Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Α	For the	2023 cal	lendar year, or tax year beginning		, and e	ending			
В	Check if a	applicable:	C Name of organization Annapolis Im	migration Justice Netw	ork Inc.	D Empl	oyer identific	cation number	
Ц	Address	change	Doing business as						
П	Name cha	ango	Number and street (or P.O. box if mail is no	t delivered to street addres	,	83-2499			
닐	ivallie Cile	ange	1125 West Street		227	E Telep	hone number	•	
Ц	Initial retu	ırn	City or town	State	ZIP code	443-203	-9175		
П	Final return	/terminated	Annapolis	MD	21401		0110		
\equiv			Foreign country name Foreig	n province/state/county	Foreign posta			40.	7 440
Ц	Amended	l return				G Gross	receipts \$	43	7,410
	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a group re	turn for subordi	nates? Yes X	(No
			Jessa Coulter 1125 West Street, ST	E 227. Annapolis. MI	21401	H(b) Are all subord	inates include	= =	No
_	_			<u> </u>		If "No," attach	_		
	rax-exer	mpt status:		(insert no.) 4947(a)(1) or 527		>		
J	Website	: WW\	w.aijnetwork.org			H(c) Group exemp	tion number		
K	Form of	organization	: X Corporation Trust Assoc	iation Other	L Ye	ar of formation: 20	18 M S	tate of legal domicile:	MD
	art I	Sui	mmary		Į.				
-	1	_	escribe the organization's mission or	most significant activ	vities: Con	necting unaccon	nnanied ar	nd senarated	
ë	1 .	-	, families fleeing violence, and other	•			ipariioa ai	ia coparatoa	
aŭ			unsel and related support services.	inalgent county resid	onto to ininigiat				
Activities & Governance			·						
8	2	Check th					1 1	et assets.	_
<u>ن</u>	3		of voting members of the governing						
Se	4		of independent voting members of t				4		7
Ę	5		mber of individuals employed in cale		V, line 2a)				3
ŧ	6		mber of volunteers (estimate if nece				6		10
ď	7a		related business revenue from Part				7a		0
	b	Net unre	elated business taxable income from	Form 990-T, Part I, li	ne 11	<u></u>	7b		
						Prior Yea	ır	Current Year	
Ð	8		itions and grants (Part VIII, line 1h) .				327,592	43	7,372
enc	9		n service revenue (Part VIII, line 2g)	0			0		
Revenue	10	Investme	ent income (Part VIII, column (A), lin	es 3, 4, and 7d)			33		38
œ	11	Other re	venue (Part VIII, column (A), lines 5	6d, 8c, 9c, 10c, and	11e)		0		0
	12	Total rev	enue—add lines 8 through 11 (must ed	ual Part VIII, column (A), line 12)		327,625	43	7,410
	13	Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1–3) .			0		0
	14		paid to or for members (Part IX, col				0		0
Ø	15		other compensation, employee benefit		ines 5–10)		130,449	140	6,348
Expenses	16a		onal fundraising fees (Part IX, colum				0		0
bel	b		ndraising expenses (Part IX, column		0				
ŭ	17		penses (Part IX, column (A), lines 1				177,275	26	5,524
	18		penses. Add lines 13–17 (must equa				307,724		1,872
	19		e less expenses. Subtract line 18 fro				19,901		5,538
2 6	1					Beginning of Cur		End of Year	-,
Net Assets or	20	Total as	sets (Part X, line 16)				128,786	199	9,946
Ass	21						8,353		3,975
Net .	22		ets or fund balances. Subtract line 2				120,433		5,971
	art II		nature Block			1	0,.00		
			y, I declare that I have examined this return, inc	luding accompanying sched	ules and statements	s, and to the best of n	nv knowledae	<u> </u>	
			ect, and complete. Declaration of preparer (othe						
0:									
Sig		Signa	ature of officer			Da	te		
He	re		sa Coulter		Exe	cutive Director			
			or print name and title						
			t/Type preparer's name	Preparer's signature		Date	_	PTIN	
Ра	id							X if	
	eparer	. Rob	pert E Beatty	Robert E Beatty		5/3/2024	self-emplo	pyed P02040523	
	e Only	1	's name Robert E. Beatty, CPA, 0	CFE, CGMA, MBA		Firm's EIN	93-15	70593	
-	J J)		s's address 917 Willow Lane, Severr	na Park, MD 21146		Phone no	410-9	03-6954	
		1	, ==	, , , , , , , , , , , , , , , , , , , ,				. X Yes	No

Form 9	90 (2023) Annapolis Immigration Justice Network Inc.	83-2499061	Page 2
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: Connecting unaccompanied and separated children, families fleeing violence, and other indigent county residents to immigration legal counsel and related support services.		
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?	d on Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program s expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported.	and allocations to others,	
4a	Our Legal Assistance Program includes legal consultations, professional fees paid to lawyers for legal representation, and ongoing case management. Legal Consultations: Connected clients to quality immigration attorneys for an initial assessment of their case. Paid \$100 per consultation, negotiated as a flat rate fee. 79 paid, plus pro bono consultations. Legal Fund: Provided financial assistance to families and individuals for legal representation for immigration cases before United States Citizenship and Immigration Services (USCIS) or Executive Office for	Revenue \$)
4b	(Code:) (Expenses \$ 12,174 including grants of \$) (F Client Services/Accompaniment Transportation: Provided transportation for clients to federal immigration hearings in Baltimore, United States Immigration and Customs Enforcement (ICE) check-ins, attorney meetings, biometric appointments, and Intensive Supervision Appearance Progra (ISAP) check-ins. Approximately 241 rides paid.)
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)

Other program services (Describe on Schedule O.)

0)(Revenue \$

0)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Χ
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		Χ
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
_	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
_	complete 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? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			,,
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VIII.	11c		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
120	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Χ
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		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	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	<u> </u>		
''	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
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		Χ
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		Χ
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- 1	domestic government on Part IX, column (Δ), line 12 If "Ves." complete Schedule I. Parts Land II.	21		Y

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\stackrel{\sim}{}$
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
C	to defease any tax-exempt bonds?	24c		
٦	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24 u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			Ť
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Τ̈́
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			广
•	III, or IV, and Part V, line 1	34		Х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a		 ^
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		_
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		 ^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
		31		-
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

	Alliapolis illinigration sustice Network inc.	3001		aye U
Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	122		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			,
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0		
J	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	
Occi	tion B. 1 oncies (This occitor B requests information about policies not required by the internal Nevenue C	ouc.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			,
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"		7.	
•	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		7.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			7
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	` '		
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.	•		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Sue Levine (443) 336-7186			
	1125 West Street, Suite 227, Annapolis, MD 21401			

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Form 990 (2023)

Part VII

Annapolis Immigration Justice Network Inc.

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	rson irecto	than o is both br/truste Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jessa Coulter	40.00									
Executive Director (from June 2023)	0.00			Χ				47,813		4,800
(2) Suzanne Martin	35.00									
Executive Director (through March 2023)	0.00			Χ				35,985		
(3) Monica Rausa-Williams	4.00									
President of the Board (through February 2023)	0.00	Χ								
(4) Maria Matiella	2.00									
Secretary of the Board (through April 2023)	0.00	Χ								
(5) Eddie Adkins	5.00									
President of the Board from March 2023	0.00	Χ								
(6) Gabriela Q. Kahrl	3.00									
Vice President of the Board from March 2023	0.00	Χ								
(7) Sue Levine	4.00									
Treasurer of the Board	0.00	Χ								
(8) Francisco Flores	2.00									
Secretary of the Board from May 2023	0.00	Χ								
(9) Kervin Flores	1.00									
Board Member	0.00	Χ								
(10) Kady Burke	3.00									
Board Member (from December 2023)	0.00	Χ								
(11) Shane Hall	1.00									
Board Member (from December 2023)	0.00	Χ								
(12)		:								
(13)		:								
(14)										

Form **990** (2023)

Pa	art VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	iployees (c	<u>ontin</u>	ued)	
					•	C)							
	(A)	Position (do not check more than or							(D)	(E)		(I	=)
	Name and title	Average hours	box, unless person is both officer and a director/trust						Reportable compensation	Reportabl compensat		Estimate of o	d amount ther
		per week							from the	from relate	ed	compe	nsation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest cc employee	Former	organization (W-2/ 1099-MISC/	organizations 1099-MIS		from organiza	the tion and
		related organizations	ual t	iona		nplo	t cor	_	1099-NEC)	1099-NEC	2)	related org	anizations
		below	ruste	trus		yee	npei						
		dotted line)	ď	stee			Highest compensated employee			•			
							g.						
(15)		 								-1			
(46)				-						\rightarrow			
(10)													
(17)											\neg		
(18)													
(19)													
(20)				-							\dashv		
(20)													
(21)				4	-	1							
(22)						1							
						_							
(23)				1									
(24)											-		
(24)													
(25)		+ (
1b	Subtotal			•		•			83,798		0		4,800
C	Total from continuation sheets to Part VII, So								0		0		0
d	Total (add lines 1b and 1c)								83,798	000 -6	0		4,800
2	Total number of individuals (including but not line reportable compensation from the organization		sted a	abov	e) v	vno	recei	vea	more than \$100),UUU OT			0
	reportable compensation from the organization											Y	es No
3	Did the organization list any former officer, dire	ector, trustee, ke	v em	ploy	ee.	or h	nighes	st co	ompensated		- 1		110
	employee on line 1a? If "Yes," complete Sched											3	Х
4	For any individual listed on line 1a, is the sum of	of reportable con	npen	satio	on a	nd o	other	con	npensation from				
	the organization and related organizations great	iter than \$150,00	00? <i>I</i>	f "Ye	es,"	con	nplete	Sc	hedule J for suc	h			
	individual										.	4	Х
5	Did any person listed on line 1a receive or accr	•			-			_					
_	for services rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	ch per	rsor	1			5	Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest compe	naatad indanan	dont	oont	root	oro	that		aived more than	1100 000 of			
1	compensation from the organization. Report co											ax vear	
	(A)	mponodiion ioi		41011	uu.	jou	0110	g	(B)	organizati	0110 1	(C)	
	Name and business add	ress							Description of ser	vices	С	compensat	ion
													0
													0
										-			0
													0
2	Total number of independent contractors (inclu-	ding but not limit	ted to	tho	se l	iste	d abo	ve)	who received				U
_	more than \$100,000 of compensation from the	_				0	0)					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		407.070			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code	0 0 0 0 0 0 0			
Other Revenue	b c 10a b	Investment income (including dividends, interest other similar amounts). Income from investment of tax-exempt bond processory. Royalties	oceeds	0 0 0	38		
Miscellaneous Revenue	11a b c d	All other revenue	Business Code	0 0 0 0			
	12	Total revenue. See instructions		437,410	38	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 Pa	art IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,798	62,849	20,949	
6	Compensation not included above to disqualified	·			
	persons (as defined under section 4958(f)(1)) and		,		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	47,634	47,634		
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions).	1,851	1,388	463	
9	Other employee benefits	2,949	2,212	737	
10	Payroll taxes	10,116	7,587	2,529	
11	Fees for services (nonemployees):	•		7-	
а	Management	499		499	
b	Legal	216,733	216,733		
C	Accounting	6,995		6,995	
d	Lobbying	0		2,000	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	1,425		1,425	
13	Office expenses	553		553	
14	Information technology	2,974		2,974	
15	Royalties	0		7-	
16	Occupancy	11,571		11,571	
17	Travel	12,174	12,174	,-	
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	3,308		3,308	
24	Other expenses. Itemize expenses not covered	·		·	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Miscellaneous Account Fees	3,320		3,320	
b	Background Checks	60		60	
С	Discretionary	5,614		5,614	
d	Settlements	280		280	
е	All other expenses Parking & Tolls	18		18	
25	Total functional expenses. Add lines 1 through 24e	411,872	350,577	61,295	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

83-2499061

Form 990 (2023)

Part X	Balance Sheet	
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		Check if Schedule O contains a response or note to any line in this Part X.	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	93,802	1	180,532
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	33,234	4	19,414
	5	Loans and other receivables from any current or former officer, director,	00,201	_	10,111
	•	trustee, key employee, creator or founder, substantial contributor, or 35%		_	
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			3
	`	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	1,750	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	128,786	16	199,946
	17	Accounts payable and accrued expenses	4,071	17	6,435
	18	Grants payable	0	18	0
	19	Deferred revenue	4,282	19	47,540
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete	0	0.5	•
	20	Part X of Schedule D	0 8,353	25 26	0 53,975
	26	Total liabilities. Add lines 17 through 25	0,303	20	55,975
Ces		Organizations that follow FASB ASC 958, check here X			
an		and complete lines 27, 28, 32, and 33.	400 400		445.074
Bal	27	Net assets without donor restrictions	120,433	27	145,971
פַ	28	Net assets with donor restrictions	0	28	0
Ξ		Organizations that do not follow FASB ASC 958, check here			
٥	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		20	^
ts	29 30	Paid-in or capital surplus, or land, building, or equipment fund	0	29 30	0
SSE	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
Net Assets or Fund Balances	32	Total net assets or fund balances	120,433	32	145,971
Se	33	Total liabilities and net assets/fund balances	128,786	33	199,946
	55	1 otal liabilities and fiet assets/fully palatices	120,100	55	199,940

Part	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)		437	7 ,410		
2						
3	Revenue less expenses. Subtract line 2 from line 1		25	5,538		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		120,433			
5						
6						
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))		145	,971		
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
Ū	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Annapolis Immigration Justice Network Inc. 83-2499061

Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
he o	orga	nization is not a private foundati	ion because it is: (F	or lines 1 through 12, or	check only	one box.)		
1	Ш	A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•		
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(ii	i).		
4		A medical research organizatio	n operated in conjui	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). En	ter the	
		hospital's name, city, and state:	·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ntal unit described in s e	ection 170)(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9	Ħ	An agricultural research organiz				d in coniur	nction with a land-gra	ant college	
-	_	or university or a non-land-gran university:							
10	Ш	An organization that normally re							
		receipts from activities related t support from gross investment							
		acquired by the organization af						3363	
11	П	An organization organized and							
12	Ħ	An organization organized and	•		•		. ,, ,	he nurnoses of	F
		one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or se	ction 509(a)(2). See section 5	09(a)(3).	
а		Type I. A supporting organiz the supported organization(s							
		organization. You must con			majority (n lile dile	ciois of trustees of tr	ie supporting	
b	Ī	Type II. A supporting organiz	•		on with its	supporte	d organization(s), by	having	
	_	control or management of th			me perso	ns that co	ntrol or manage the	supported	
	Г	organization(s). You must c					16 0 0 0 1		
С	L	Type III functionally integral its supported organization(s)						rated with,	
d	Γ	Type III non-functionally in		•	-			anization(s)	
	L	that is not functionally integra	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
	г	requirement (see instruction							
е	L	Check this box if the organized functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported			ig Organiz	.auon.			0
a a		Provide the following information						· · · <u></u>	
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount o	
				(described on lines 1–10 above (see instructions))	-	ur governing ment?	support (see instructions)	other support (s instructions)	
				abovo (oco monaciono))	4004		mon donono)	mon donone)	
					Yes	No			
A)									
B)									
C)									
C)									
D)									
-,									
E)									
ota	l						0		Λ

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,461	126,932	163,279	327,592	418,393	1,081,657
	organization'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 5	Total. Add lines 1 through 3	45,461	126,932	163,279	327,592	418,393	1,081,657
6	Public support. Subtract line 5 from line 4						1,081,657
Sec	tion B. Total Support				7		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	45,461	126,932	163,279	327,592	418,393	1,081,657
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	15	45	33	38	133
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.)	9,342	15,555	30,220	0	0	55,117
11	Total support. Add lines 7 through 10						1,136,907
12 13	Gross receipts from related activities, etc. (see First 5 years. If the Form 990 is for the organization, check this box and stop here.)	anization's first, sec	cond, third, fourth, c		a section 501(c)(3)	12	
Sec	tion C. Computation of Public Su						
14 15	Public support percentage for 2023 (line 6, c	column (f), divided l	by line 11, column			14 15	0.00%
	Public support percentage from 2022 Schedule A, Part II, line 14						
b	33 1/3% support test—2022. If the organiz box and stop here. The organization qualifies			•		•	
17a	10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the facorganization	eets the facts-and- cts-and-circumstan	circumstances tes ices test. The orga	t, check this box ar nization qualifies a	nd stop here . Expl s a publicly suppor	lain ted	
18	Private foundation. If the organization did r	าot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		Γ
	instructions						

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				"		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	U	0	0	U	U	0
0	line 6.)						0
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	Ť					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		•				•
4.4	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			•	. , , ,		
500	ction C. Computation of Public Su						· · · · · <u>L</u>
<u> </u>	Public support percentage for 2023 (line 8, c		_	(f\)		15	0.00%
	Public support percentage from 2022 Sched		-			16	0.00%
	etion D. Computation of Investmen					10	0.0070
17	Investment income percentage for 2023 (line			column (f))		17	0.00%
18	Investment income percentage from 2022 S		-			18	0.00%
	33 1/3% support tests—2023. If the organi						
	not more than 33 1/3%, check this box and						
b	33 1/3% support tests—2022. If the organi	-			-		-
	line 18 is not more than 33 $1/3\%$, check this	box and stop here	. The organization	qualifies as a pub	licly supported org	anization	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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?
- 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.
- 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).
- 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.)

ı		Yes	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	Δ (Εο	rm 990	1 2022

	e A (Form 990) 2023 Annapolis Immigration Justice Network Inc.	83-2499061		Page 5
Part I	Supporting Organizations (continued)			
44	Lies the examination accented a gift as contribution from any of the following persons?		Yes	S No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11	h and		
u	11c below, the governing body of a supported organization?	11	а	
b	A family member of a person described on line 11a above?	11		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11			
	detail in Part VI.	11	С	
Section	on B. Type I Supporting Organizations			
		A -	Yes	No.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than on			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a	- V		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	, ,		
2	Did the organization operate for the benefit of any supported organization other than the supported	,		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	n Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0 41	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Va	Na.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dire	actors	Yes	S No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con			
	or management of the supporting organization was vested in the same persons that controlled or management			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
		_	Ye	No.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	-		
	organization's governing documents in effect on the date of notification, to the extent not previously pro			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Pa			
	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations	s have		
	a significant voice in the organization's investment policies and in directing the use of the organization's	s		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the The organization satisfied the Activities Test. Complete line 2 below.	year (see instructio	ons).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	mental entity (see instr	ıctions)	
2	Activities Test. Answer lines 2a and 2b below.	Trontal Orlary (600 month	-	s No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	ses of	16:	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ident			
	those supported organizations and explain how these activities directly furthered their exempt purp	-		
	how the organization was responsive to those supported organizations, and how the organization deter	rmined		
	that these activities constituted substantially all of its activities.	2:	3	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involved			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," exp			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
2	these activities but for the organization's involvement.	21)	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	38	a	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this re		.	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting organ	ıızaıı	ons must complete Sections			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4	0	0		
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of					
gross income or for management, conservation, or maintenance of property					
held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other factors					
(explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 0.035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0		
2 Enter 0.85 of line 1.	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6		0		
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting o	organization (see		

Schedule	A (Form 990) 2023 Annapolis Immigration Justice	Network Inc.	8	3-2499061 Page 7
Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	
Section	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	d	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V	<i>J</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		₄ 6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which	the organization is respo	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	_	10	0.000
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount			0
i	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from			
	,			
a	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a)		
b)		
с)		
d)		
<u>e</u>	Excess from 2023			

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

83-2499061 Annapolis Immigration Justice Network Inc. Organization type (check one): Filers of: Section: 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** 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., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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).

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

Name of organization
Annapolis Immigration Justice Network Inc.

Employer identification number
83-2499061

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Annapolis Immigration Justice Network Inc.

Employer identification number
83-2499061

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

Name of org				Employer identification number					
	mmigration Justice Network Inc.			83-2499061					
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y								
	the following line entry. For organizations of	_							
	contributions of \$1,000 or less for the year								
	Use duplicate copies of Part III if additional	•		, +					
(a) No.									
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held					
		(e) I	ransfer of gift						
	Transferee's name, address, and 2	71D ± 1	Polationshi	p of transferor to transferee					
	Transieree's name, address, and z	LIF T 4	Kelationsiii	p of transferor to transferee					
() 11	For. Prov. Country								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(S) i dipose di giit	(0	, ode or gint	(a) Boothplion of now girl is note					
			·····						
		(e) T	ransfer of gift						
	Transferee's name, address, and a	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	For. Prov. Country								
(a) No.	For. Prov. Country								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
raiti									
	7(3)								
		(e) T	ransfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	······								
	For. Prov. Country								
(a) No.		_							
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held					
		/s\ -	renefer of aift						
		(e) I	ransfer of gift						
	Transferee's name, address, and 2	ZIP + 4	Relationshi	p of transferor to transferee					
	Transfer of Hame, address, and a	· 	Relationship of transferor to transferee						
	For. Prov. Country								

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
Annapolis Immigration Justice Network Inc.	33-2499061
Form 990, Part VI, Line 4: We amended and restated our bylaws in February 2023. The changes	
include the implementation of term limits for directors and board officers.	
Form 990, Part VI, Line 11b: All members of the Board of Directors review and approve Form 990	
before it is filed.	
Form 990, Part VI, Line 12c: Each board member confirmed in writing that they did not have any	
conflicts of interest.	/
Form 990, Part VI, Line 15: The compensation of the Executive Director, who served through	
March 2023, was approved in 2021, by the Board of Directors, before it was paid, and after	
reviewing data as to comparable compensation for similarly qualified persons in functionally	
comparable positions at similarly situated organizations. The Board's deliberation and	
decisions regarding compensation were contemporaneously documented. The compensation of the)
Executive Director who served starting in June 2023 was approved in 2023 by the Board of	
Directors, before it was paid, and after reviewing data as to comparable compensation for	
similarly qualified persons in functionally comparable positions at similarly situated	
organizations. The Board's deliberation and decisions regarding compensation were	
contemporaneously documented.	
Form 990, Part VI, Line 19: Financial statements are available to the public upon request.	
Form 990, Part VI, Line 19: We follow the recommendation of the MD Solicitations Department of	
State and have noted on our website and brochures, etc. that a copy of our current financial	
statement is available by writing to us or by calling us and we list our phone number and	
address. We also state that documents and information under the MD Solicitations Act are also	
available from the MD Secretary of State and we list their address.	
Form 990, Part IX, Line 17: Other expenses, travel, \$12,174. The majority of this is for	
rideshares or parking fees to provide transportation to our clients who needed to get to	
legal-related appointments	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Annapolis Immigration Justice Network Inc.	83-2499061
Annapons minigration sustice Network inc.	00-2499001
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	A
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1 Federated Campaigns	1		
2 Membership dues	2		
3 Fundraising events		4,239	
4 Related organizations	4		
5 Government grants (contributions)	5	343,554	
6 All other contributions, gifts, grants, and similar amounts not included above:			
Other Grants	_	22,840	
Individual Contributions		54,468	
Amazon Smile		36	
Faith Community Contributions		12,074	
In-Kind Donations		161	
Other contributions total	. 6	89,579	0
7 Total	7	437,372	0

Part X, Line 4 (990) - Accounts Receivable

	Account	s receivable	Allowance for doubtful accounts		
	Beginning	End	Beginning	End	
1 <u>A</u> /R	1 33,234	435	0		
2 A/R (Grant)	2 0	18,979	0		
3	3 0		0		
4	4 0		0		
5	5 0		0		
6	6 0		0		
7	7 0		0		
8	8 0		0		
9	9 0		0		
10	10 0		0		
11 Total accounts receivable	11 33,234	19,414	0	0	

(Sch O (990)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	Form 990	Part VI		4	We amended and restated our bylaws in February 2023. The changes include the implementation of term limits for directors and board officers.
					implementation of term limits for directors and board officers.
2	Form 990	Part VI		11b	All members of the Board of Directors review and approve Form 990 before it is filed.
2	Form 000	Dort VI		120	Each heard member confirmed in writing that they did not have any conflicts of
3	Form 990	Part VI		12c	Each board member confirmed in writing that they did not have any conflicts of interest.

(Sch O (990)) - Supplemental Information

	Form	Part	Section	Line	Explanation
4	Form 990	Part VI		15	The compensation of the Executive Director, who served through March 2023, was approved in 2021, by the Board of Directors, before it was paid, and after reviewing data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. The Board's deliberation and decisions regarding compensation were contemporaneously documented. The compensation of the Executive Director who served starting in June 2023 was approved in 2023 by the Board of Directors, before it was paid, and after reviewing data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. The Board's deliberation and decisions regarding compensation were contemporaneously documented.
5	Form 990	Part VI		19	Financial statements are available to the public upon request.
6	Form 990	Part VI		19	We follow the recommendation of the MD Solicitations Department of State and have noted on our website and brochures, etc. that a copy of our current financial statement is available by writing to us or by calling us and we list our phone number and address. We also state that documents and information under the MD Solicitations Act are also available from the MD Secretary of State and we list their address.

(Sch O (990)) - Supplemental Information

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	Form	Part	Section	Line	Explanation
7	Form 990	Part IX	Section	17	Other expenses, travel, \$12,174. The majority of this is for rideshares or parking fees to provide transportation to our clients who needed to get to legal-related appointments.