

IMPORTANT PUBLIC FILE INFORMATION

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This Federal 990 form should be used for copying, for anyone requesting a copy of the 990. All Schedules of contributors have been removed from this copy as allowed by law.

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If you have any questions, please do not hesitate to call 301-986-0600.

Thank you!!

Councilor, Buchanan + Mitchell, P.C.

PUBLIC DISCLOSURE COPY

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

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change ACACIA CENTER FOR JUSTICE Name change 87-4099467 X Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1025 CONNECTICUT AVE. NW #701 646-470-6423 22,476,850. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20036-5447 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JESSICA LEE Yes X No for subordinates? SAME AS C ABOVE _ Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.ACACIAJUSTICE.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 2021 M State of legal domicile: DC Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,638,585. Contributions and grants (Part VIII, line 1h) 8 20,838,245. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 20 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 22,476,850 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,106,345. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 15,143,331. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19,249,676. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,227,174. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 17,081,960 Total assets (Part X, line 16) 13,854,786 21 Total liabilities (Part X, line 26) 三年 3,227,174 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. envare 11/13/2023 Signature of officer Sign CHIEF FINANCIAL OFFICER JESSICA LEE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature HOLLY CAPORALE HOLLY CAPORALE 11/10/23 P00235685 Paid self-employed COUNCILOR, BUCHANAN & MITCHELL, P.C. Firm's EIN 52-1711839 Preparer Firm's name Firm's address 7910 WOODMONT AVE. STE. Use Only

X Yes

Phone no. (301) 986-0600

BETHESDA, MD 20814

May the IRS discuss this return with the preparer shown above? See instructions

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гаі	Clatement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SUPPORTS IMMIGRANT LEGAL SERVICES AND DEFENSE NETWORKS TO PROVIDE	
	EXCEPTIONAL LEGAL SERVICES TO IMMIGRANTS AND ADVOCATES FOR THE	
	EXPANSION OF THESE PROGRAMS AND THE INFRASTRUCTURE CRITICAL TO	
	GUARANTEEING IMMIGRANTS ACCESS TO JUSTICE, FAIRNESS, AND FREEDOM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
Ū	If "Yes," describe these changes on Schedule O.	
	· · · · · · · · · · · · · · · · · · ·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	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	i
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 9,285,552. including grants of \$) (Revenue \$ 10,969,4	<u>98.</u>)
	THE LEGAL ACCESS & ORIENTATION PROGRAMS (LAO) DELIVER LEGAL	
	ORIENTATIONS AND SELF-HELP WORKSHOPS ABOUT IMMIGRATION COURT PROCEDUR	<u>.ES</u>
	TO ADULTS, ADULT CAREGIVERS OF CHILDREN, AND FAMILIES IN DHS CUSTODY	
	AND IN REMOVAL PROCEEDINGS TO HELP THEM BETTER UNDERSTAND WHAT TO	
	EXPECT IN COURT. THESE PROGRAMS ARE COMPRISED OF:	
	- LEGAL ORIENTATION PROGRAM, DELIVERING LEGAL ORIENTATIONS AND	
	SELF-HELP WORKSHOPS ABOUT IMMIGRATION COURT PROCEDURES TO ADULT	
	INDIVIDUALS IN DHS CUSTODY TO HELP THEM PREPARE TO REPRESENT THEMSELV	ES
	IN IMMIGRATION COURT;	
	- LEGAL ORIENTATION PROGRAM FOR CUSTODIANS OF UNACCOMPANIED CHILDREN,	
	PROVIDING LEGAL ORIENTATION PRESENTATIONS TO ADULT CAREGIVERS	
	(CUSTODIANS/SPONSORS) OF NON-DETAINED UNACCOMPANIED CHILDREN IN EOIR	
		67
4b	(Code:) (Expenses \$ 7,053,854. including grants of \$) (Revenue \$ 9,868,7	
	LEGAL REPRESENTATION PROGRAMS (LR) PROVIDE LEGAL COUNSEL TO ADULTS AN	<u> </u>
	CHILDREN IN VARIOUS CONTEXTS. THESE PROGRAMS ARE COMPRISED OF:	
	- NATIONAL QUALIFIED REPRESENTATIVE PROGRAM, PROVIDING QUALIFIED	
	REPRESENTATIVES (ATTORNEYS AND OTHERS ACCREDITED TO PROVIDE LEGAL	
	DEFENSE) IN IMMIGRATION COURT TO UNREPRESENTED DETAINED ADULTS WHO AR	
	FOUND BY AN IMMIGRATION JUDGE TO BE MENTALLY INCOMPETENT TO REPRESENT	
	THEMSELVES IN IMMIGRATION PROCEEDINGS;	
	- CHILDREN'S COUNSEL INITIATIVE, PROVIDING LEGAL REPRESENTATION TO	
	CHILDREN WHO ARE IN IMMIGRATION PROCEEDINGS IN DESIGNATED IMMIGRATION	
	COURT LOCATIONS;	
	- UNACCOMPANIED CHILDREN PROGRAM, PROVIDING KNOW YOUR RIGHTS	
	PRESENTATIONS AND LEGAL SCREENINGS TO ALL CHILDREN IN ORR CUSTODY, AS	
4c	(Code:) (Expenses \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 16,339,406.	
	Form 99	0 (2022)

10041110 759370 50056.0100

Form 990 (2022) ACACIA CENTER 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 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	<u> </u>		
·	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,	Ť		
•	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	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Government on the transposition (1) in the transposition of the transpos			

Form	990 (2022) ACACIA CENTER FOR JUSTICE 8	7-4099467	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cu	rrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as	of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	e		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defea	se		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	ınd		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	ete		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	yee,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co	ontrolled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pa	rt 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
	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			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, an			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en	tity		
	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	nization?		
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt 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	10		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamir	ng		

(gambling) winnings to prize winners?

Form **990** (2022)

ACACIA CENTER FOR JUSTICE 87-4099467 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 70 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X 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 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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). 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? Х 7a 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 d 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 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? N/A9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A

10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:	[102	l			
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114		\dashv		
b		11b				
10-	/		<u> </u>	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		3T / 3			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	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	1	Ī			
	organization is licensed to issue qualified health plans	13b		_		
С	Enter the amount of reserves on hand	. 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche	edule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu	neration o	or			ı
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ent incon	ne?	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	i			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		ı
	If "Yes," complete Form 6069.					
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ACACIA CENTER FOR JUSTICE 87-4099467 Form 990 (2022) 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 Yes No 14 **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. 14 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Х 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 List the states with which a copy of this Form 990 is required to be filed DC, CA, NY 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 Own website X Upon request 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 the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records

JESSICA LEE - 646-470-6423 1025 CONNECTICUT AVE. NW, #701, WASHINGTON, DC 20036-5447

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)	(B)	Jiga	mea)		out	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than		check more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any		<u> </u>				T	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal trı		loyee	ompo		1099-NEC)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHAINA ABER-HANSON	line) 40.00	ılı	Si .	#0	. Ke	흜툽	윤			
(1) SHAINA ABER-HANSON EXECUTIVE DIRECTOR	40.00	1		х				90,637.	0.	18,747.
(2) JESSICA LEE	40.00			^				30,037.	0.	10,747.
CHIEF FINANCIAL OFFICER	40.00	1		Х				85,029.	0.	13,403.
(3) LEAH PRESTAMO	40.00							03,023.	•	13,403.
GENERAL COUNSEL & SECRETARY				x				86,572.	0.	11,096.
(4) ANDREW GENZ	1.00							1	-	,
BOARD CHAIR		Х		Х				0.	0.	0.
(5) JULIA HEDLUND	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) OREN ROOT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JUDY LONDON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LUKE MEIER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) DAVID NIDIFFER	1.00	1								
DIRECTOR		Х						0.	0.	0.
(10) EILEEN BLESSINGER	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) JOJO ANNOBIL	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) MARSHA GRIFFIN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(13) OSCAR CHACON	1.00	.,								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) RACHEL JORDAN	1.00	3,7							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) SAM ELKIN	1.00	Х						0.	0.	0
DIRECTOR (16) TOY OF COM	1 00	Λ						0.	0.	0.
(16) JOY OLSON DIRECTOR	1.00	Х						0.	0.	0.
(17) MICHAEL LUKENS	1.00	Λ						1	0.	<u> </u>
SECRETARY (UNTIL 8/22)	1.00	1		х				0.	0.	0.
	<u> </u>	1	<u> </u>	22		L	l		0.	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average			(C Posi	;) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per	box,	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer an	d a di	recto	r/trust	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	эшрег		1099-NEC)	.00020,	and related
	below	vidual	tutior	.ec	Key employee	nest co loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) JAYA RAMJI-NOGALES	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								262,238.	0.	43,246.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								262,238.	0.	43,246.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) (B) Name and business address Description of services	(C) Compensation
FLORENCE IMMIGRANT REFUGEE RIGHTS PROJECT DELIVER LEGAL ACCESS	
PO BOX 86299, TUCSON, AZ 85754 AND ORIENTATION SER	509,042.
CATHOLIC CHARITIES OF LOS ANGELES, INC-ESPER DELIVER LEGAL ACCESS	
1530 JAMES M WOOD BLVD, LOS ANGELES, CA 900 AND ORIENTATION SER	440,014.
CATHOLIC CHARITIES COMMUNITY SERVICES(NY) DELIVER LEGAL ACCESS	
1011 FIRST AVE,6TH FL, NEW YORK, NY 10022 AND ORIENTATION SER	428,065.
AMERICAN GATEWAYS, 314 EAST HIGHLAND MALL DELIVER LEGAL ACCESS	
BLVD, #501, AUSTIN, TX 78752 AND ORIENTATION SER	248,687.
CATHOLIC CHARITIES LEGAL SERVICES MIAMI, DELIVER LEGAL ACCESS	
COURTHOUSE PL,28 W FLAGLER ST, MIAMI, FL AND ORIENTATION SER	217,695.
2 Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization 18	

Form **990** (2022)

Form 990 (2022) ACACIA
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b						
S S		Fundraising events 15						
fts,		d Related organizations 1d						
ig ig								
ons,		Government grants (contributions)						
utio	,	All other contributions, gifts, grants, and		1 630 505				
ĕ		similar amounts not included above 1f	†	1,638,585.				
out		Noncash contributions included in lines 1a-1f			1 620 505			
O B	<u> </u>	1 Total. Add lines 1a-1f			1,638,585.			
	_	COMMUNICATION DESCRIPTION		Business Code	20 020 245	20020245		
<u>ic</u> e	2 8			990009	20,838,245.	20838245.		
er v	k	·						
n S	(·						
ran 3ev	•	d						
Program Service Revenue	•	e						
٩		All other program service revenue						
	9	Total. Add lines 2a-2f			20,838,245.			
	3	Investment income (including dividends	intere	st, and				
		other similar amounts)						
	4	Income from investment of tax-exempt b	ond p	roceeds				
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6 a	Gross rents 6a						
	k	Less: rental expenses 6b						
	(Rental income or (loss) 6c						
	•	d Net rental income or (loss)						
	7 a	a Gross amount from sales of (i) Secu	rities	(ii) Other				
		assets other than inventory 7a						
	k	Less: cost or other basis						
ē		and sales expenses 7b						
her Revenue	(Gain or (loss) 7c						
- Re		d Net gain or (loss)						
ē		a Gross income from fundraising events (not						
₽		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
	k	Less: direct expenses						
		Net income or (loss) from fundraising ev						
		a Gross income from gaming activities. Se						
		Part IV, line 19	9a					
	ŀ	Less: direct expenses						
		Net income or (loss) from gaming activit		•				
		a Gross sales of inventory, less returns						
		and allowances	10a					
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sales of invent		•				
\neg			.,	Business Code				
sno	11 :	OTHER REVENUE		900099	20.	20.		
nec	t							
Miscellaneous Revenue	b							
isc	d All other revenue							
Σ		e Total. Add lines 11a-11d			20.			
	12	Total revenue. See instructions			22,476,850.	20838265.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 305,484 305,484. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,105,890. 1,399,392. 1,706,498. Other salaries and wages 7 Pension plan accruals and contributions (include 136,774. 74,289. 62,485. section 401(k) and 403(b) employer contributions) 147,844. 272,190. 124,346. Other employee benefits 9 286,007. 138,504. 147,503. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 566,763. 245,742. 321,021 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 127,812. 53,103. 74,709. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 31,038. 6,192. 24,846. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,536. 2,030. 506. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 32,177. 32,177. 23 Other expenses. Itemize expenses not covered 24 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.) 13,986,533. 13,986,533. SUBCONTRACTOR SERVICES 249,560. 249,560. LOSS ON UNCOMPLETED CON 139,796. 103,215. 36,581. OTHER EXPENSES $7, \overline{116}$. 160. 5,956. TELECOM AND INTERNET All other expenses 19,249,676. 16,339,406. 2,910,270 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

		Check if Schedule O contains a response or no	te to any line in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	6,234,088.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	10,758,767.
	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	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	89,105.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	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		0.	16	17,081,960.
	17	Accounts payable and accrued expenses			17	10,665,263.
	18	Grants payable			18	, ,
	19	Deferred revenue		19	1,278,298.	
	20	Tax-exempt bond liabilities			20	, -,
	21	Escrow or custodial account liability. Complete			21	
"	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
iii		controlled entity or family member of any of the	· ·		22	
Ë	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 lines				
		of Schedule D		0.	25	1,911,225.
	26			0.	26	13,854,786.
		Organizations that follow FASB ASC 958, che				
es		and complete lines 27, 28, 32, and 33.				
Š	27				27	3,227,174.
3ale	28	Net assets with donor restrictions			28	0.
Ā		Organizations that do not follow FASB ASC 9				
Ē		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ea			30	
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		0.	32	3,227,174.
Z	33	Total liabilities and net assets/fund balances		0.	33	17,081,960.

Form **990** (2022)

Pa	rt 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)	1	22, 19,						
2	Protal expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0.			
5	Net unrealized gains (losses) on investments								
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									
	column (B)) 10 3,								
Pai	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					l			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				l			
	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				l			
	consolidated basis, or both:					l			
	Separate basis Consolidated basis X 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>L</u>	3a		X			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		ı			
			F	orm	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.

2022

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection
Employer identification number

			FOR JUSTICE					7-4099467		
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.			
The orga	nization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in sect									
3	A hospital or a cooperative		•		(b)(1)(A)(ii	ii).				
4	A medical research organiz					-	(iii). Enter	the hospital's name,		
		city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).				
7	An organization that norma	ally receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from th	e general ı	oublic described in		
	section 170(b)(1)(A)(vi). (C	•		· ·						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
	university:									
10 X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	ns, membershi	p fees, and	d gross receipts from		
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no i	more than	33 1/3% of its	support f	rom gross investment		
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized a	and operated exclusi	vely to test for public sa	fety.See 🛭	section 50	09(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to car	ry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 5	609(a)(3). (Check the box on		
_	lines 12a through 12d that	describes the type of	f supporting organizatior	and comp	olete lines	12e, 12f, and	12g.			
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving		
	control or management o	of the supporting orga	anization vested in the sa	ame persor	ns that co	ntrol or manag	ge the supp	ported		
_	organization(s). You mus	st complete Part IV,	Sections A and C.							
С	Type III functionally inte	-					y integrate	ed with,		
	its supported organization		·							
d L	Type III non-functionally						-			
	that is not functionally int	-		•		•	an attentiv	/eness		
_	requirement (see instruct	•	-							
e L	Check this box if the orga					Type I, Type I	I, Type III			
	functionally integrated, or	* *	nally integrated supporti	ng organiza	ation.					
	ter the number of supported of	•								
g Pr	ovide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see in	,	support (see instructions)		
			above (see instructions))	103	140					
Total										

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

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning 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.")						
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.						
Se	ction B. Total Support		T	_	_		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	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,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (column (f))		14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2021. If the	-					
	and stop here. The organization qual	•	• •				
178	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	VI how the organiz	zation
	meets the facts-and-circumstances to	-			-	17a and 15a d. 15	100/ -::
k	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle Private foundation. If the organization		-				
10	Finate roundation. If the organization	ni did not check a	DOX OF HIRE TO, TO	a, 100, 17a, 01 171	o, oneon this box a		(Form 990) 2022

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.)

Se	ction A. Public Support	clow, picase comp	piete i art ii.j				
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.")					1638585.	1638585.
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					20838245.	20838245.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					22476830.	22476830.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						22476830.
Se	ction B. Total Support		T	1			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6					22476830.	22476830.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital					20.	20.
12	assets (Explain in Part VI.)						22476850.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	L organization's f	irot accord third	fourth or fifth toy	l	•	•
'-	check this box and stop here	-			•		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021	, ,,,				16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from						%
	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly s	upported organiz	zation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	oorted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nie hay and see ir	nstructions	

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		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting Significations		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		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		
	-	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			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	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 ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

ACACIA CENTER FOR JUSTICE 87-4099467 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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)

Name of organization Employer identification number

ACACIA CENTER FOR JUSTICE

87-4099467

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,638,335.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ACACIA CENTER FOR JUSTICE

87-4099467

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	Cabadala P. (Farm 000) (0000)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** ACACIA CENTER FOR JUSTICE 87-4099467 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

223454 11-15-22

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

ACACIA CENTER FOR JUSTICE

Employer identification number 87-4099467

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 neo orni orni oco, natriv, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its	•	
collection items (check all that apply):		
a Public exhibition d Loan or exchange program		
b Scholarly research e Other		
c Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI	III.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets		
	Yes	No_
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 9, or	
reported an amount on Form 990, Part X, line 21.		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included		
on Form 990, Part X?	Yes	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:		
<u> </u>	Amount	
c Beginning balance 1c		
d Additions during the year 1d		
e Distributions during the year 1e		
f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		
	(e) Four ye	ars back
1a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and losses		
d Grants or scholarships		
e Other expenditures for facilities		
and programs		
f Administrative expenses		
g End of year balance		
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:		
a Board designated or quasi-endowment%		
b Permanent endowment%		
c Term endowment%		
The percentages on lines 2a, 2b, and 2c should equal 100%.		
3a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by:	Y	es No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
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 depreciation	d) Book v	alue
1a Land		
b Buildings		
c Leasehold improvements		
d Equipment		
e Other		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 202	22 ACACIA CENTER FOR JUSTICE	87-4099467 Page
Part VII Investmen	ts - Other Securities.	

Complete if the organization answered "Yes" of		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
- ·	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	1,661,665
(3) ACCRUED LOSS ON UNCOMPLETED	
(4) CONTRACT	249,560
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,911,225

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

Schedule D (Form 990) 2022

Par		Reconciliation of Revenue per Audited Financial Statem		enue per Return	•	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		100 4	F.C. 0.F.0
1				1	22,4	76,850 .
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а		realized gains (losses) on investments				
b		ed services and use of facilities				
С		eries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е		nes 2a through 2d			00 4	0.
3		ct line 2e from line 1		3	22,4	76,850.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		Describe in Part XIII.)	4b			
		nes 4a and 4b				0.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	22,4	76,850.
Pai		Reconciliation of Expenses per Audited Financial Staten	-	enses per Retui	rn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			T	
1	Total e	xpenses and losses per audited financial statements		1	19,2	<u>49,676.</u>
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ed services and use of facilities				
b	Prior y	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (Describe in Part XIII.)	2d			
е		nes 2a through 2d				0.
3	Subtra	ct line 2e from line 1		3	19,2	49,676.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lin	nes 4a and 4b		4c		0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	19,2	49,676.
Pai	rt XIII	Supplemental Information.				
Provi	de the c	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2	b; Part V, line 4; Part	X, line 2; P	art XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information			
PAF	RT X	, LINE 2:				
AC <i>I</i>	CIA	REQUIRES THAT A TAX POSITION BE RECOG	NIZED OR I	DERECOGNIZE	D BASI	ED ON
<u> </u>	'MORI	E-LIKELY-THAN-NOT" THRESHOLD. THIS APP	LIES TO PO	OSITIONS TA	KEN OF	3.
EXI	PECTI	ED TO BE TAKEN IN A TAX RETURN. ACACIA	DOES NOT	BELIEVE IT	'S	
FIN	IANC:	IAL STATEMENTS INCLUDE, OR REFLECT, AN	Y UNCERTA	IN TAX POSI	TIONS	•

SCHEDULE O (Form 990)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

ACACIA CENTER FOR JUSTICE

Employer identification number 87 - 4099467

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACACIA SUPPORTS IMMIGRANT LEGAL SERVICES AND DEFENSE NETWORKS TO PROVIDE EXCEPTIONAL LEGAL SERVICES TO IMMIGRANTS AND ADVOCATES FOR THE EXPANSION OF THESE PROGRAMS AND THE INFRASTRUCTURE CRITICAL TO GUARANTEEING IMMIGRANTS ACCESS TO JUSTICE, FAIRNESS, AND FREEDOM. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: REMOVAL PROCEEDINGS; IMMIGRATION COURT HELPDESK, DELIVERING LEGAL ORIENTATIONS AND SELF-HELP WORKSHOPS TO NON-DETAINED INDIVIDUALS IN REMOVAL PROCEEDINGS TO HELP THEM BETTER UNDERSTAND WHAT TO EXPECT IN IMMIGRATION COURT AND PREPARE TO REPRESENT THEMSELVES; AND FAMILY GROUP LEGAL ORIENTATION PROGRAM, PROVIDING LEGAL ORIENTATION PRESENTATIONS AND SELF-HELP WORKSHOPS TO FAMILY GROUPS IN REMOVAL PROCEEDINGS TO HELP THEM BETTER UNDERSTAND WHAT TO EXPECT IN COURT AND PREPARE TO REPRESENT THEMSELVES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WELL AS REPRESENTATION TO CHILDREN IN AND RELEASED FROM ORR CUSTODY; ANDLITIGATION SUPPORT FUND, PROVIDING A SOURCE OF FUNDING TO THE LEGAL CASES OF UNACCOMPANIED CHILDREN WHO ARE PLACED IN FACILITIES AND LOCATIONS OUTSIDE OF THE EXISTING NETWORK OF LEGAL SERVICE PROVIDERS AND TO CHALLENGE CUSTODY DETERMINATIONS AND OTHER STRATEGIC LITIGATION ADVOCACY.

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization ACACIA CENTER FOR JUSTICE Employer identification number 87-4099467

FORM 990, PART VI, SECTION A, LINE 6:

THE CAPITAL AREA IMMIGRANTS' RIGHTS COALITION, INC. IS CONSIDERED TO BE THE SOLE MEMBER WITH CONTROLLING AND ECONOMIC INTEREST IN ACACIA AND HAS THE POWER TO ELECT ACACIA'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

ACACIA'S BOARD HAS CREATED AN EXECUTIVE COMMITTEE AND DELEGATED TO IT THE FOLLOWING AUTHORITY:

- 1. MAKE DECISIONS ON BEHALF OF ACACIA'S BOARD WHEN CONVENING AN AD HOC MEETING IS IMPRACTICAL.
- 2. EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SET ANNUAL

 COMPENSATION FOR THE EXECUTIVE DIRECTOR IN ACCORDANCE WITH ESTABLISHED

 NONPROFIT STANDARDS AND PROCEDURES.
- 3. HELP THE EXECUTIVE DIRECTOR ENSURE THAT BOARD MEETINGS ARE EFFICIENT AND FOCUSED ON THE ISSUES OF GREATEST SIGNIFICANCE TO THE ORGANIZATION.
- 4. SERVE AS A STRATEGIC AND TACTICAL ADVISOR FOR THE EXECUTIVE DIRECTOR ON SIGNIFICANT ORGANIZATIONAL ISSUES THAT DO NOT REQUIRE BOARD SIGN-OFF BUT COULD BENEFIT FROM THOUGHT PARTNERSHIP.
- 5. HELP DEVELOP BOARD POLICIES AND ADDRESS BIG-PICTURE ORGANIZATIONAL

 DECISIONS, TO TEE THEM FOR PRESENTATION TO THE BOARD FOR DISCUSSION AND A

 VOTE.
- 6. REVIEW ACACIA'S ANNUAL REPORT, IN CONSULTATION WITH THE FINANCE COMMITTEE.

ACACIA'S BOARD HAS ALSO CREATED FOUR OTHER COMMITTEES: GOVERNANCE, FINANCE,

PROGRAM, AND LONG-RANGE PLANNING. THESE COMMITTEES ARE MORE LIMITED IN

SCOPE THAN THE EXECUTIVE COMMITTEE AND MAY ONLY UNDERTAKE SPECIFIC

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization ACACIA CENTER FOR JUSTICE Employer identification number 87-4099467

ACTIVITIES EXPRESSLY AUTHORIZED BY THE FULL BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

ACACIA'S BOARD HAS CREATED AN EXECUTIVE COMMITTEE AND DELEGATED TO IT THE FOLLOWING AUTHORITY:

- 1. MAKE DECISIONS ON BEHALF OF ACACIA'S BOARD WHEN CONVENING AN AD HOC MEETING IS IMPRACTICAL.
- 2. EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SET ANNUAL

 COMPENSATION FOR THE EXECUTIVE DIRECTOR IN ACCORDANCE WITH ESTABLISHED

 NONPROFIT STANDARDS AND PROCEDURES.
- 3. HELP THE EXECUTIVE DIRECTOR ENSURE THAT BOARD MEETINGS ARE EFFICIENT AND FOCUSED ON THE ISSUES OF GREATEST SIGNIFICANCE TO THE ORGANIZATION.
- 4. SERVE AS A STRATEGIC AND TACTICAL ADVISOR FOR THE EXECUTIVE DIRECTOR ON SIGNIFICANT ORGANIZATIONAL ISSUES THAT DO NOT REQUIRE BOARD SIGN-OFF BUT COULD BENEFIT FROM THOUGHT PARTNERSHIP.
- 5. HELP DEVELOP BOARD POLICIES AND ADDRESS BIG-PICTURE ORGANIZATIONAL

 DECISIONS, TO TEE THEM FOR PRESENTATION TO THE BOARD FOR DISCUSSION AND A

 VOTE.
- 6. REVIEW ACACIA'S ANNUAL REPORT, IN CONSULTATION WITH THE FINANCE

 COMMITTEE.

ACACIA'S BOARD HAS ALSO CREATED FOUR OTHER COMMITTEES: GOVERNANCE, FINANCE,

PROGRAM, AND LONG-RANGE PLANNING. THESE COMMITTEES ARE MORE LIMITED IN

SCOPE THAN THE EXECUTIVE COMMITTEE AND MAY ONLY UNDERTAKE SPECIFIC

ACTIVITIES EXPRESSLY AUTHORIZED BY THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY ACACIA'S TAX PREPARER. ACACIA CIRCULATES THE

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

ACACIA CENTER FOR JUSTICE

Employer identification number 87-4099467

FORM 990 TO ALL BOARD MEMBERS AND KEY PERSONNEL VIA EMAIL. THE INFORMATION

IS REVIEWED, AND COMMENTS AND FEEDBACK ARE INCORPORATED WHEN APPROPRIATE.

ACACIA RETURNS THE FORM 990 TO THE TAX PREPARER FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ACACIA CIRCULATES ITS CONFLICT OF INTEREST POLICY TO ALL BOARD MEMBERS AND KEY PERSONNEL ANNUALLY AND ASKS SUCH INDIVIDUALS TO SUBMIT A FORM ON WHICH THEY DISCLOSE ALL AFFILIATIONS OF ANY KIND AND ANY OTHER CIRCUMSTANCES THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. THIS INFORMATION IS REVIEWED AND MAINTAINED BY THE LEGAL DEPARTMENT. INDIVIDUALS ARE ASKED TO RECUSE FROM ANY VOTE, ACTION, OR PROCUREMENT THAT WOULD CREATE AN ACTUAL OR APPARENT CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES. THE COMMITTEE CONSIDERS PERFORMANCE,

ORGANIZATIONAL COMPENSATION PHILOSOPHY, CORPORATE RESOURCES, AND

COMPENSATION FOR COMPARABLE POSITIONS AT OTHER ORGANIZATIONS. THE COMMITTEE

SETS COMPENSATION ACCORDING TO ITS REVIEW OF THESE FACTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST

POLICY AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM

990 ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XII, LINE 2C:

THE BOARD MEMBERS ASSUME RESPONSIBILITY FOR OVERSIGHT OF

THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR.

Name of the organization	CENTER	FOR	JUSTICE	Employer identification number 87 – 4099467
	 		-	,

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87-4099467

Name of the organization

Department of the Treasury Internal Revenue Service

ACACIA CENTER FOR JUSTICE

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b) (c) (d) (e)				(e)	(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me Enc	d-of-year assets	I	controlling ntity	1	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	ecause it h	nad one or mor	e related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public c status (if s	charity Dir section	(f) ect controlling entity	conti	(a) (b) 12(b)(13) (c) 13(b) (c) 13(b) (d) 13(b	
CAPITAL AREA IMMIGRANTS' RIGHTS COALITION -				501(c))(3))		Yes	No	
52-2141497, 1025 CONNECTICUT AVE. NW, SUITE	PROVIDE LEGAL SERVICES TO								
701, WASHINGTON, DC 20036	IMMIGRANTS AND REFUGEES.	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A			X	

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

Schedule R (Form 990) 2022

Page 3

Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		X		
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
							Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		Х		
	Reimbursement paid to related organization(s) for expenses				1 p		Х		
q	Reimbursement paid by related organization(s) for expenses				1q		Х		
	Other transfer of cash or property to related organization(s)				1r		Х		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," and "	ho must complete th	nis line, including covered r	elationships and transaction thresholds.					
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)								
<u>(1) (</u>	CAPITAL AREA IMMIGRANTS' RIGHTS COALITION	М	644,238.	FMV OF SERVICES PROVIDED					
<u>(2)</u>									
<u>(3)</u>									
(4)									
(5)									

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000