Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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.

Α	For the	e 2023 cal	lendar year, or tax year beginning		, and e			
В	Check if a	applicable:	C Name of organization ADMINISTER	JUSTICE		D Employer	r identificatio	n number
Ц	Address	change	Doing business as					
П	Names also		Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	45-3450789	9	
	Name cha	ange	1750 GRANDSTAND PLACE		15	E Telephone	e number	
Ш	Initial retu	ırn	City or town	State	ZIP code	(855) 818-4	1554	
П	Cinal ratura	/terminated	ELGIN	IL	60123	(000) 010-4	1304	
ᆜ	ı ınaı returri	/leiiiiialeu	Foreign country name Foreign	province/state/county	Foreign postal			
Ц	Amended	d return				G Gross rec	eipts \$	1,148,616
П	Application	on pending	F Name and address of principal officer:			H(a) Is this a group return	for subordinates?	Yes X No
ш-	, .ppoao	poag	BRUCE STROM 1750 GRANDSTAN	ID STE 15 ELGIN II	60123	H(b) Are all subordinate	_	Yes No
						If "No," attach a lis	*	
	Tax-exer	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)	(1) or 527	ii No, attach a iis	st. See mstruc	uons
J	Website	: WW\	w.administerjustice.org			H(c) Group exemption	number	
K	Form of o	organization	n: X Corporation Trust Associa	tion Other	L Yea	ar of formation: 2011	M State o	of legal domicile:
	art I					2011		IL
	1		mmary	maat aignifiaant aativit	іоо: Г	aurarina vulnarahla	naiabbara	with the
φ	1	-	lescribe the organization's mission or	nost significant activit	ies: Emp	owering vulnerable	neignbors	with the
an S		neip of a	a lawyer and the hope of God's love					
Activities & Governance						4		
Š	2	Check th	his box if the organization disc	continued its operation	s or disposed	of more than 25%	of its net as	ssets.
Ŏ	3	Number	of voting members of the governing b	ody (Part VI, line 1a)			3	10
ø5 •∩	4	Number	of independent voting members of the	e governing body (Par	t VI, line 1b).		4	10
Ę.	5		ımber of individuals employed in calen				5	19
⋛	6		imber of volunteers (estimate if necess				6	891
Ş	7a		related business revenue from Part V				7a	0
	b		elated business taxable income from F				7b	
	<u> </u>	ivet unit	saled business taxable income nomi	Offit 990-1, Fait I, Illie		Prior Year	70	Current Year
		Contribu	itions and grants (Dart VIII line 1h)				1 2 1 0	
ne	8		utions and grants (Part VIII, line 1h).				4,340	999,219
ē	9		n service revenue (Part VIII, line 2g) .				4,269	82,066
Revenue	10		ent income (Part VIII, column (A), line		2,394	64,369		
-	11		evenue (Part VIII, column (A), lines 5,				5,351	2,962
	12	Total rev	enue—add lines 8 through 11 (must equ	al Part VIII, column (A),	line 12)	1,220	6,354	1,148,616
	13	Grants a	and similar amounts paid (Part IX, colu	ımn (A), lines 1–3) .			0	0
	14	Benefits	paid to or for members (Part IX, colu		0	0		
S	15	Salaries,	, other compensation, employee benefits	(Part IX, column (A), lir	es 5–10)	86	5,426	993,159
Expenses	16a	Professi	ional fundraising fees (Part IX, column	(A), line 11e)			0	0
be	b	Total fur	ndraising expenses (Part IX, column (I	D), line 25)	42,419			
ы	17		xpenses (Part IX, column (A), lines 11			392	2,887	447,506
	18		penses. Add lines 13–17 (must equal				3,313	1.440.665
	19		e less expenses. Subtract line 18 from		-		1,959	-292,049
Net Assets or	3					Beginning of Current		End of Year
ets	20	Total as	sets (Part X, line 16)				3,482	2,133,465
Ass	21						3,846	20,878
Net	22		ets or fund balances. Subtract line 21				4,636	2,112,587
	art II		Inature Block			2,40	1,000	2,112,001
			y, I declare that I have examined this return, inclu	ding accompanying schedul	es and statements	and to the hest of my kr	nowledge	
	•		ect, and complete. Declaration of preparer (other			•	•	
				,			•	
Się		Signa	ature of officer			Date		
He	re	_	UCE STROM		CEO			
					OLO			
			e or print name and title t/Type preparer's name	Preparer's signature		Date		PTIN
Ра	id	[' ''''	2. JPS proparor o namo	sparsi s signature			heck if	
		, Tod	ld Zastrow			4/18/2024 s	elf-employed	P00340693
	eparer	l	n's name Zastrow & Co., Ltd.			Firm's EIN	36-39926	•
US	e Only	,		R30 Oak Brook II GO	523		(630) 954	_
N .	41 17					Phone no.	(000) 904	
IVIa	v the Ih	suosin ox	s this return with the preparer shown	apove / See Instructio	1S			X Yes No

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	990 (2023)	ADMINISTER JUSTICE	43-3430769	Page Z
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	Empowe Through	escribe the organization's mission: ring vulnerable neighbors with the help of a lawyer and the hope of God's love. neighborhood-based Gospel Justice Centers we free people from the fear of confusing umstances to provide a customized plan for clarity, confidence and direction.		
2	the prior If "Yes,"	rganization undertake any significant program services during the year which were not lis Form 990 or 990-EZ?	Yes	X No
3	services	rganization cease conducting, or make significant changes in how it conducts, any progra	am Yes	X No
4	Describe expense	the organization's program service accomplishments for each of its three largest programs. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant expenses, and revenue, if any, for each program service reported.	-	
4a	love thro transforr country. justice th Center r Donors s	Administer Justice trains volunteers for nine different distinct roles that simplify rough a fully supported, turnkey operation. Each Gospel Justice equires \$5,000 to open but once opened is fully sustained through \$30 client co-pays. Support the funds to launch a center and clients keep the doors open as they contribute a count toward the help and hope they received through a center.	S	
4b	(Code:) (Expenses \$including grants of \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d		ogram services (Describe on Schedule O.)		
	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$	0)	

1,320,436

4e Total program service expenses

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," 1 Χ 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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. Χ 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 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a 11b Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c 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. . . 11e 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. Χ 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," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

Par	t 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	ما		V
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		_^
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		_^
~	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		\ _\
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		-
30	conservation contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes,"	J.		<u> </u>
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		É
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		.,	
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	<u> </u>

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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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			V
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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			V
h	and services provided to the payor?	7a 7b		Х
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
Ū	required to file Form 8282?	7c		Х
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		Χ
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			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
	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			
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
. •	excess parachute payment(s) during the year?	15		Х
	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		Х
. •	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governanc

Sect	ion A. Governing Body and Management			
			Yes	No
1a				
	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			
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		Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
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			
	one or more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
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 organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	- , ,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	
b	Other officers or key employees of the organization	15b	Χ	
	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	100		, ,
-	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, IL, MI, NY, OH, PA, SC, TN			
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.	` '		
	X Own website X 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 pol	icy,		
	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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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(C)

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, unles		rson irecto	re than one in is both a ctor/trustee			(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									
CEO	40.00	Χ		Χ		Χ		47,086	0	70,750
(2) James Charlton	1.00									
President	1.00	Х		Χ				0	0	0
(3) Daniel Arnold	1.00									
Treasurer	1.00	Χ		Χ				0	0	0
(4) Tempia Courts	1.00									
Secretary	1.00	Х		Χ				0	0	0

1.00 1.00

1.00

1.00

1.00

1.00

1.00

Х

(5) Joe Abraham

(7) Jennifer McHugh

Kevin Drendel

(6) Lori Kim

Director

Director

Director

(8)

(b) Reviil Brender	1.00						
Director	1.00	Χ			0	0	
(9) MaryAnn Mings Tennant	1.00						
Director	1.00	Χ			0	0	
(10) Edward Kenneth Copeland	1.00						
Director	1.00	Χ			0	0	
(11)							
(12)							
(13)							
(14)							

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45-3450789

Pa	art VI Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	ployees (co	<u>ntinı</u>	леd)	
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	than is both	n an	(D) Reportable compensation	(E) Reportable compensatio		Estimate	(F) ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee		from the organization (W-2/ 1099-MISC/ 1099-NEC)	from relate organizations (1099-MISC 1099-NEC	d W-2/ C/	compe fror organiz	ensation in the ation and ganizations
(15)										4			
(16)													
(17)										*			
(18)													
				4	, (4		-			\dashv		
											\dashv		
											$\overline{}$		
			X								_		
(25)		1											
1b	Subtotal			-		-			47,086		0		70,750
С	Total from continuation sheets to Part VII, So								0		0		70.750
<u>d</u>	Total (add lines 1b and 1c)							ived	47,086 more than \$100	000 of	0		70,750
	reportable compensation from the organization				٠, .					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	Did the organization list any former officer, dire	ector, trustee, ke	v em	nlov	ee.	or h	niahe:	st co	ompensated		ſ	Y	es No
	employee on line 1a? If "Yes," complete Sched										. [3	Х
4	For any individual listed on line 1a, is the sum of												
	the organization and related organizations greated individual.											4	X
5	Did any person listed on line 1a receive or accr								anization or indiv			4	1^
	for services rendered to the organization? If "Ye	•			-			_				5	Х
	tion B. Independent Contractors									100000 1			
1	Complete this table for your five highest compe compensation from the organization. Report co											ax year	
	(A) Name and business addr								(B) Description of serv			(C) compensa	
NON									Boompton of con-	NICOCO .		отпротива	(
													(
													(
													(
2	Total number of independent contractors (include	ding but not limit	ted to	tho	se l	iste	d abo	ve)	who received				
	more than \$100,000 of compensation from the	organization					1						

45-3450789

Statement of Revenue

		Check if Schedule O contains a response of	or note to any line in	i this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S	1a	Federated campaigns	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
G Jou	С	Fundraising events	92,915				
fts, · Ar	d	Related organizations	0 k				
Gi Ilar	е	Government grants (contributions) 16	142,375				
ns, Sim	f	All other contributions, gifts, grants, and	Í				
itio er S	_	similar amounts not included above 11	f 763,929		4		
ib.	g	Noncash contributions included in					
ontr d C	9		9 \$ 0				
a an	h	Total. Add lines 1a–1f		999,219			
	- ''	Total. Add lines 1a-11	Business Code	999,219			
e)	2a	Appointment Fees	541100	78,776	78,776		
vic	b	Mambarahin Duas	900099	3,290	3,290		
gram Serv Revenue			900099	3,290	5,290		
n S /er	C			0			
rai Re	d			0			
Program Service Revenue	e	All all an area area are in a second		0			
<u> </u>	- I	All other program service revenue		82,066			
	<u>g</u> 3	Total. Add lines 2a–2f		62,000			
	3	Investment income (including dividends, interedition other similar amounts)		64,369			64.260
	4	Income from investment of tax-exempt bond p	The second secon	04,309			64,369
	4 5	·		0			1
	3	Royalties	(ii) Personal	0			
	6a	Gross rents 6a	(), Greene,				
	b	Less: rental expenses . 6b					
	C		0 0				
	d	Net rental income or (loss)	0	0			
	7a	Gross amount from (i) Securities	(ii) Other	0			
	, u	sales of assets					
			0 0				
<u>e</u>	b	Less: cost or other basis	3				
Revenue	~	and sales expenses 7b	0 0				
eve	С		0 0				
r R	d	Net gain or (loss)	0 0	0			
her	8a	Gross income from fundraising	1	J			
Oth		events (not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18	a				
	b	Less: direct expenses 8t)				
	С	Net income or (loss) from fundraising events .		0			
		Gross income from gaming activities.					
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9t	0				
		Net income or (loss) from gaming activities .		0			
		Gross sales of inventory, less					
		returns and allowances	a 0				
	b	Less: cost of goods sold	b 0				
		Net income or (loss) from sales of inventory .		0			
S		, 111, 1111 1110 01 11101 1	Business Code				
e e	11a	Miscellaneous	900099	2,962	2,962		
ane inu	b			0	,. ,-		
scellaneo Revenue	С			0			
Miscellaneous Revenue	d	All other revenue		0			
Ξ	е	Total. Add lines 11a–11d	. <u></u>	2,962			
	12	Total revenue. See instructions		1,148,616	85,028	0	64,369

Page **10**

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 contain ote to any line in this Part IX

	Check if Schedule O contains a response or note	to any line in this Pa	artix		
	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		<u>'</u>		·
-	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	•			
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	846,454	757,460	46,575	42,419
8	Pension plan accruals and contributions (include	0.0,.0.	,	.0,0.0	,
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	98,675	98,675		
10	Payroll taxes	48,030	48,030		
11	Fees for services (nonemployees):	.0,000	10,000		
а	Management	0			
b	Legal	0			
C	Accounting	64,364	48,542	15,822	
d	Lobbying	0	.0,0.1	.0,022	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
ŭ	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	39,462	39,462		
13	Office expenses	51,855	50,720	1,135	
14	Information technology	107,474	107,474	,	
15	Royalties	0			
16	Occupancy	50,599	50,599		
17	Travel	24,047	16,187	7,860	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	80,727	80,727		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,146	2,146	0	0
23	Insurance	6,418		6,418	
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 O.)				
а	Miscellaneous	6,361	6,361		
b	Membership and Dues	14,053	14,053		
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	1,440,665	1,320,436	77,810	42,419
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)				

Form 990 (2023) ADMINISTER JUSTICE 45-3450789 Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	440,004	1	176,555
	2	Savings and temporary cash investments	32,428	2	187,407
	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%		<u> </u>	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
Ą	9	Prepaid expenses and deferred charges	6.418	9	8,014
	10a	Land, buildings, and equipment: cost or	0,410	<u> </u>	0,014
	IUa	other basis. Complete Part VI of Schedule D 10a 35,871			
	L	Less: accumulated depreciation	7,516	10c	6.770
	b	· · · · · · · · · · · · · · · · · · ·		11	6,772 1,751,972
	11	Investments—publicly traded securities	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	5,462	15	2,745
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,448,482	16	2,133,465
	17	Accounts payable and accrued expenses	43,846	17	20,878
	18	Grants payable	0	18	
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	
_	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			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	43,846	26	20,878
S		Organizations that follow FASB ASC 958, check here X			
ည		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,404,636	27	2,112,587
B	28	Net assets with donor restrictions	0	28	2,112,007
nd		Organizations that do not follow FASB ASC 958, check here	U		
Fu		and complete lines 29 through 33.			
ō	20	Capital stock or trust principal, or current funds		20	
ţ	29		0	29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Ä	31			31	0 440 507
Žet	32	Total net assets or fund balances	2,404,636		2,112,587
	33	Total liabilities and net assets/fund balances	2,448,482	33	2,133,465

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.

Form 990 (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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.

Inspection

Employer identification number

ADM	IINI:	STER JUSTICE					45-34	50789		
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.			
The	orga	anization is not a private foundat	•	•	-		,			
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).			
2		A school described in section 1	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		A			
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).			
4		A medical research organizatio	n operated in conjui	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii), Er	iter the		
		hospital's name, city, and state		,						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
6		A federal, state, or local govern	ment or governmen	ntal unit described in se	ection 170)(b)(1)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in		•	II.)					
9		An agricultural research organi				d in coniur	nction with a land-gra	ant collec	ie	
		or university or a non-land-grar university:							, -	
10		An organization that normally re	eceives (1) more tha	an 33 1/3% of its suppli	ort from co	ontribution	s membership fees	and gro	 ss	
		receipts from activities related t	o its exempt functio	ns, subject to certain e	exceptions	; and (2) i	no more than 33 1/3	% of its		
		support from gross investment						sses		
	_	acquired by the organization af				,				
11	\vdash	An organization organized and	•		•		. , ,			
12		An organization organized and one or more publicly supported								
		Check the box on lines 12a thro								
а		Type I. A supporting organiz								
		the supported organization(sorganization)			majority o	of the dire	ctors or trustees of the	ne suppo	rting	
b		Type II. A supporting organization	•		on with its	eunnorta	d organization(s) by	havina		
D		control or management of th							d	
		organization(s). You must c			•		9	• •		
С		Type III functionally integr						rated wit	h,	
اء ما		its supported organization(s		•				ani z ation	·/a\	
d		Type III non-functionally in that is not functionally integr								
		requirement (see instruction								
е		Check this box if the organiz					Type I, Type II, Typ	e III		
		functionally integrated, or Ty		illy integrated supportir	ng organiz	ation.				
T		Enter the number of supported Provide the following information							0	
y	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) A	mount of	
				(described on lines 1–10	listed in you	ur governing	support (see		upport (see	
				above (see instructions))	docui	ment?	instructions)	instr	uctions)	
					Yes	No				
(A)										
(B)										
(C)										
` ,										
(D)					_	_				
(E)										
Tota	<u> </u>						0		0	
· via									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.)

Sec	ction A. Public Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	848,647	890,476	2,992,121	1,171,103	1,081,285	6,983,632
2	Tax revenues levied for the						
	organization's benefit and either paid					•	
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	848,647	890,476	2,992,121	1,171,103	1,081,285	6,983,632
5	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)						
6	Public support. Subtract line 5 from line 4						6,983,632
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	848,647	890,476	2,992,121	1,171,103	1,081,285	6,983,632
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			*			
	similar sources	1,077	586	29,373	42,394	64,369	137,799
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	2,027	6,335		982	2,962	12,306
11	Total support. Add lines 7 through 10						7,133,737
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2023 (line 6, c	olumn (f), divided b	y line 11, column	(f))		14	97.90%
15	Public support percentage from 2022 Sched	ule A, Part II, line 1	4			15	93.48%
16a	33 1/3% support test—2023. If the organiz	ation did not check	the box on line 13	s, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	a publicly support	ed organization .				X
b	33 1/3% support test—2022. If the organiz	ation did not check	a box on line 13 c	or 16a, and line 15 i	s 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organization	n			
17a	10%-facts-and-circumstances test—2023						·
	10% or more, and if the organization meets to Part VI how the organization meets the facts						
	organization		•	•			
h	10%-facts-and-circumstances test—2022						· · · · <u> </u>
J	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						<u></u>
	organization		•	•			
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see		
	instructions						

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.)

Sec	ction A. Public Support	any ander the	tooto notou bon	ovv, produce con	ipioto i art ii.)		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,	. ,	. ,	, ,	, ,	
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					A	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	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	0	• •	0	0	0	0
	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						0
Sec	tine 6.)						0
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	*					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	-					
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	_	-	_	_	اء	-
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here.			•	. , , ,		
<u> </u>							· · · · · <u>L</u>
	Ction C. Computation of Public Sup			(f \)		15	0.00%
15 16	Public support percentage for 2023 (line 8, c Public support percentage from 2022 Sched					16	0.00%
	ction D. Computation of Investmen			<u> </u>		10	0.0070
17	Investment income percentage for 2023 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2022 Se					18	0.00%
	33 1/3% support tests—2023. If the organi					_	2.2370
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2022. If the organi				-		
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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.)

	Yes	No
4		
1		
2		
3a		
3b		
3c		
4a		
4a		
4b		
4c		
5a		
- Ju		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
33		
10a		
10b		

	ale A (Form 990) 2023 ADMINISTER JUSTICE	45-3450789	P	Page 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	nd		
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p	rovide		
	detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations		1	1
		\	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ICEIS,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one si	unported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and	*		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
• •	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations		1.7	
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the director	ro 🗔	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo 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 management			
	the supported organization(s).	1		
Secti	ion 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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
•	organization's governing documents in effect on the date of notification, to the extent not previously provid			
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 "			
	the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has	•		
	a significant voice in the organization's investment policies and in directing the use of the organization's	5		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instruction	is).	
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.	ntal entity (see instruc	tions).	
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 purpose			
	how the organization was responsive to those supported organizations, and how the organization determine	ned		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvements of the organization's appropriately appr			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "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	of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	rd. 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year			
•		(71) Their real	(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	0	0			
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	0	0			
Section 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):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d	0	0			
e Discount claimed for blockage or other factors						
(explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3	0	0			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
see instructions).	4	0	0			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0			
6 Multiply line 5 by 0.035.	6	0	0			
7 Recoveries of prior-year distributions	7	0	0			
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0			
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0			
2 Enter 0.85 of line 1.	2		0			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0			
4 Enter greater of line 2 or line 3.	4		0			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6		0			
7 Check here if the current year is the organization's first as a non-functionally instructions).	inte	egrated Type III supporting o	organization (see			
instructions).						

Part '	Type III Non-Functionally Integrated 509(a)(3	<u>) Supporting Organi</u>	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	I	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ations 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	5	
6	Other distributions (describe in Part VI). See instructions.		, 6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019 0			
С	From 2020 0			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount	<u> </u>		0
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount			0
	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020 0			
C	Excess from 2021 0			
d	Excess from 2022 0			
е	Excess from 2023 0			

ADMINISTER JUSTICE Schedule A (Form 990) 2023 45-3450789 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

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

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

Name of the organization

ADMINISTER JUSTICE

Creanization type (check one):

Employer identification number

45-3450789

organization type (energy tensor).						
Filers of:	Section:					
Form 990 or 990-EZ	X 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 cov	ered by the General Rule or a Special Rule .					
Note: Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.					
Special Rules						
· <u></u>						
regulations under section 16b, and that received fr	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or om any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the year literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III.					
contributor, during the ye contributions totaled mod during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re-than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year					

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).

Name of organization
ADMINISTER JUSTICE
Employer identification number
45-3450789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	NKC Family Foundation 501 W State Geneva IL 60134 Foreign State or Province: Foreign Country:	\$45,000	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		
2	Anonymous Unknown Elgin IL 60123 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	David and Cindy Hoag 1163 Longfellow Dr Manhattan Beach CA 90266 Foreign State or Province: Foreign Country:	\$55,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Christian Legal Aid of Arizona PO Box 1734 Glendale AZ 85311 Foreign State or Province: Foreign Country:	\$ <u>30,213</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Estate of William M Bryan, Jr 1235 Burtwood Dr Fort Meyers FL 33901 Foreign State or Province: Foreign Country:	\$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		
6	Fox Valley Evangelical Free Church 37W073 Huntley Road West Dundee IL 60118 Foreign State or Province: Foreign Country:	\$ <u>22,566</u>	Person X Payroll		

Name of organization
ADMINISTER JUSTICE
Employer identification number
45-3450789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	Mary Howard 1824 Mission Hills Ln Northbrook IL 60062 Foreign State or Province: Foreign Country:	\$35,000	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			
88	Joseph and Mary Slawek 1662 Jacobs Dr Gallatin TN 37066 Foreign State or Province: Foreign Country:	\$100,000	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)			

Name of organization
ADMINISTER JUSTICE
Employer identification number
45-3450789

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of org				Employer identification number				
Part III	ER JUSTICE	entributions to	organizations describe	45-3450789				
rait III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and							
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,							
	contributions of \$1,000 or less for the year							
	Use duplicate copies of Part III if additional			· · · · · · · · · · · · · · · · · · ·				
(a) No.	41.5	,		(1) 5				
from Part I	(b) Purpose of gift	(С) Use of gift	(d) Description of how gift is held				
		(e) T	ransfer of gift					
	Transferee's name, address, and 2	ZIP + 4	Relationshi	p of transferor to transferee				
	For. Prov. Country							
(a) No.	For. Prov. Country							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I				/				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No.	For. Prov. Country							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I			-					
		<u> </u>						
		/						
		(e) 1	ransfer of gift					
	(c) comment to give							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(-) N -	For. Prov. Country							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(O) aprobably	,,,	, g	(4, 2 00004)				
	(e) Transfer of gift							
		(0)	or gint					
	Transferee's name, address, and 2	ZIP + 4	Relationshi	p of transferor to transferee				
	Transition o maine, address, and z	· 	Rolationsiii	p				
	For. Prov. Country							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	of the organization		Employer identific	cation number		
ADM	NISTER JUSTICE			45-3450789		
Part	Organizations Maintaining Donor A Complete if the organization answere		ids or Accoui	nts.		
		(a) Donor advised funds	(b) Fun	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)		1			
4	Aggregate value at end of year					
5	Did the organization inform all donors and dono	r advisors in 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					
	only for charitable purposes and not for the ben		y other purpose	•		
	conferring impermissible private benefit? . $\ \ .$			Yes No		
Part	Conservation Easements.					
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by Preservation of land for public use (for example		n of a historicall	y important land area		
	Protection of natural habitat			istoric structure		
		1 reservatio	ii oi a cerunea ii	iistorio structure		
2	Preservation of open space Complete lines 2a through 2d if the organization	a hold a gualified conservation contribution	in the form of a	concentation		
2	easement on the last day of the tax year.	Theid a qualified conservation contribution		Held at the End of the Tax Year		
_				Held at the Elid of the Tax Tear		
a	Total number of conservation easements Total acreage restricted by conservation easem	· · · · · · · · · · · · · · · · · · ·	2a 2b			
b	Number of conservation easements on a certific					
c d	Number of conservation easements included or		. 20			
u	not on a historic structure listed in the National		2d			
3	Number of conservation easements modified, tr			ganization during		
	the tax year	, so		gg		
4	Number of states where property subject to con	servation easement is located				
5	Does the organization have a written policy reg		handling of			
	violations, and enforcement of the conservation			Yes No		
6	Staff and volunteer hours devoted to monitoring, ins		onservation ease	ments during the year		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing conse	rvation easement	s during the year		
8	Does each conservation easement reported on	line 2d above satisfy the requirements of s	section 170(h)(4)(B)(i)		
•				Yes No		
9	In Part XIII, describe how the organization repo		and expense sta			
	balance sheet, and include, if applicable, the te					
	organization's accounting for conservation ease					
Part			Other Simila	r Assets.		
	Complete if the organization answere					
1a	If the organization elected, as permitted under F	ASB ASC 958, not to report in its revenue	statement and	balance sheet		
	works of art, historical treasures, or other simila	r assets held for public exhibition, education	on, or research i	n furtherance of		
	public service, provide in Part XIII the text of the	e footnote to its financial statements that de	escribes these it	ems.		
b	and the second of the second o					
	of art, historical treasures, or other similar asset	· · · · · · · · · · · · · · · · · · ·				
	service, provide the following amounts relating					
	(i) Revenue included on Form 990, Part VIII, lir			\$		
	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art					
	following amounts required to be reported unde		3	•		
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>		\$		
b	Assets included in Form 990. Part X			\$		

Part		Organizations Maintaining (Collec	ctions of A	rt, Histo	rical Tre	asures, or (Other S	Similar Asset	s (conti	nued)	
3	Usi	ng the organization's acquisition, ac	cessi	on, and othe	r records,	check any	of the following	ng that i	make significant	t use of it	.S	
	coll	ection items (check all that apply).				1						
а		Public exhibition			d	Loan or	exchange pro	gram				
b		Scholarly research			е	Other						
С		Preservation for future generations	S									
4	Pro	vide a description of the organization		ollections and	d explain h	ow they fu	ırther the orga	nizatior	n's exempt purp	ose in Pa	art	
5		ring the year, did the organization s	olicit o	r receive dor	nations of	art histori	cal treasures	or othe	r eimilar			
		sets to be sold to raise funds rather	than to	o be maintair						Ye	es 🔙	No
Part	IV	Escrow and Custodial Arrar							1			
		Complete if the organization a	nswe	ered "Yes" o	on Form 9	990, Part	IV, line 9, o	r repor	ted an amoun	it on Fo	m	
		990, Part X, line 21.							7,,			
1a		he organization an agent, trustee, c				-		ther ass	ets not			1
		luded on Form 990, Part X?								Ye	es	No
b	If "\	Yes," explain the arrangement in Pa	ırt XIII	and complet	e the follo	wing table)			
_	Б.	ation to a bod on a								Amount		
C	•	ginning balance						1c				0
d		ditions during the year						1d 1e				
e f		ding balance						1f				0
		the organization include an amoun						,	ent linhility?		es X	No
2a							, , , , , , , , , , , , , , , , , , ,				;s <u> ^</u>	NO
b	_	Yes," explain the arrangement in Pa	III XIII.	. Cneck nere	if the expi	anation na	as been provid	ded in F	'aπ ΧΙΙΙ			
Part	V	Endowment Funds.		rod "Voo" (ър Го ло (DOO DON	IV line 10					
		Complete if the organization a				_		1	/ N = 1			
4-	Day	ripping of year balance	(a)	Current year		or year	(c) Two years	раск	(d) Three years back	(e) Fo	our years	в раск
1a	-	ginning of year balance		0								
b		ntributions										
С		t investment earnings, gains,										
d		ants or scholarships		*								
e		ner expenditures for facilities										
-		programs										
f		ministrative expenses		-)							
ď		d of year balance		0	1	0		0		0		0
g 2		vide the estimated percentage of the	e curr	ent vear end	l halance (l Jumn (a)) held			<u> </u>		0
- a		ard designated or quasi-endowmen	- W	unit your ond	%	o 1g, oc	namin (a)) non	<i>a</i> 40.				
b		manent endowment		%	11.							
C		m endowment	%									
	The	e percentages on lines 2a, 2b, and 2	c sho	uld equal 10	0%.							
3a		there endowment funds not in the	_			n that are	held and adn	ninistere	ed for the			
		anization by:			Ū						Yes	No
	(i)	Unrelated organizations								3a(i)		
	(ii)	Related organizations								3a(ii)		
b	lf "\	Yes" on line 3a(ii), are the related or	ganiza	ations listed	as require	d on Sche	dule R?			3b		
4	Des	scribe in Part XIII the intended uses	of the	organization	n's endowr	ment funds	s.			<u></u>		
Part		Land, Buildings, and Equip										
		Complete if the organization a			on Form 9	990, Part	IV, line 11a	. See F	orm 990, Par	t X, line	10.	
		Description of property		(a) Cost or o	ther basis	(b) Cost	or other basis	(c) A	Accumulated	(d) B	ook valu	е
				(investr	ment)	(0	other)	de	epreciation			
1a	Lar	nd			0		0					0
b	Bui	ldings			0		0		0			0
С	Lea	asehold improvements			0		0		0			0
d		uipment			0		35,871		29,099			6,772
_ е		ner			0		0		0			0
Total	. <u>A</u> d	d lines 1a through 1e. (Column (d) r	<u>nust</u> e	qual Form 99	90, Part X,	line 10c,	column (B)) .	<u></u> .	<u> </u>			6,772

Part VII	Investments—Other Securities.			
	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
	al derivatives	0		
	held equity interests	0		
(3) Other				
(A)				
(B)				
(C)			•	
(D)				
(E) (F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B)) .	0		
Part VIII	Investments—Program Related. Complete if the organization answered '	'Yes" on Form 990.	Part IV. line 11c. See Form 9	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	aluation:
(1)			Cost of effu-of-year f	market value
(2)				
(3)				
(4)		• •		
(5)				
(6)				
(7)			•	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, col. (B)) .	0		
Part IX	Other Assets.			
	Complete if the organization answered '		Part IV, line 11d. See Form 9	
	(a) Descri	ption		(b) Book value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)	X			
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, c	ol. (B))		0
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) Descript	ion of liability		(b) Book value
(1) Federa	I income taxes			0
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	imp (b) must oqual Form 000 Bart V line 05	not (P))		
	umn (b) must equal Form 990, Part X, line 25, or uncertain tax positions. In Part XIII, provide the te			0
	's liability for uncertain tax positions under FASB AS			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Т. Т
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	4
b	Donated services and use of facilities	4
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 0
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 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 0
4	Turioditio included on Form 600, Fare 174, into 20, Barriot on into 1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 0
Part	XIII Supplemental Information.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.
	. (7)	

Schedule D (Fo		OMINISTER JUSTICE	45-3450789	Page 5
Part XIII	Supplement	al Information (continued)		
			>	
			,	
		······································		
	•	(/)		
		/ 		

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

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

ADMINISTER JUSTICE 45-3450789 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of contributions? (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 n 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

P	art II					
		more than \$15,000 of fu	_	_	come on Form 990-EZ	′., lines 1 and 6b. List
		events with gross receip			1	1
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala		NONE	(add col. (a) through col. (c))
<u>o</u>			(event type)	(event type)	(total number)	(-)/
enc	1	Gross receipts	92,915			92,915
Revenue		Gloss receipts	92,913			92,913
ш	2	Less: Contributions			_ (0
	3	Gross income (line 1				
		minus line 2)	92,915			92,915
	4	Cash prizes				0
	5	Noncash prizes				0
	3	Noncasii prizes				7
ses	6	Rent/facility costs				0
Sen						
$\overline{\Sigma}$	7	Food and beverages	36,653		(36,653
Direct Expenses	_		40.000			40.000
ä	8	Entertainment	10,328			0 10,328
	9	Other direct expenses	3,696			3,696
		Other direct expenses	3,090	* * *		3,030
	10	Direct expense summary. Add	lines 4 through 9 in colu	mn (d)		(50,677)
	11	Net income summary. Subtract	t line 10 from line 3, colu	mn (d)		42,238
Pa	art III			red "Yes" on Form 99	90, Part IV, line 19, or i	reported more than
		\$15,000 on Form 990-E	Z, line 6a.		T	
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		-		billigo/progressive billigo		001. (a) through 001. (c)
æ	1	Gross revenue				0
Expenses	2	Cash prizes				0
ens						
х	3	Noncash prizes				0
ᇴ	_	Pont/facility costs				0
Direct	4	Rent/facility costs				1
_	5	Other direct expenses	X			0
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
					1	
	7	Direct expense summary. Add	lines 2 through 5 in colu	mn (d)		(0)
			-			
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0
9		nter the state(s) in which the org the organization licensed to cor				
	וו ע	"No," explain:				
10	a W	/ere any of the organization's ga				
		"Yes," explain:				

Sched	ule G (Form 990) 2023 ADMINISTER JUSTICE	45-	34507	89	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s	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?		Ye	s	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1			
	Name				
	Address	•			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. [Ye	s _	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$0 and the amount of gaming revenue retained by the third party \$ 0				_
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$0				
	Description of services provided				
	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	ı		_	1
L	retain the state gaming license?		Ye	es	No
D	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					
	See instructions.	IIIIOII	папог	1.	
	▼				

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.

Open to

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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 we have raised over \$5.2 million toward that goal. By the end of the year we had 88 Gospel Justice Centers at some stage of opening/operating in 15 states. 21 of these were new in 2023. We saw a 29% increase in volunteer attorneys serving (216) and a 108% increase in the value of services donated (\$1,202,179.53). 891 trained volunteers served 2,238 client appointments with 94% of those clients being highly satisfied with the legal help received and 94% reporting experiencing a deeper sense of God's love. We saw an overall increase of 81% in professional services donated by volunteers (\$2,529,505.95). Nine of the new Gospel Justice Centers that signed on in 2023 are the result of new partnerships with Church United (FL), Great Commission Collective, Prison Fellowship, and Uplift & Restore (IN) Our Founder's new book, Persevering Power, was published by InterVarsity Press with significant support from the broader Christian community. This positions us to launch a new Podcast called Restore Justice, blog, and speaking opportunities in 2024. 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

Schedule O (Form 990) 2023	Page	2
Name of the organization	Employer identification number	
ADMINISTER JUSTICE	45-3450789	_
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.		
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, Section A, Line 1: Compensation reported in Part VIII, column D is the		
amount reported on the individual's W-2, box 1 or 5 (whichever is greater) per the IRS		
instructions. In the case of a 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 VIII, column F.		
Form 990, Part VI, Section B, Line 15b: We have implemented a comprehensive compensation		
policy where all positions are benchmarked to compensation surveys, independently reviewed an	d	
carefully documented.		
<u></u>		