Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2022 calen	dar year, or tax	k year begi	nning 7/	'01	, 20	<u>22,</u> an	d endin	ig 6,	/30			20 2023		
В	Check	if applicable:	С					_			D En	nploy	er identifi	cation number		
	A	ddress change	Restorati	ve Just	tice Par	tners,	Inc.				7	7-0	1684	43		
	N.	ame change	229 Reind										ne numbe			
		itial return	Marina, C	CA 93933	3-3852						8	31-	-384-	4325		
		nal return/terminated										<u> </u>	501	1020		
		mended return									G Gr	nee re	ceipts \$	3.8	6 3	882.
	-	oplication pending	F Name and add	tress of princip	al officer:					H(a) Is thi						X No
	Ш^	opiication pending				D. Monino	C7 020	22 20	0.5.0					— —	es es	No
_	Toy	exempt status:	229 Reindol X 501(c)(3)						527	H(b) Are a	o," attach	a list.	See instr	uctions.		
÷				501(c) ((insert no.)	4947(a)(1) 01	327							
<u>J</u>			storative		1	T T		1		H(c) Grou	· · · · · ·				17	
K		n of organization:	X Corporation	Trust	Association	Other		L Year	of format	ion: 198	8 /	IVI S	tate of leg	al domicile: (ĴΑ	
Pa	nrt I	Summar	y	-4:		: : 6:	10 - 010 - T	TD	-				,	C.C. 1		
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•প	4		dependent voti	-									4			0
<u>ie</u>	5		of individuals										5			9
Activities &	6	Total number	of volunteers	(estimate i	f necessary))							6			0
Ac	7a	Total unrelate	ed business rev	venue from	Part VIII, c	olumn (C), li	ne 12					[7a			0.
	b	Net unrelated	l business taxa	ble income	from Form	990-T, Part	I, line 11.						7b			0.
											Prior Y	ear		Current	Yea	r
ø	8		and grants (P								220	6,6	20.	22	0,1	L14.
Revenue	9		rice revenue (F								150	6,3	49.	16	6,2	268.
eve	10		ncome (Part VI													
Œ	11		e (Part VIII, co													
	12		e – add lines 8								382	2,9	69.	38	6,3	382.
	13		imilar amounts				•									
	14	•	to or for mem	-												
S	15	Salaries, other	er compensation	n, employe	ee benefits ((Part IX, colu	ımn (A), lir	nes 5-	10)		308	8,2	64.	28	0,1	L68.
Expenses	16a	Professional	fundraising fee	s (Part IX,	column (A)	, line 11e)										
e.	b	Total fundrais	sing expenses	(Part IX, co	olumn (D), li	ine 25)										
ŭ	17		ses (Part IX, co								79,9			9	9 5	544.
	18	•	es. Add lines 1										79.			712.
	19	•	expenses. Su		•								10.		_	570.
											ning of Cu			End of		
ets c	20	Total assets	(Part X, line 16	5)						. Degiiii		9,3				757.
Net Assets	21		s (Part X, line	•								6,8				533.
e de	22	Net assets or	fund balances	Subtract	line 21 from	line 20						2,4				L24.
Pa	rt II	Signatur								•		<i>_</i> , ¬	J 4 .	17	<i>ر</i> ر	. 2 7 .
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Sig	nr	Signature of	officer							Date						_
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			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		Χ
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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		Х
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	Х	
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		Х
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Χ
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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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		Χ

Form 990 (2022) Restorative Justice Partners, Inc. 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	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		Х
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 contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(garnbling) winnings to prize winners?	1c	Α	(0000

Form 990 (2022) Restorative Justice Partners, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 9								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ					
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х					
	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring								
	organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against 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 12b								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
	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								
	Enter the amount of reserves on hand	14-		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b							
13	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		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
-	If "Yes," complete Form 4720, Schedule O.								
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							
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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. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 X 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

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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.
- 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.

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

			(C)							
(A) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles officer /truste		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Joseph DeRuosi	2							_	_	
Member	0	Χ						0.	0.	0.
	2	Х						0.	0.	0.
(3) Officer Joseph Dyels Member	20	Х						0.	0.	0.
(4) Elizabeth Crooks Secretary	2			Χ				0.	0.	0.
(5) Esther Rubio	2			21				0.	· ·	<u> </u>
Vice President	0			Χ				0.	0.	0.
(6) Peggy Schmidt	2									
Treasurer	0			Χ				0.	0.	0.
_(7) Charles DaSilva	2									•
President President	0			X				0.	0.	0.
	$-\frac{40}{0}$				Х			0.	0.	0.
(9)					71			<u> </u>	0.	<u> </u>
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Tru		Key	En	_	_	es, a	and	Highest Con	ipensated Emp	loyees	(conti	nued)
		(B)			((•							
	(A)	Average hours	(do	not o	check	more	than	one h an	(D) Reportable	(E) Reportable		(F)	
	Name and title	per week					or/trus	tee)	compensation from	compensation from related organizations		ated amo	
		(list any hours	or d	ilsni	Officer	Key	High	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation t rganizati	ion
		for related	dividual director	utio	cer	emp	Highest co employee	ner er				d related anization	
		organiza - tions	DE E	nalt		Key employee	e						
		below dotted line)	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
		illie)		ď			ited						
(15)													
(16)		1											
(17)													
(18)													
(10)													
(19)													
(20)													
<u> </u>			-										
(21)													
		1											
(22)													
(23)													
(24)													
(24)			-										
(25)													
		1	1										
1b S	ubtotal								0.	0.			0.
	otal from continuation sheets to Part VII, Secti								0.	0.			0.
	otal (add lines 1b and 1c)								0.	0.			0.
	otal number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	า	
	om the organization 0											V	N _a
												Yes	No
3 Di	id the organization list any former officer, direc n line 1a? <i>If "Yes,"complete Schedule J for suc</i>	tor, truste <i>h individu</i>	e, ke ial	ey e	mpl	oyee	e, or	high	nest compensated	employee	. 3		Х
	·												
th	or any individual listed on line 1a, is the sum of le organization and related organizations greate	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for	,	4		37
	uch individual										. 4		X
5 Di	id any person listed on line 1a receive or accru or services rendered to the organization? <i>If "Ye</i> s	e comper s." comple	ısatıc <i>ete S</i>	n tr che	om <i>dule</i>	any e <i>J f</i> o	unre or su	late ch t	ed organization or Derson	ındıvidual	. 5		Х
Section	on B. Independent Contractors										l		
1 C	omplete this table for your five highest compen ompensation from the organization. Report compen	sated ind	epen	dent	t cor	ntra	ctors	tha	t received more the	nan \$100,000 of	,		
	1 1		lile C	alen	uai .	yeai	enun	ng v	(B)	<u> </u>		C)	
	(A) Name and business add	ress							Description of	of services	Compe	nsatio	n
		,							<u> </u>				
	otal number of independent contractors (including b		ited to	o tho	se I	ısted	abo	ve)	who received more	than			
	100,000 of compensation from the organization	0											

0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII...... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, **d** Related organizations 1d e Government grants (contributions) 39,839 Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 180,275 Noncash contributions included in 1g h Total. Add lines 1a-1f..... 220,114 **Business Code** Program Service Revenue 2a JJCPA contract 101,268 101,268 65,000 <u>Training</u> 65,000 All other program service revenue. . . g Total. Add lines 2a-2f 166,268 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7c **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. See Part IV, line 19...... 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue e Total. Add lines 11a-11d

<u>386,382</u>

<u>166,268</u>

Total revenue. See instructions.....

12

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 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, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	249,125.	206,467.	42,658.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,123.	2007 107.	12,000.	
9	Other employee benefits	11,000.	7,500.	3,500.	
10	Payroll taxes	20,043.	17,723.	2,320.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,730.	6,664.	1,066.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	3,870.	3,354.	516.	
13	Office expenses	14,746.	13,317.	1,429.	
14	Information technology	11,710.	13/31/1	1,123.	
15	Royalties				
16	Occupancy	17,412.	15,134.	2,278.	
17	Travel	17,112.	10/1011	2,2,0,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	6,031.	4,607.	1,424.	
20	Interest				
21	Payments to affiliates	0.50	0.50		
22	Depreciation, depletion, and amortization	259.	259.	1 100	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	9,362.	8,224.	1,138.	
а	Program expense	9,417.	9,267.	150.	
b	Payroll services	4,035.	3,256.	779.	
С		3,950.	3,500.	450.	
d		2,889.	2,513.	376.	
•	All other expenses	19,843.	17,912.	1,931.	
25	Total functional expenses. Add lines 1 through 24e	379,712.	319,697.	60,015.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				_

		Check if Schedule O contains a response or note to	o any lii	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			132,701.	1	176,308.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			65,488.	4	40,570.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er office contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified p		H=			
	0	section 4958(f)(1)), and persons described in section		`		6	
	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use		<u> </u>		8	
set	9	Prepaid expenses and deferred charges		<u> </u>		9	
Assets	_		1 1			9	
r.		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		5,652.			
	b	Less: accumulated depreciation		5,650.	261.	10c	2.
	11	Investments — publicly traded securities		_		11	
	12	Investments — other securities. See Part IV, line 11		-		12	
	13	Investments — program-related. See Part IV, line 11.		-		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	-	875.	15	877.	
	16	Total assets. Add lines 1 through 15 (must equal line		199,325.	16	217,757.	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue	_		19		
	20	Tax-exempt bond liabilities		<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, di utor, or	rector, trustee, 35%		22	
ij	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			56,871.	25	68,633.
	26	Total liabilities. Add lines 17 through 25		L	56,871.	26	68,633.
ses		Organizations that follow FASB ASC 958, check here		X	30,071.		00,000.
anc	27	and complete lines 27, 28, 32, and 33.		<u> </u>	140 454	27	140 104
Sal	27	Net assets without donor restrictions		H-	142,454.	27	149,124.
d E	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck nere	' ⊔ <u> </u>			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
\ss	31	Retained earnings, endowment, accumulated income	, or othe	er funds		31	
116	32	Total net assets or fund balances			142,454.	32	149,124.
ž	33	Total liabilities and net assets/fund balances			199,325.	33	217,757.
В٨	^		TEE AOL1	11 09/01/22			Form 900 (2022)

Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		386,	382.					
2	Total expenses (must equal Part IX, column (A), line 25)		379,						
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities								
7	<u> </u>								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain on Schedule O)			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1.40	104					
Dav	column (B)) 10		149,	124.					
rar	t XII Financial Statements and Reporting			_					
	Check if Schedule O contains a response or note to any line in this Part XII								
		_	Yes	No					
1	Accounting method used to prepare the Form 990:	_							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	🗔	2a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	a							
			.	Х					
b	Were the organization's financial statements audited by an independent accountant?		2b	Λ					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniforr Guidance, 2 C.F.R Part 200, Subpart F?		За	Х					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
2 / /	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Sb QQA	(0000)					

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name	lame of the organization Employer identification number										
		rative Justice Part					77-01684				
		Reason for Public Cha		~			· ·	ictions.			
1 2	rga	nization is not a private found A church, convention of church A school described in sectio	es, or association of ches, or	nurches described in sec ach Schedule E (Form	tion 1 70(990).)	b)(1)(A)((i).				
3	-	A hospital or a cooperative h					• • •				
4		A medical research organiza name, city, and state:	tion operated in conju	inction with a nospital	describe	a in sec	ction 170(b)(1)(A)(III).	Enter the nospital's			
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit	described in			
6											
7											
8		A community trust described	•	A)(vi). (Complete Part	11.)						
9		An agricultural research organi or university or a non-land-gran	zation described in sec nt college of agriculture	tion 170(b)(1)(A)(ix) oper	ated in c	ne, city,					
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	y receives (1) more the exempt functions, sub- lated business taxable	nan 33-1/3% of its supp oject to certain exception e income (less section	oort from	n contrib (2) no r	more than 33-1/3% of	its support from gross			
11		An organization organized ar	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).				
12		An organization organized an or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or sectio	n 509(a)(2). See section 509 ((a)(3). Check the box on			
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect								
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	y having control or ation(s). You			
С		Type III functionally integrated	. A supporting organizat	ion operated in connectio	n with, a	nd function	onally integrated with, it	s supported			
d		organization(s) (see instructi Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org	anization operated in co	nnection	with its	supported organization(it and an attentivenes	s) that is not s requirement (see			
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writtenctionally integrated:	en determination from supporting organization	the IRS	that it is	s a Type I, Type II, Ty	pe III functionally			
f	Er	nter the number of supported	organizations								
g	Pr	ovide the following informatio	n about the supported	d organization(s).							
	i) Na	nter the number of supported ovide the following informationame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	ın your g	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
<u>(D)</u>											
<u>(E)</u>											
Total											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	292,488.	415,317.	267,734.	226,620.	220,114.	1,422,273.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 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)	292,488.	415,317.	267,734.	226,620.	220,114.	1,422,273.			
6	Public support. Subtract line 5 from line 4						1,422,273.			
Sec	tion B. Total Support						,			
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	292,488.	415,317.	267,734.	226,620.	220,114.	1,422,273.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	62,224.	62,500.	30,000.	52,650.	65,000.	272,374.			
	Total support. Add lines 7 through 10						1,694,647.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.			
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)				
Sec	tion C. Computation of Pul	olic Support P	ercentage							
	Public support percentage for 20 Public support percentage from 2						83.93 % 85.19 %			
	33-1/3% support test-2022. If the	ne organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box			
b	and stop here. The organization qualifies as a publicly supported organization.									
17a	7a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
	b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									

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

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

Sec	tion A. Public Support	7515 Hotod Bolott,	picaso compieto i	are my			
	dar 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.")	(4) 2010	(8) 2013	(4) = 1 = 1	(4) 2321	(0) 2022	(7 10kg)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					
	tion C. Computation of Pul			10		T T	
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv					1 1	
17		•		-			<u> </u>
	Investment income percentage f						%
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	
	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization

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

			Yes	No
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.	1		
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).	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.	За		
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	: IV	Supporting Organizations (continued)			
11	Has tl	he organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	Ū	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	ion E	B. Type I Supporting Organizations		V	N.
	or mo office organ than o were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ors, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers go the tax year.	1	Yes	No
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
	of ead	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1 a b c		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). the organization satisfied the Activities Test. Complete line 2 below. the organization is the parent of each of its supported organizations. Complete line 3 below. the organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	5).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
a	Did su suppo organ respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted cantially all of its activities.	2a	163	110
	more <i>reaso</i>	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain i t complete Sections A	n Part VI). See A through E.
Sec	tion 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		
Sec	tion 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		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion C — Distributable Amount	- 1		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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA Schedule A (Form 990) 2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8					
9	Distributable amount for 2022 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			_
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

77-0168443

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Part VI

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

Part II, Line 10 - Other Income

Nature and Source	 2022		2021		2020		2019		2018
Fees for service Total	\$ 65,000. 65,000.	\$ \$	52,650. 52,650.	\$ \$	30,000. 30,000.	\$ \$	62,500. 62,500.	\$ \$	62,224. 62,224.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Restorative Justice Partners, Inc. 77-0168443 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?.. Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III	Organizations Main	taining Collecti	ons of Art, His	torica	ii ireasures,	or Oth	er Similar As	ssets (con	,inuea)
3 Using items	g the organization's acquisition s (check all that apply):	, accession, and oth	er records, check a	ny of the	e following that m	ake signi	ficant use of its	collection	
a F	Public exhibition		d Loan	or exch	ange program				
b 🗌 S	Scholarly research		e Other						
c 🗌 F	Preservation for future gener	ations	_						
4 Provi Part	de a description of the organiz XIII.	ation's collections a	nd explain how they	further	the organization's	s exempt	purpose in		
to be	ng the year, did the organiza sold to raise funds rather th	nan to be maintaine	ed as part of the o	rganiza	tion's collection	?		Yes	No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangemer orm 990, Part X, line	nts. Complete if the 21.	ie organ	iization answered	l "Yes" or	ı Form 990, Par	t IV, line 9, o	
1 a Is the	e organization an agent, trus	stee, custodian or o	other intermediary	for con	tributions or othe	er assets	not included		
	orm 990, Part X?es," explain the arrangement in							Yes	No
								Amount	
c Begir	nning balance					1 c	:		
d Addit	tions during the year					1 d			
e Distri	ibutions during the year					1 e			
	ng balance								
2 a Did t	he organization include an a	mount on Form 99	0, Part X, line 21,	for esc	row or custodial	account	liability?	Yes	No
b If "Ye	es," explain the arrangemen	t in Part XIII. Chec	k here if the expla	nation I	has been provid	ed on Pa	rt XIII		
	 								
Part V	Endowment Funds.							i	
4.5.		(a) Current year	(b) Prior yea	r	(c) Two years back	(d)	Three years back	(e) Four ye	ars back
ū	nning of year balance								
b Cont	ributions							-	
and I	nvestment earnings, gains, losses								
	ts or scholarships								
and p	r expenditures for facilities programs								
	inistrative expenses								
-	of year balance								
	ide the estimated percentage	-	•	ne 1g, c	olumn (a)) held	as:			
	d designated or quasi-endov		 %						
	nanent endowment	%							
	endowment								
The p	percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.						
	here endowment funds not in t	he possession of the	e organization that a	are held	and administered	I for the			
•	nization by:							Yes	No
` '	Unrelated organizations							3a(i)	+
٠,	Related organizationses" on line 3a(ii), are the rel							3a(ii)	+
	ribe in Part XIII the intended	•	•					. 3b	
Part VI			ization's endowine	ent iund	15.				
rart vi	Land, Buildings, an		on Forms OOO Dort	IV line	11a Cas Form 0	00 Dort	V lima 10		
	Complete if the organizati				1				
	Description of property		ost or other basis (investment)	(b) (Cost or other asis (other)		ccumulated preciation	(d) Book	value
1 a Land			·						
b Build	lings								
c Leas	ehold improvements								
d Equi	pment								
	r				5,652.		5,650.		2.
Total. Add	lines 1a through 1e. (Colum	nn (d) must equal F	orm 990, Part X,	column		<u></u>			2.

BAA Schedule D (Form 990) 2022

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	N/A a 11h Saa Form 990 Part Y lina 12	
(a) Descri	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	Il derivatives	, ,	(0)	,
	held equity interests			
(3) Other				
-				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments – Program Related.		N/A	
	Complete if the organization answered "Yes" of the Organization and Org	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(a) Description of investment	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A	A	
	Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	1
(1)	(a) D	escription		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column	(B) line 15.)		,
Part X	Other Liabilities. Complete if the organization answered "Yes" of	n Form 900 Part IV line	o 11a or 11f Coo Form 990 Part V lina	25
1.		cription of liability	e Tie of Til. See Form 330, Fait A, fille	(b) Book value
	al income taxes	inplion of hability		(b) Book Value
	lit cards payable			2,121.
	erred revenue			66,512.
(4)				,
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
-	(h) must squal Form 000 Part V salvery (D) Viz 05			60 633
	n (b) must equal Form 990, Part X, column (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the			68,633.
	uncertain tax positions. In Part Am, provide the text of the hoter FASB ASC 740. Check here if the text of the footnote h			

Part XI Reconciliation of Revenue per Audited Financial Statemen	ate With Poyonus per P	Poture N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		eturii. N/A
, , ,		T . T
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	_ =	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		·
a Donated services and use of facilities	2a	
b Prior year adjustments.		-
c Other losses.		-
d Other (Describe in Part XIII.)		-
e Add lines 2a through 2d.		2 e
S .		
3 Subtract line 2e from line 1.	I I	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4	
a Investment expenses not included on Form 990, Part VIII, line 7b		-
b Other (Describe in Part XIII.) c Add lines 4a and 4b.		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part XIII Supplemental Information.	/	7

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.

BAA Schedule D (Form 990) 2022

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Restorative Justice Partners, Inc

Employer identification number

77-0168443

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.