Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑF	For the	e 2022 calendar year, or tax year beginning and e	ending				
	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre	Fund for Justice					
F	Name chang	Chicago Appleaged Content for	r Fai	23-70592	14		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	Final	750 N Lake Chore Drive 4th Floor		312-988-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	627,111.		
	Amen	ded Chigago II 60611		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: Matcotill Atcil		for subordinates			
	pendir	same as C above		H(b) Are all subordinates in	cluded? Yes No		
1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	r 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemptio			
	orm of	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 1970 N	↑ State of legal domicile: IL		
_	1	Briefly describe the organization's mission or most significant activities: Fund	for J	ustice is a	nationally		
Activities & Governance		connected social impact research and advoc					
rnai	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	24		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	24		
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	11		
Ϋ́Ę	6	Total number of volunteers (estimate if necessary)		6	105		
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		486,277.	600,005.		
Revenue	9	Program service revenue (Part VIII, line 2g)		23,300.	20,150.		
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
_	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,290.	-5,223.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		497,287.	614,932.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		460,994.	445,429.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	445,429.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 105,93		0.	0.		
X	_D			82,215.	130,321.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		543,209.	575,750.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-45,922.	39,182.		
	19	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year		
ts o	20	Total assets (Part X, line 16)	- 50	192,097.	317,584.		
ASSE	21	Total liabilities (Part X, line 10)		3,156.	89,461.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		188,941.	228,123.		
Pá	art II	Signature Block					
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			,		
Sig	n	Signature of officer		Date			
Her		Malcolm Rich, Executive Director					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN		
Paid	i	Jason L. Gierhahn, CPA Jason L. Gierhah	n, C 0	9/13/23 self-employ			
-	parer	Firm's name DESMOND & AHERN, LTD.		Firm's EIN 3	6-3321958		
Use Only Firm's address 10827 S. WESTERN AVENUE							
		CHICAGO, IL 60643-3206		Phone no. (7	73)779-4720		
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

1 4	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	Fund for Justice is a nationally connected social impact research and	
	advocacy organization that works to achieve fundamental, systemic	
	reform by addressing policies and practicies that prevent individuals	
	from reaching their full potential. We focus on social justice and	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	- 1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊾ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	000 000	6.)
	Criminal Justice Reform - Research and advocacy related to creating a	
	diversion section within the Cook County Criminal Courts to provide a	
	coordinated, more effective system of diverting defendants out of the	
	criminal justice system and, in the process, reduce the population of	
	the Cook County jail. Reducing the imposition of court costs, fines	
	and fees on indigent persons.	
4b	(Code:) (Expenses \$ 41,578 • including grants of \$) (Revenue \$)
	Immigration Court Reform - Court watching and development of a research	h
	report on the way bond hearings should be conducted in immigration	
	courts.	
4c	(Code:) (Expenses \$69,296. including grants of \$) (Revenue \$)
	Voter Education in Judicial Elections - Preparing for a more user	
	friendly, more effective judicial voter education system.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 27,718 • including grants of \$) (Revenue \$) Total program service expenses 346,480 •	
40	Total program service expenses 346,480.	(2022)

Form 990 (2022) Fund for Justice Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2022) Fund for Justice Part 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24 0		\vdash
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		├^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ_
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Establis annih ann		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	X	
232004	(gambling) winnings to prize winners?			(2022)

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Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1							
			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 11		37							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	Х	Х						
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		X						
ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"								
	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		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		X						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12	-								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders Cross income from ethan courses (Do not not amounted due or poid to other courses against	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
125	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
а		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 24 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 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 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Malcolm Rich - 847-736-4625 750 N Lake Shore Drive, 4th Floor, Chicago,

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Malcolm Rich	40.00	-						4- 000		
Executive Director	1 00			Х				45,000.	0.	7,000.
(2) Maria Collado	1.00	ļ								
Director		Х						0.	0.	0.
(3) Jimmie Covington Director	1.00	х						0.	0.	0.
(4) Ellen Craig	1.00									
Director		Х						0.	0.	0.
(5) Alexandra Daniels	1.00									
Director		Х						0.	0.	0.
(6) Ron Futterman	1.00									
Director		Х						0.	0.	0.
(7) Garien Gatewood	1.00									
Director		Х						0.	0.	0.
(8) Kwame Gyimah	1.00									
Director		Х						0.	0.	0.
(9) Harleen Kaur	1.00									
Director		Х						0.	0.	0.
(10) Susan Poll Klaessy	1.00									
Director		Х						0.	0.	0.
(11) Brent Knight	1.00									
Director		Х						0.	0.	0.
(12) Frances Krasnow	1.00									
Director		Х						0.	0.	0.
(13) Roger Lewis	1.00								_	_
President		Х		Х				0.	0.	0.
(14) Stephen Mcinerney	1.00									
Director		Х						0.	0.	0.
(15) Sonya Naar	1.00									_
Director	4 22	Х				_		0.	0.	0.
(16) Mary E. Pattillo	1.00	l								_
Director	1 00	Х			_	_		0.	0.	0.
(17) Lisa Palumbo	1.00									_
Director		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	j Hi	ghes	st C	compensated Employee	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	c) sition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	3	comp fro orga and	pensation om the inization related nizations
(18) Priyanko Paul	1.00											
Director	1 00	Х						0.		0.		0.
(19) Christopher Rohn	1.00	₩.		х				0.		Λ		0
Treasurer (20) Joseph Roselius	1.00	X		^				0.		0.		0.
Director	1.00	х						0.		0.		0.
(21) David Schoenfeld	1.00	 										
Director		Х						0.		0.		0.
(22) Nicholas Siciliano	1.00											
Director		Х				_		0.		0.		0.
(23) Julie Weber	1.00	٠,,								^		0
Director (24) Melanie Yeames	1.00	X				\vdash		0.		0.		0.
Director	1.00	X						0.		0.		0.
(25) Jennifer Plagman	1.00	125				\vdash				•		<u> </u>
Director		х						0.		0.		0.
1b Subtotal								45,000.		0.	7	,000.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								45,000.		0.	7	,000.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	,000 of reportable			0
											,	Yes No
3 Did the organization list any former officer,			-	-	-		_		•			v
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a. is the su								or componentian from t			3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	•				•			· ·			5	Х
Section B. Independent Contractors	,											
1 Complete this table for your five highest co the organization. Report compensation for										ensa	tion fror	m
(A)	ine calendar y	cai c	, i i dii	ig w	1011	J1 VVI		(B)	car.		(C)	
Name and business	address	NC	ONE	3				Description of s	services	C	compen	

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	e in 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
Program Service Contributions, Gifts, Grants Aevenue and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	204,876. 395,129. Business Code 900099	600,005.	20,150.		sections 512 - 514
og. B	е						
ď		All other program service revenue		00 450			
	3	Total. Add lines 2a-2f Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties.	st, and oceeds	20,150.			
	5	Royalties(i) Real	(ii) Personal				
	6 a b c	Gross rents 6a Less: rental expenses 6b	(ii) i Gradinal				
	d	Net rental income or (loss)					
nue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities 7a 7b	(ii) Other				
Revenue		Gain or (loss) 7c					
Other R	8 a	Net gain or (loss) Gross income from fundraising events (not including \$ 204,876 • of contributions reported on line 1c). See Part IV, line 18	0.				
		Less: direct expenses 8b	12,179.	-12,179.			-12,179.
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a		-12,179.			-12,179.
	b	Less: direct expenses 9b					
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	Miscellaneous	900099	6,956.	6,956.		
ane	b						
cell Seve	С						
Mis	d	All other revenue		6 056			
	е	Total. Add lines 11a-11d		6,956. 614,932.	27,106.	0.	-12,179.
	12	Total revenue. See instructions		014,334.	<u> </u>	1 0.	⁻ 14,1/9•

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Form **990** (2022)

Form 990 (2022) Fund for Justice Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	(4)		(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E2 000	20 000	15 600	15 600
_	trustees, and key employees	52,000.	20,800.	15,600.	15,600.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	335,754.	210,452.	62,651.	62,651.
7 8	Other salaries and wages	JJJ, IJE•	210,432.	02,031.	02,031
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,815.	18,089.	4,863.	4,863.
10	Payroll taxes	29,860.	17,916.	5,972.	5,972.
11	Fees for services (nonemployees):			2,2,2,	-,,,,,,
	Management				
b					
С	Accounting	4,609.	2,765.	922.	922.
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	61,467.	36,881.	12,293.	12,293.
12	Advertising and promotion			1= 110	
13	Office expenses	46,415.	28,879.	17,469.	67.
14	Information technology				
15	Royalties	12 072	8,324.	2 775	2 774
16	Occupancy	13,873.	0,344.	2,775.	2,774.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,957.	2,374.	791.	792.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)				
a b					
C					
d					
e					
25	Total functional expenses. Add lines 1 through 24e	575,750.	346,480.	123,336.	105,934.
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)				Earm 990 (2022

Form 990 (2022) Part X Balance Sheet

art A		Charlet Cabadula Carataina a vasanana avan		line in this Deat V			
		Check if Schedule O contains a response or no	ie to any	IIINE IN THIS PART X	(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing			34,097.	1	12,685
2		Savings and temporary cash investments	•	2	•		
3		Pledges and grants receivable, net		158,000.	3	304,899	
4		Accounts receivable, net			•	4	•
5		Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
6		Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	•	`		6	
, 7		Notes and loans receivable, net				7	
8 8		Inventories for sale or use				8	
į 9		Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	20,776.			
		Less: accumulated depreciation		20,776.	0.	10c	0
11		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets		14			
15		Other assets. See Part IV, line 11		15			
16		Total assets. Add lines 1 through 15 (must equ			192,097.	16	317,584
17		Accounts payable and accrued expenses	3,156.	17	19,461		
18		Grants payable	•	18	•		
19		Deferred revenue		19			
20		Tax-exempt bond liabilities			20		
21		Escrow or custodial account liability. Complete				21	
, 22		Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
<u> </u>		controlled entity or family member of any of the				22	70,000
ັ່ ₂₃		Secured mortgages and notes payable to unrela				23	•
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D	,			25	
26	6	Total liabilities. Add lines 17 through 25			3,156.	26	89,461
		Organizations that follow FASB ASC 958, che					
ខ្ញុ		and complete lines 27, 28, 32, and 33.					
27					60,941.	27	23,477
28	3	Net assets with donor restrictions			128,000.	28	23,477 204,646
2		Organizations that do not follow FASB ASC 9					
-		and complete lines 29 through 33.					
27 28 29 30 31 32		Capital stock or trust principal, or current funds			29		
3 30		Paid-in or capital surplus, or land, building, or e			30		
31		Retained earnings, endowment, accumulated in				31	
32		Total net assets or fund balances	188,941.	32	228,123		
- 1 -		Total liabilities and net assets/fund balances			192,097.	33	317,584

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,7				
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1 8,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	22	8,1	23.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	l						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ı			
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization Fund for Justice **Employer identification number** 23-7059214

Pa	μП		harity Status					3 7033214			
		Reason for Public (ee instructions.				
The	organ	ization is not a private found	•	•	•	•					
1	Щ	A church, convention of ch				n 170(b)(1	I)(A)(i).				
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	· ·				• •	oublic described in			
		section 170(b)(1)(A)(vi). (C	•				3				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)						
9	Ħ	An agricultural research org				ed in coni	inction with a land-grant	college			
Ŭ		or university or a non-land-g				-	-	-			
		university:	grant conege or agric	altare (see instructions).	Litter the	name, eny	, and state of the conege	, 01			
10	X	An organization that norma	Ily receives (1) more	than 33 1/30/ of its supp	ort from c	ontribution	ne momborehin foos and	d gross rosoints from			
10	21	-	*				•	-			
		activities related to its exen		•			* *	-			
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	mer June 30, 1975.			
		See section 509(a)(2). (Con	•				201 1141				
11	H	An organization organized a	· ·	•	•						
12		An organization organized a	•	,	•		, ,				
		more publicly supported or	•					Sheck the box on			
		lines 12a through 12d that	• •			-					
а			· · · · · · · · · · · · · · · · · · ·			-					
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b			anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	rith its supported organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g	Pro۱	vide the following information	about the supporte	ed organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Tota											
1010							i	I			

	(Complete only if you checke fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I	or if the organization			-
Sec	ction A. Public Support	, noted below, pied	iso complete r are	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) = 1 1	(2)=	(-,	(-,	(-,	(-,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(6) 2013	(0) 2020	(4) 2021	(6) 2022	(i) rotai
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
٠	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	-
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5		
	organization, check this box and stop			•			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (l	ine 6, column (f), d	livided by line 11,	column (f))		14	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	
	33 1/3% support test - 2022. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on				
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances to	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	: - 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	

Schedule A (Form 990) 2022

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 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.)

Sed	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	414,477.	397,564.	584,117.	486,277.	600,005.	2482440.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,000.	55,500.	35,500.	23,300.	20,150.	172,450.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	452,477.	453,064.	619,617.	509,577.	620,155.	2654890.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons					5,000.	5,000.
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					88,645.	88,645.
c	Add lines 7a and 7b					93,645.	93,645.
8	Public support. (Subtract line 7c from line 6.)						2561245.
		(-) 0010	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(A) T - + - 1
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018 452, 477.	(b) 2019 453,064.	(c) 2020 619,617.	(d) 2021 509, 577.	(e) 2022 620,155.	(f) Total 2654890 •
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	452,4176	433,004.	015,017.	303,311.	020,133.	2034030.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	450 455	453.064	610 615	1,520.	6,956.	8,476.
	Total support. (Add lines 9, 10c, 11, and 12.)	452,477.	453,064.	619,617.	511,097.	627,111.	2663366.
14	First 5 years. If the Form 990 is for the	· ·				. , . ,	n,
Ser	check this box and stop here ction C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (li			olumn (fl)		15	96.17 %
	Public support percentage from 2021	, (,,	,			16	99.94 %
_	ction D. Computation of Inves					191	2 2 2 2 2 70
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the					· ·	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ïes as a publicly su	upported organizat	ion	X
b	33 1/3% support tests - 2021. If the						nd
20	line 18 is not more than 33 1/3%, chec			•		ŭ	

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

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	Щ.

232024 12-09-22

Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 Fund for Justice 2	3-705921	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 25% controlled entity of a person described on line 11a at 11b above? (CIV III	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	110		
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		V	NI -
4	Did the exemination avoide to each of its supported exeminations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıctions).		
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	/ (see instruction	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities.	2a		
IJ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Fund for Justice 23-7059214

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-E2	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						
	nization is covered by the General Rule or a Special Rule . n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X For an org	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
For an org sections 5 contributo	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, cont is checked purpose. I	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Pa	zation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must rt 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 the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

Fund for Justice

23-7059214

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John and Christie Johnson 1111 19th St NW, 12th Floor Washington, DC 20036	- \$ 30,000.	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	Gary Elden 111 S Wacker Dr, Suite 4700 Chicago, IL 60606	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Jones Day 110 N Upper Wacker Dr, Suite 4800 Chicago, IL 60606	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 Harrison & Held 333 W Wacker Dr, #1700 Chicago, IL 60606	* \$ 5 , 000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Mark Dupont 219 S Dearborn Chicago, IL 60604	\$50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Julia Waterhouse 300 N LaSalle St Chicago, IL 60654		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Fund for Justice

23-7059214

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	Latham & Watkins 330 N Wabash Chicago, IL 60611	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 Goldberg Kohn 55 E Monroe Chicago, IL 60603	* \$ 7 , 500 .	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
9	Mary Pattillo 1860 Campus Dr Evanston, IL 60208	\$\$,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, audress, and ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

Fund for Justice

23-7059214

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l 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
		 \$	
223/53 11-15	22		Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** Fund for Justice 23-7059214 Part 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. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. 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. 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. 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. 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

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organiz 	ations: Complete Part III.			
Name of organization			Emp	oloyer identification number
Fund fo	or Justice			23-7059214
Part I-A Complete if the or	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political camp 	litures			
Part I-B Complete if the or	ganization is exempt und	ler section 501(c)	(3).	
1 Enter the amount of any excise ta				\$
2 Enter the amount of any excise ta	x incurred by organization manag	ers under section 4955	5	\$
3 If the organization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.			=0.47	1(0)
Part I-C Complete if the or	ganization is exempt und	ler section 501(c),	except section 501(c)(3).
1 Enter the amount directly expende	, ,	•		\$
2 Enter the amount of the filing orga		~		
exempt function activities				\$
3 Total exempt function expenditure				Φ.
line 17b				
4 Did the filing organization file Forr5 Enter the names, addresses and expenses				
made payments. For each organiz		· ·		
contributions received that were p				· ·
political action committee (PAC). I	f additional space is needed, pro-	vide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			_	+

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022

41,762.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 23-7059214 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or sec	rtion		
Fai	501(c)(6).	11 30 1 (0)(3)	, or sec	ZUOII		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			ılı-A, ilile	J, 15	
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		. 1			
2	expenses for which the section 527(f) tax was paid).	,aı				
a	Current year		2a			
	Carryover from last year					
	Total					
	4					
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc					
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		. 5			
Par				•		
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.					

Schedule C (Form 990) 2022

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 Inspection

Name of the organization

Fund for Justice

Employer identification number 23-7059214

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou nee en en eee, nat iv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated	(d) Book value
1a Land	basis (investment)	basic (carer)	doprodiation	
b Buildings				
c Leasehold improvements				
d Equipment		20,776.	20,776.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	0.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Fund for Ju	stice	23	-7059214 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 000 Dort IV line:	11d Con Form 000 Bort V line 15	
	Description	Tru. See Form 990, Part A, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, 10.)		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

(9)

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

4a

Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

Part X, Line 2:

FIN 48 Note from Audited Financial Statements:

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

The Organization is exempt from federal income taxes under the provisions of Section 501 (c)(3) of the Internal Revenue Code. Management believes that it did not engage in any unrelated business activities; thus, no provision for income tax has been provided for the financial statements. The Organization's Form 990, Return of Organization Exempt from Income Tax, is subject to examination by the IRS, generally for three years after they were filed.

The Organization has adopted the requirements for accounting for uncertain tax positions and management has determined that the Organization was not required to record a liability related to uncertain tax positions as of

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Fund fo	r Justice					23-7059	214
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indictions of the solicitations of the solicitations where the solicitations of the solic	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				or has been notified	l it is	exempt from re	gistration

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

Schedule G (Form 990) 2022

23-7059214 Page 2

Pa	art i	of fundraising events. Complete if the	-			
_	Г	or idilidialsing event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	1
			October	(b) Event #2	None	(d) Total events
			Event	June Event	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	32,000.	48,000.		80,000.
	2	Less: Contributions	32,000.	48,000.		80,000.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	5,000.	6,000.		11,000.
	8	Entertainment				
	9	Other direct expenses	479.	650.		1,129.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			12,129.
_	11	Net income summary. Subtract line 10 from li				-12,129.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T	T	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
e S	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	Г~	toutho otata(a) in which the americation and	roto gomina cativities			
		ter the state(s) in which the organization condu	_	ntatas?		Yes No
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					
2220	00.10	1.27.22			Scho	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 Fund for Justice	23-70	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
			13b	
	An outside facility		ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	5.		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	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			□ Na
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
D -	organization's own exempt activities during the tax year \$			
Ра	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990) Fund for Justice Supplemental Information (continued)	23-7059214	Page 4
Part IV	Supplemental Information (continued)		

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

internal revenue convice	G0 10			J	actionic and the late	oot iiii oi iii ati	•						
Name of the organization	- 1.6										ificatio	n nu	mber
		r Justice	04 (-) (0	· 1	5 504 (-)(4)l	-1: F04/-\/O	0)			592	14		
					ion 501(c)(4), and sec								
Complete if the C		answered "Yes" on I			art IV, line 25a or 25b	, or Form 990)-EZ, Pa	art V, I	ine 40	D.	(4) (Corro	otod2
(a) Name of disqualified p	person	person and o			(c	c) Description	of trans	sactio	n		Ye		cted? No
		•									+ ''	*	140
												\neg	
2 Enter the amount of tax i	incurred by th	ne organization man	agers	or disc	qualified persons duri	ng the year u	nder						
3 Enter the amount of tax,	if any, on line	e 2, above, reimburs	ed by	the ore	ganization				\$				
Part II Loans to and	l/or From	Interested Pers	sons										
					, Part V, line 38a or F	orm 000 Par	+ IV/ lin/	26: 4	or if th	o orga	aizatior	,	
•	•	990, Part X, line 5, 6			, Fait V, iiile 30a 0i F	omi 990, Fai	LIV, III I	5 20, (וו ווו	e orga	lizatioi	'	
(a) Name of	(b) Relations	<u> </u>	(d) Lo	an to or	(e) Original	(f) Balance	due	(a)) In	(h) Ap	oroved	(i) W	ritten
interested person	with organiza			n the ization?	principal amount	(i) Balarioo		defa		by bo			ment?
			To	From				Yes	No	Yes	No	Yes	No
Malcolm Rich	Execut	ivSupport	Х		82,000.	70,0	00.		Х		Х		Х
			<u> </u>										
			-										
			-										
			\vdash										
			1										
			 										
Total	1		1	1	\$	70,0	00.		<u> </u>				<u> </u>
	sistance E	Benefiting Inter	este	d Per	sons.	•							
Complete if the o	organization a	answered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested p	person	(b) Relationship	betwe	en	(c) Amount of	(0	I) Type	of		(e) Purpo	se of	
		interested pers		d	assistance	a	ssistan	ce			assista	nce	
		the organiza	auon										
									-+				
									-+				
									\dashv				

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

Schedule L (Form 990) 2022

See Part V for Continuations

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
Part V Supplemental Information.					
	ponses to questions on Schedule L (see i	nstructions).			
Cabadula I Dant II I can	. To and Enom Interna	tod Domaona	• -		
Schedule L, Part II, Loans	s To and From Interes	ted Persons	3 :		
(a) Name of Person: Malcol	lm Rich				
(b) Bolationahin with Orac	onigotion. Evoqutivo	Director			
(b) Relationship with Orga	mizacion: Executive	Director			
(c) Purpose of Loan: Suppo	ort financial needs a	nd operation	nal activit	ies.	
Schedule L, Part II:					
Loan was approved verbally	y by the President an	d Treasure	of the Boa	rd.	
Boan was approved verbarry	y by the freshdent an	<u>u iicasaici</u>	. OI CHE BOO	<u>-u.</u>	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Fund for Justice

Employer identification number 23-7059214

Form 990, Item C, Doing Business As: Chicago Appleseed Center for Fair Courts Form 990, Part I, Line 1, Description of Organization Mission: works to achieve fundamental, systemic reform by addressing policies and practicies that prevent individuals from reaching their full We focus on social justice and government effectiveness ranging from fair criminal justice systems to equal access in financial institutions. Form 990, Part III, Line 1, Description of Organization Mission: government effectiveness ranging from fair criminal justice systems to equal access in financial institutions. Form 990, Part III, Line 4d, Other Program Services: Child Support & Family Law - Launching hearing officer based program in the child support adjudication system when parents are unrepresented by legal counsel. Access to Justice - We are committed to studying and improving judicial efficiency, integrity, professionalism and knowledge throughout the Cook County Judicial Circuit. Developed a proposal to fund court recording equipment for eviction courts so tenants will be able to appeal their evictions. Expenses \$ 27,718. including grants of \$ 0. Revenue \$ 0.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization Fund for Justice	Employer identification number 23-7059214
A copy of the 990 is sent to the Audit and Finance Committ	ee for review. A
copy is provided to the Governing body prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
All Board and staff are required to disclose potential con	flicts annually.
Form 990, Part VI, Section B, Line 15a:	
Compensation for the Executive Director is considered by t	he Executive
Committee, which includes the Head of the Finance and Audi	t Committee. The
group does do a comparison in coming to its conclusion.	
Form 990, Part VI, Section C, Line 19:	
Documents are available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Consulting:	
Program service expenses	24,300.
Management and general expenses	8,100.
Fundraising expenses	8,100.
Total expenses	40,500.
Payroll:	
Program service expenses	2,252.
Management and general expenses	751.
Fundraising expenses	751.
Total expenses	3,754.
Professional - other:	
232212 10-28-22 / 1	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization Fund for Justice	Employer identification number 23 – 7059214
Program service expenses	10,329.
Management and general expenses	3,442.
Fundraising expenses	3,442.
Total expenses	17,213.
Total Other Fees on Form 990, Part IX, line 11g, Col A	61,467.
Form 990, Part XII, line 2c:	
The process has not changed from the prior year.	
	_

For Of	fice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT		Form AG990-IL
PMT	· #	Attorney General KWAME RAOUL State of III			Revised 1/19
		Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601	ibu CO		-007,731
		Report for the Fiscal Period:	X		II items attached:
AMT		neport for the riscal refloc.	Make Checks X		IRS Return Financial Statements
		Beginning 01/01/2022	Payable to		Form IFC
INIT			the Illinois Charity		Annual Report Filing Fee
		& Ending <u>12/31/2022</u>	Bureau Fund		Late Report Filing Fee
	al ID # $\frac{23-7059214}{1}$	MO DAY YR			10 DAY YR
Are c	ontributions to the organization	tax deductible? X Yes No Date Or	ganization was create	ed:	02/17/1970
	NAME Fund for	Tughigo	Year-end amounts		
	MAIL MAIL	Justice	A) ASSETS	A) \$	317,584.
Δ.		e Shore Drive, 4th Floor	B) LIABILITIES	B) \$	89,461.
	STATE Chicago,		C) NET ASSETS	C) \$	228,123.
	P CODE 60611		,		
T.	SUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONT	TRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.165%	D) \$	620,155.
	E) GOVERNMENT GRANTS	& MEMBERSHIP DUES	%	E) \$	
	F) OTHER REVENUES		0.835%	F) \$	-5,223.
	0) 7074 85151115 111001			C) #	614 022
П.		IE AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) EXPENDITURES DURING THE YEAR:	100 %	G) \$	614,932.
" "-	H) OPERATING CHARITABL		60.179%	H) \$	346,480.
	n) OPENATING CHANTABL	L FNOUNAIN EXFENSE	00.175 /6	П) ф	340,400
	I) EDUCATION PROGRAM S	SERVICE EXPENSE	%	1) \$	
	,				
	J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE (ADD H & I)	60.179%	J) \$	346,480.
	J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J): \$	<u> </u>		
	IC) CDANTS TO OTHER CHA	RITABLE ORGANIZATIONS	0/	ΙΛ) Φ	
	K) GRANTS TO OTHER CHA	NTIABLE UNGANIZATIONS	%	K) \$	
	L) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENDITURE (ADD J & K)	60.179%	L) \$	346,480.
	-, 101712 011711117112211110	Callin Service Literations (NES 5 a N)	- ,•	-/ V	,
	M) MANAGEMENT AND GEN	ERAL EXPENSE	21.422%	M) \$	123,336.
	N) FUNDRAISING EXPENSE		18.399%	N) \$	105,934.
	0) TOTAL EVENENTURES	7110 PERIOR (ARR L. M. A. N.	100.00	ο, φ	E7E 7E0
	O) TOTAL EXPENDITURES I	HIS PERIOD (ADD L, M, & N)	100 %	0) \$	575,750.
III.		PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	PROFESSIONAL FUNDRAISE	ort of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
		BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	•				
	Q) TOTAL FUNDRAISERS FE	ES AND EXPENSES	%	Q) \$	
				D. *	
	R) NET RECEIVED BY THE C	HARIIY (P MINUS Q=R)	%	K) \$	
	PROFESSIONAL FUNDRAISINGS) TOTAL AMOUNT PAID TO			S) \$	0.
	PROFESSIONAL FUNDRAISIN		%	R) \$	(

69,000.

69,000.

64,000.

List on back side of instructions $\begin{array}{c} \text{CODE} \end{array}$

104

104

104

T) \$

U) \$

V) \$

W)#

X) #

Y) #

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

U) NAME, TITLE: Stephanie Agnew, Communications Director

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

T) NAME, TITLE: Naomi Johnson, Research Director

V) NAME, TITLE: Elizabeth Monkus, Staff Attorney

W) DESCRIPTION: Criminal Justice Reform

Y) DESCRIPTION: Child Support and Family Law

X) DESCRIPTION: Immigration Reform

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IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	Providence Bank & Trust, 4310 St Charles Rd, Bellwood, IL 601	04		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Malcolm Rich - 847-736-4625			
ALI	ATTACHMENTS MIIST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Malcolm Rich

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE Chris Rohn TREASURER or TRUSTEE (PRINT NAME) **SIGNATURE** DATE

Jason L. Gierhahn,

298101 04-01-22

PREPARER (PRINT NAME)

SIGNATURE

DATE