 . . . . . . . . . . . . 671,316 848.647 890,476 2,992,121 1,171,103 6,573,663 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 1,315 1.077 586 29,373 42.394 74,745 Net income from unrelated business activities, whether or not the business is 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 2.027 6,335 982 9,344 11 Total support. Add lines 7 through 10. 6,657,752 12 Gross receipts from related activities, etc. (see instructions) 54,269 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 93.48% 66.22% 16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Internal Revenue Service Employer identification number Name of the organization 45-3450789 ADMINISTER JUSTICE Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 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 X 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

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).

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* religious, charitable, etc., contributions

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number ADMINISTER JUSTICE 45-3450789 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements. 2a Total acreage restricted by conservation easements . . . . Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after July 25, 2006, and not 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
  - b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- b Assets included in Form 990, Part X.

### Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation Land . . . . . . . . . . . . . . 0 0 0 b Buildings . . . . . . . . . . . . 0 0 0 0 Leasehold improvements . . . . . . 0 0 0 0 d 0 34,469 26,953 7,516 Other 0 е 0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).

Schedule D (Form 990) 2022

7.516

Part VII	Investments—Other Securities.			
		Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
AND STATE TO SHOW THE REAL PROPERTY OF THE PROPERTY OF	al derivatives	0		
	held equity interests	0		
			Walter Committee	
				_
(B)				
(E) (F)				
(G)	***************************************	CHAIN OF FREE ST		
(H)		DA HIP		
	nn (b) must equal Form 990, Part X, col. (B) line 12.) .	0		
Part VIII	Investments—Program Related.	Ves" 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:	
(1)		97	Cost or end-of-year market value	
(2)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(3)	5.555 <b>3.</b> 556 cm 5 5 9 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
(4)		<b>*</b>		
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
_(7)			*	
(8)			- W.C	
(9)				
A STATE OF THE PARTY OF THE PAR	nn (b) must equal Form 990, Part X, col. (B) line 13.) .	0		
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) Descrip	otion	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)	30			
(6)				_
(8)				
(9)	uman (h) musat a musat Familia (h) (in	no (F.)		_
Part X	Other Liabilities.		Part IV, line 11e or 11f. See Form 990, Part X,	0
	line 25.	170072-70		
1.		ion of liability	(b) Book value	- 2
_ ` ′	al income taxes	·		0
(2)	<u> </u>			
(3)				
(4)				
(5)				
(6)	CONTRACTOR			
(8)	20.00			-
(9)	70 5 10 NO 10 NO 10 10 10 10 10 10 10 10 10 10 10 10 10			
	umn (b) must equal Form 990, Part X, col. (B) lii	ne 25.)		0
	or uncertain tax positions. In Part XIII, provide the tex			
059	's liability for uncertain tax positions under FASB AS		47/A	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	т	10.000
1	Total revenue, gains, and other support per audited financial statements	1	2,280,718
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,054,364
3	Subtract line 2e from line 1	3	1,226,354
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	NE SE	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,226,354
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,653,881
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Other losses	2e	1,395,568
3	Subtract line 2e from line 1	3	1,258,313
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		
h	Other (Describe in Part XIII.)		
b			
	Add lines 4a and 4b	4c	0
	Add lines 4a and 4b	4c	
с 5	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		0 1,258,313
c 5 Part	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	5 V, line 4	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 V, line 4	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de 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 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313
5 Part Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4 ion.	1,258,313

Schedule D (Form 990) 2022 ADMINISTER JUSTICE	45-3450789	Page 5
Part XIII Supplemental Information (continued)		
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### SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

ADMI	NISTER JUSTICE			35.6	(0.5 ps.)	45-34	50789
Par	Fundraising Activities. Conform 990-EZ filers are not				ered "Yes" on For	m 990, Part IV, li	ne 17.
1	Indicate whether the organization ra				ng activities. Check	all that apply.	
а	Mail solicitations				of non-government g		
b	Internet and email solicitations				of government grant		
С	Phone solicitations				draising events		
d	In-person solicitations		у 🗀 🗀			1.00	
2a	Did the organization have a written	or oral agreemen	nt with any	individual	(including officers of	liractors trustage	
	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indiv					X	SUPERIOR DE CONTRE
	be compensated at least \$5,000 by			, p	ann 10 ag 100 17 110 a	A. A. S.	
						)	
	(i) None and address of individual		(iii) Did fund	draiser have		(v) Amount paid to	(vi) Amount paid to
	<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	custody o	r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
<u> </u>				COLUMN EST		col. (i)	organization
1			Yes	No			
				4.4	o	0	0
2	AND SEC. DANK			A 1			
3	12.00	*	1	Y	0	0	0
					О	0	0
4					0	0	0
5			P.		Ŭ	U	0
6		-			0	0	0
					0	0	0
7					0	0	0
8					0	0	0
9	<b>N</b>				0	0	^
10					U	U	0
					0	0	0
Total		,		8	ام	0	0
3	List all states in which the organizati	on is registered	or licensed	to solicit	contributions or has		
	registration or licensing.	J					
	·						
	***************************************						
			· 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				*************
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Part II

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events Breakfast Breakfast NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 27,840 46,529 0 74,369 Gross receipts . . . . 0 Less: Contributions . . . 0 Gross income (line 1 minus 27,840 46,529 74,369 0 Cash prizes . . . . . Noncash prizes . . . . 0 **Direct Expenses** 0 Rent/facility costs . . . 0 Food and beverages . . . 2.411 3,411 5,822 0 Entertainment . . . 0 400 0 800 Other direct expenses . . Direct expense summary. Add lines 4 through 9 in column (d) 6.622)Net income summary. Subtract line 10 from line 3, column (d) ... 67,747 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant bingo/progressive bingo Revenue (d) Total gaming (add (c) Other gaming col. (a) through col. (c)) 0 Gross revenue. Direct Expenses 0 2 Cash prizes . . 0 Noncash prizes . 0 Rent/facility costs . Other direct expenses Yes Yes Yes Volunteer labor . No Direct expense summary Add lines 2 through 5 in column (d) . . . . . . . . . . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d). 0 Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? . . . . . . . If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . .

Sched	ule G (Form 990) 2022 ADMINISTER JUSTICE	45-3450789	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes [	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	100 [	
а	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a	%
b		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	1-01,01-02	
	records:		
	Name		
	Address	<b>)</b>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	ies [	
	amount of gaming revenue retained by the third party \$0		
С	If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
6.	retain the state gaming license?	Yes _	No
a	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		0
Part		(iii) and (v); a	nd 0
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i		south)
	See instructions.		

### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number
ADMINISTER JUSTICE 45-3450789

Form 990, Part III, Line 4a: Program Service Accomplishments: Administer Justice has three
unique distinctives that combined to 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.
Form 990, Part III, Line 4a: In 2022 we continued our Open the Gates campaign to raise \$7
million dollars and open 300 Gospel Justice Centers by the end of 2025. At the end of the
year, we'd raised over \$4 million and had 80 Gospel Justice Centers at some stage of
opening/operating in 15 states. 36 of these were new in 2022. We saw a 22% increase in
volunteer attorneys serving (166) and a 30% increase in the value of services donated
(\$576,798). 742 trained volunteers served 3,374 clients with 94% of those clients being highly
satisfied with the legal help received and 93% reporting experiencing a deeper sense of God's
love. At the end of 2022 we entered a new partnership with Prison Fellowship to expand in five
cities in 2023 and our CEO secured a contract with InterVarsity Press to publish his new book,
Persevering Power, in 2023.
Form 990, Part VI, Section B, Line 11b: Form 990 is prepard 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 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

Schedule O (Form 990) 2022	Page	2
Name of the organization	Employer identification number	
ADMINISTER JUSTICE	45-3450789	
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.		
Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy	<del>-</del>	
and financial statements are available upon request.	134	
Form 990, Part VII, Compensation reported in Part VIII, 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	<b>J</b>	
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 VIII, column F.		
, C1		
<i>O</i>		
. 01		