

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 09/01/22, and ending 08/31/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNESOTA JUSTICE FOUNDATION		D Employer identification number ** - ***7537
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 229 19TH AVENUE SOUTH		E Telephone number 612-625-1584
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55455		G Gross receipts \$ 533,440

F Name and address of principal officer: ANNA BEADLE 229 19TH AVENUE SOUTH MINNEAPOLIS MN 55455	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: HTTPS://WWW.MNJUSTICE.ORG/	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1982	M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	573,651	530,623
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27	2,634
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137	-12,805
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	573,815	520,452
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,874
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		316,128	347,670
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		18,109	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,645	38,095
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	512,647	492,660	
19 Revenue less expenses. Subtract line 18 from line 12	61,168	27,792	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	522,720	557,412
	22 Net assets or fund balances. Subtract line 21 from line 20	16,256	23,156
		506,464	534,256

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.

Sign Here	Signature of officer	Date
	JACK SULLIVAN Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STEVEN SCHURHAMER	STEVEN SCHURHAMER	02/06/24	<input checked="" type="checkbox"/>	*****
	Firm's name	Firm's EIN			
HARRINGTON LANGER & ASSOCIATES		** - ***2347			
Firm's address		Phone no.			
563 PHALEN BLVD SAINT PAUL, MN 55130		651-481-1128			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III 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:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **414,928** including grants of \$ **106,895**) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **414,928**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part 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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	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 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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, 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? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 23, 1b, 23, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, document retention, compensation review, and joint venture investments.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states where Form 990 is required, public inspection of Forms 1023, website availability, and person in possession of books and records.

ANNA BEADLE
MINNEAPOLIS

229 19TH AVENUE SOUTH

MN 55455

612-625-0777

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNA BEADLE EXECUTIVE DIRECTOR	40.00 0.00			X				97,000	0	14,692
(2) JACK SULLIVAN PRESIDENT	1.00 0.00	X		X				0	0	0
(3) SHUANGQI WANG VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(4) TERESA MCALPINE TREASURER	1.00 0.00	X		X				0	0	0
(5) EVA KENDRICK SECRETARY	1.00 0.00	X		X				0	0	0
(6) KATHERINE SWENSON SECRETARY	1.00 0.00	X		X				0	0	0
(7) CONSUELA ABOTSI-KOWU DIRECTOR	1.00 0.00	X						0	0	0
(8) ALISON BAKER DIRECTOR	1.00 0.00	X						0	0	0
(9) CAITLIN GEHLEN DIRECTOR	1.00 0.00	X						0	0	0
(10) KATHERINE GENESER DIRECTOR	1.00 0.00	X						0	0	0
(11) TIMOTHY GOODMAN DIRECTOR	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JACOB HARRIS	1.00									
DIRECTOR	0.00	X						0	0	0
(13) LOU HER	1.00									
DIRECTOR	0.00	X						0	0	0
(14) SANDRA JONES	1.00									
DIRECTOR	0.00	X						0	0	0
(15) JENNIFER OLSON	1.00									
DIRECTOR	0.00	X						0	0	0
(16) CAITLIN OPPERMAN	1.00									
DIRECTOR	0.00	X						0	0	0
(17) BRENDA PFAHNL	1.00									
DIRECTOR	0.00	X						0	0	0
(18) MARIA PLESE	1.00									
DIRECTOR	0.00	X						0	0	0
(19) MONICA SHAFFER	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								97,000		14,692
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								97,000		14,692

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation

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 **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 Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	66,320				
	d Related organizations	1d					
	e Government grants (contributions)	1e	143,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	321,303				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		530,623				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,634			2,634	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 66,320 of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b	12,988					
c Net income or (loss) from fundraising events		-12,988					
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	183	183			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		183				
	12 Total revenue. See instructions		520,452	183	0	2,634	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	106,895	106,895		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,692	89,355	16,753	5,584
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	187,300	149,840	28,095	9,365
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	781	625	117	39
9 Other employee benefits	28,660	22,928	4,299	1,433
10 Payroll taxes	19,237	15,391	2,885	961
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,296	21,037	5,259	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,721	1,892	622	207
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,834	3,868	725	241
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.)				
a DUES AND SUBSCRIPTIONS	2,275	1,496	779	
b SUPPLIES	1,409	1,290	89	30
c MISCELLANEOUS	560	311		249
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	492,660	414,928	59,623	18,109
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	232,488	1	361,177
	2	Savings and temporary cash investments	276,547	2	181,680
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,968	9	7,339
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,500		
	10b	Less: accumulated depreciation	19,500	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,717	15	7,216
16	Total assets. Add lines 1 through 15 (must equal line 33)	522,720	16	557,412	
Liabilities	17	Accounts payable and accrued expenses	9,539	17	15,940
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,717	25	7,216
	26	Total liabilities. Add lines 17 through 25	16,256	26	23,156
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	498,464	27	534,256
	28	Net assets with donor restrictions	8,000	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	506,464	32	534,256
33	Total liabilities and net assets/fund balances	522,720	33	557,412	

Part 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	520,452
2	Total expenses (must equal Part IX, column (A), line 25)	2	492,660
3	Revenue less expenses. Subtract line 2 from line 1	3	27,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	506,464
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	534,256

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c 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? 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?		X
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		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) BROOKE SHEPHERD	1.00									
DIRECTOR	0.00	X						0	0	0
(21) SARAH SMITH	1.00									
DIRECTOR	0.00	X						0	0	0
(22) ABBY SUNBERG	1.00									
DIRECTOR	0.00	X						0	0	0
(23) KACIE TAWFIC	1.00									
DIRECTOR	0.00	X						0	0	0
(24) BRIDGET WELTER	1.00									
DIRECTOR	0.00	X						0	0	0
(25) ELLIE BARRAGRY	1.00									
DIRECTOR	0.00	X						0	0	0
(26) LISA CRUM	1.00									
DIRECTOR	0.00	X						0	0	0
(27) ASHLEY FINCK	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) EVAN GELLES	1.00									
DIRECTOR	0.00	X						0	0	0
(29) MARIN KOLSTAD	1.00									
DIRECTOR	0.00	X						0	0	0
(30) JESSICA MASTELLAR	1.00									
DIRECTOR	0.00	X						0	0	0
(31) LILO SCHLUENDER	1.00									
DIRECTOR	0.00	X						0	0	0
(32) JEFFREY SMITH	1.00									
DIRECTOR	0.00	X						0	0	0
(33) MIRA VATS-FOURNIER	1.00									
DIRECTOR	0.00	X						0	0	0
(34) SHANNON WACHTER	1.00									
DIRECTOR	0.00	X						0	0	0

1b Subtotal			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)			

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

MINNESOTA JUSTICE FOUNDATION

Employer identification number

-*7537

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only 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 section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for 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 government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include Gifts, grants, contributions, and membership fees received; Tax revenues levied for the organization's benefit; Total Add lines 1 through 3; Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include Amounts from line 4; Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; Net income from unrelated business activities; Total support. Add lines 7 through 10; Gross receipts from related activities, etc. (see instructions); First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)); Public support percentage from 2021 Schedule A, Part II, line 14; 33 1/3% support test—2022; 33 1/3% support test—2021; 10%-facts-and-circumstances test—2022; 10%-facts-and-circumstances test—2021; Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including questions about IRS determination of status, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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	
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	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2022, and (iii) Distributable Amount for 2022. Rows include distributable amount for 2022, underdistributions, excess distributions carryover, and breakdown of line 7.

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

Part II, Line 10 - Other Income Detail

\$ 3,073

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization

Employer identification number

MINNESOTA JUSTICE FOUNDATION

** - ***7537

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is 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

[X] 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 totaling \$5,000 or more during the year \$

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

Name of organization

MINNESOTA JUSTICE FOUNDATION

Employer identification number

**** - ***7537**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 28,940	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 67,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 37,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 19,860	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MINNESOTA JUSTICE FOUNDATION

Employer identification number

**** - ***7537**

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2022

Open to Public Inspection

Name of the organization

MINNESOTA JUSTICE FOUNDATION

Employer identification number

** - ***7537

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" 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)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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) RESTRICTED CASH - STUDENT CHAPTERS	7,216
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,216

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	560,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	40,454	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	40,454
3	Subtract line 2e from line 1		3	520,452
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	520,452

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	533,114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	40,454	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	40,454
3	Subtract line 2e from line 1		3	492,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	492,660

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAX AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

MINNESOTA JUSTICE FOUNDATION

Employer identification number

****-***7537**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPECIAL EVENT (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	66,320		66,320
	2	Less: Contributions	66,320		66,320
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,254		3,254
	7	Food and beverages	7,954		7,954
	8	Entertainment			
	9	Other direct expenses	1,780		1,780
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-12,988

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANISHINABE LEGAL SERVICES 411 1ST ST NW CASS LAKE MN 56633	** - ***0032	501C3	6,250		CASH		CLERKSHIP
(2)	CENTRAL MINNESOTA LEGAL SERVICES 111 N 5TH ST SUITE 402 MINNEAPOLIS MN 55403	** - ***9151	501C3	6,250		CASH		CLERKSHIP
(3)	IMMIGRATION LAW CENTER OF MINNESOTA 450 SYNDICATE ST N #200 SAINT PAUL MN 55104	** - ***9036	501C3	6,250		CASH		CLERKSHIP
(4)	INTERNATIONAL INSTITUTE OF 1694 COMO AVE SAINT PAUL MN 55108	** - ***3912	501C3	12,250		CASH		CLERKSHIP
(5)	LEECH LAKE TRIBAL COURT 190 SAILSTAR DR NE NW CASS LAKE MN 56633	** - ***2052		6,250		CASH		CLERKSHIP
(6)	LEGAL ASSISTANCE OF DAKOTA COUNTY 7300 147TH ST W SUITE 401 APPLE VALLEY MN 55124	** - ***6581	501C3	6,250		CASH		CLERKSHIP
(7)	JUSTICE NORTH 230 W SUPERIOR ST #200 DULUTH MN 55802	** - ***8386	501C3	6,250		CASH		CLERKSHIP
(8)	MID-MINNESOTA LEGAL AID 111 N 5TH ST #100 MINNEAPOLIS MN 55403	** - ***2710	501C3	12,500		CASH		CLERKSHIP
(9)	MINNESOTA CENTER FOR ENVIRONMENTAL 1919 UNIVERSITY AVE W #515 SAINT PAUL MN 55104	** - ***2105	501C3	6,250		CASH		CLERKSHIP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 13
- 3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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Open to Public Inspection

Name of the organization

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes entries for NEIGHBORHOOD JUSTICE CENTER and SOUTHERN MINNESOTA REGIONAL LEGAL.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

THE CLERK STIPENDS ARE PAID TO THE AGENCIES WHERE THE CLERKS WORK FOR THE SUMMER.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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Form 990 - Organization's Mission

MINNESOTA JUSTICE FOUNDATION (MJF) CREATES OPPORTUNITIES FOR LAW STUDENTS TO ENGAGE IN PUBLIC INTEREST AND PRO BONO LEGAL SERVICE. MJF PROVIDES LAW STUDENTS WITH ACCESS TO PROFESSIONAL EXPERIENCE AND TRAINING WHILE INCREASING THE CAPACITY OF LEGAL SERVICE ORGANIZATIONS THAT SERVE THE PUBLIC INTEREST. BY STRENGTHENING LAW STUDENTS' COMMITMENT TO PUBLIC INTEREST AND PRO BONO LEGAL SERVICE, MJF BUILDS A CULTURE OF SERVICE THAT STUDENTS CARRY FORWARD IN THEIR LEGAL CAREERS.

Form 990, Part III, Line 4a - First Accomplishment

MINNESOTA JUSTICE FOUNDATION (THE ORGANIZATION OR MJF) IS A NONPROFIT. MINNESOTA LAW STUDENTS FOUNDED MINNESOTA JUSTICE FOUNDATION (MJF) IN 1982 TO PROMOTE AND SUPPORT ACCESS TO JUSTICE IN MINNESOTA. THESE VISIONARY STUDENTS BELIEVED THAT LAWYERS AND LAW STUDENTS HAVE A SPECIAL PROFESSIONAL OBLIGATION TO PROVIDE QUALITY LEGAL SERVICES TO THOSE WHO CANNOT AFFORD LEGAL REPRESENTATION, AND THEY AIMED TO CALL ATTENTION TO THE NEED FOR LEGAL SERVICES FOR LOW-INCOME PEOPLE AND FOR CREATING PRO BONO OPPORTUNITIES. MJF'S MISSION: "MJF CREATES OPPORTUNITIES FOR LAW STUDENTS TO ENGAGE IN PUBLIC INTEREST AND PRO BONO LEGAL SERVICE. MJF PROVIDES LAW STUDENTS WITH ACCESS TO PROFESSIONAL EXPERIENCE AND TRAINING WHILE INCREASING THE CAPACITY OF LEGAL SERVICE ORGANIZATIONS THAT SERVE THE PUBLIC INTEREST. BY STRENGTHENING LAW STUDENTS' COMMITMENT TO PUBLIC INTEREST AND PRO BONO LEGAL SERVICE, MJF BUILDS A CULTURE OF SERVICE THAT STUDENTS CARRY FORWARD IN THEIR LEGAL CAREERS."

MJF PROVIDES SERVICES TO STUDENTS AT THE THREE MINNESOTA LAW SCHOOLS AND

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OUR PARTNER ORGANIZATIONS AROUND THE STATE OF MINNESOTA TO HELP INCREASE ACCESS TO JUSTICE FOR ALL MINNESOTANS. ACCORDING TO RECENT RESEARCH BY THE STATEWIDE COALITION OF LEGAL AID PROGRAMS, TWO OUT OF EVERY THREE POTENTIAL CLIENTS ARE TURNED AWAY. THESE POTENTIAL CLIENTS ARE ALL INCOME-ELIGIBLE AND THEIR CASES HAVE MERIT; THERE SIMPLY ARE NOT ENOUGH ATTORNEYS AVAILABLE TO MEET THE NEEDS OF THE COMMUNITY. LAW STUDENTS' PARTICIPATION HELPS PROGRAMS SERVE MORE CLIENTS, WHILE ALSO GIVING LAW STUDENTS VALUABLE SKILLS AND EXPERIENCE. STUDENTS ENGAGE IN MEANINGFUL, IMPACTFUL LEGAL WORK UNDER ATTORNEY SUPERVISION, SUCH AS CLIENT INTAKE, FACT INVESTIGATION, COMMUNITY EDUCATION, LEGAL RESEARCH, DOCUMENT DRAFTING, FILE MANAGEMENT, AND IN-COURT APPEARANCES IF THEY ARE ELIGIBLE FOR CERTIFICATION UNDER THE STUDENT PRACTICE RULE. THIS PROVIDES A FOUNDATION FOR THEIR FUTURE WORK IN THE PUBLIC SECTOR OR IN THEIR PRO BONO PRACTICES.

MAJOR SERVICES AND ACTIVITIES:

- 1) SUMMER FELLOWSHIP PROGRAM (SFP),
- 2) LAW SCHOOL PUBLIC SERVICE PROGRAM (LSPSP), INCLUDING STREET LAW AND PRIVATE ATTORNEY STUDENT SERVICE (PASS), AND
- 3) STUDENT CHAPTERS AT THE MITCHELL HAMLINE SCHOOL OF LAW, UNIVERSITY OF MINNESOTA LAW SCHOOL, AND UNIVERSITY OF ST. THOMAS SCHOOL OF LAW

1) SUMMER FELLOWSHIP PROGRAM

THE SUMMER FELLOWSHIP PROGRAM IS ONE METHOD BY WHICH MJF SEEKS TO CLOSE THE JUSTICE GAP EXPERIENCED BY MANY MINNESOTANS WHO NEED ACCESS TO LEGAL SERVICES TO ADDRESS THEIR BASIC HUMAN NEEDS. MATCHING LAW STUDENTS WITH OPPORTUNITIES TO WORK FOR THE SUMMER AT PUBLIC INTEREST LAW AGENCIES SUCH AS LEGAL AID OFFICES AND LEGAL NONPROFITS INCREASES THE CAPACITY OF THOSE AGENCIES TO SERVE MORE CLIENTS. MANY LEGAL SERVICE PROGRAMS IN MINNESOTA HAVE TO TURN AWAY ELIGIBLE CLIENTS EACH YEAR DUE TO PROGRAM AND STAFFING

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LIMITS, OR LACK OF CASE PRIORITY. WITH THE SUPPORT OF LAW STUDENT FELLOWS, ATTORNEYS AT PUBLIC INTEREST AGENCIES ARE ABLE TO FOCUS THEIR TIME ON MORE COMPLEX CASES AND CLIENT MATTERS WHILE STILL PROVIDING QUALITY SERVICES TO AN EVEN HIGHER VOLUME OF CLIENTS.

SUMMER FELLOWS WORK FULL TIME FOR 10 WEEKS AT LEGAL AID OFFICES AND PUBLIC INTEREST ORGANIZATIONS ACROSS THE STATE. EACH FELLOW RECEIVES A STIPEND OF \$6,250 PAID BY MJF. SINCE THE PROGRAM BEGAN IN 1983, MJF HAS FUNDED OVER 720 FELLOWS. MJF FELLOWS PROVIDE THEIR PLACEMENT AGENCIES WITH INTENSIVE HELP WITH CASEWORK, RESEARCH, LEGAL WRITING, CLIENT INTAKE, INTERVIEWING, AND EVEN COURTROOM REPRESENTATION. FEEDBACK FROM SUPERVISORS TELLS US THAT AGENCIES ARE ABLE TO SERVE MORE CLIENTS WHEN THEY HAVE A PAID SUMMER FELLOW WORKING FULL TIME.

MJF FUNDRAISES FOR THESE FELLOWSHIPS AND MANAGES THE ENTIRE PROCESS: FROM SELECTING WHICH AGENCIES WILL RECEIVE A FELLOW; TO RECEIVING STUDENT APPLICATIONS; TO SETTING UP INTERVIEW TIMES; AND MANAGING A LIST OF OFFERS AND ACCEPTANCES. AGENCIES SELECT WHICH STUDENTS THEY WILL INTERVIEW AND MAKE THEIR OWN HIRING DECISIONS. PARTICIPATING STUDENTS WORK UNDER THE SUPERVISION OF THE AGENCIES' OWN LAWYERS, GAINING VALUABLE PRACTICAL EXPERIENCE WHILE BUILDING THE CAPACITY OF THE PROGRAMS TO SERVE MORE CLIENTS.

THE NUMBER OF APPLICANTS TO HOST THE FELLOWS ALWAYS EXCEEDS THE FUNDS AVAILABLE. EACH YEAR, MJF SEEKS TO OFFER A VARIETY OF FELLOWSHIP OPPORTUNITIES TO LAW STUDENTS BOTH IN TERMS OF GEOGRAPHY AND IN LEGAL SUBJECT AREA. EXPERIENTIAL LEARNING THROUGH PROGRAMS LIKE MJF'S FELLOWSHIP PROGRAM SHAPES THE CAREER PATH OF FUTURE LAWYERS, AND STRENGTHENS THE POOL OF ATTORNEYS IN MINNESOTA WHO ARE COMMITTED TO DOING LEGAL WORK THAT SERVES THE PUBLIC INTEREST EITHER THROUGH THEIR PRIMARY OR PRO BONO PRACTICE.

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SUMMER FUNDING ALLOWS STUDENTS WHO OTHERWISE COULD NOT AFFORD AN UNPAID INTERNSHIP TO EXPLORE PUBLIC INTEREST WORK.

2) LAW SCHOOL PUBLIC SERVICE PROGRAM

THE LAW SCHOOL PUBLIC SERVICE PROGRAM (LSPSP) AROSE OUT OF A COLLABORATION BETWEEN THE THREE LAW SCHOOLS, THE MINNESOTA STATE BAR ASSOCIATION AND MJF. THIS IS A UNIQUE EXAMPLE OF A MULTI-LAW SCHOOL COLLABORATION FOR COMMUNITY ENGAGEMENT. OPERATING CONTINUOUSLY SINCE 1999, LSPSP ENCOURAGES LAW STUDENTS TO PERFORM AT LEAST 50 HOURS OF LAW-RELATED VOLUNTEER SERVICE DURING THEIR LAW SCHOOL CAREERS. THIS IS SOMETIMES REFERRED TO AS THE "50 HOUR CHALLENGE" BY LAW STUDENTS. IT REFERENCES RULE 6.1 OF THE MINNESOTA RULES OF PROFESSIONAL CONDUCT WHICH STATES THAT LAWYERS HAVE AN ETHICAL OBLIGATION TO PERFORM PRO BONO WORK AND/OR PROVIDE FINANCIAL SUPPORT TO CIVIL LEGAL AID PROGRAMS. STUDENTS WHO COMPLETE AT LEAST 50 HOURS OF VOLUNTEER SERVICE DURING THEIR TIME IN LAW SCHOOL RECEIVE RECOGNITION FROM THEIR LAW SCHOOL AND MJF. THIS RECOGNITION COMPLEMENTS OTHER AWARDS THAT STUDENTS ARE ELIGIBLE TO RECEIVE FOR THEIR ACADEMIC AND EXTRACURRICULAR ACCOMPLISHMENTS.

THE LAW SCHOOL PUBLIC SERVICE PROGRAM WAS DESIGNED TO CREATE EFFICIENCIES FOR OUR CIVIL LEGAL AID PARTNER AGENCIES BY SITUATING MJF AS A CENTRAL POINT OF CONTACT FOR OUTREACH REGARDING LAW STUDENT VOLUNTEERS FROM THE THREE MINNESOTA LAW SCHOOLS. FROM OUR OFFICES AT EACH OF THE THREE MINNESOTA LAW SCHOOLS, MJF STAFF MAINTAIN CONNECTIONS ACROSS THE LEGAL SERVICES COMMUNITY IN ORDER TO UNDERSTAND, MEET, AND SOMETIMES ANTICIPATE THE NEEDS OF OUR PARTNER ORGANIZATIONS. THE MJF STAFF ATTORNEYS DIVIDE A LIST OF STATEWIDE LEGAL SERVICES PROVIDERS. STAFF ATTORNEYS CONTACT THESE PROVIDERS AT LEAST THREE-FOUR TIMES A YEAR TO DISCUSS FALL, SPRING AND SUMMER SEMESTER VOLUNTEER OPPORTUNITIES AND WINTER AND SPRING BREAK

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OPPORTUNITIES. STAFF ATTORNEYS HELP THEIR CONTACTS THINK CREATIVELY ABOUT WAYS TO BEST ENGAGE AND SUPERVISE LAW STUDENT VOLUNTEERS, HELP DRAFT JOB DESCRIPTIONS, POST THESE ON OUR WEBSITE AND THEN RECRUIT STUDENTS. MJF THEN PLACES LAW STUDENT VOLUNTEERS AT LEGAL AID PROGRAMS AND OTHER PUBLIC INTEREST LAW OFFICES TO SERVE MINNESOTANS WITH LIMITED MEANS BASED ON THE STUDENTS' INTERESTS AND AVAILABILITY. STUDENTS VOLUNTEER THROUGHOUT THE YEAR IN A FLEXIBLE MANNER THAT SUITS THEIR SCHEDULES. SOME VOLUNTEER POSITIONS ARE FOR ONE-DAY ENGAGEMENTS AT CLINICS; OTHERS ARE PROJECT-BASED, SUCH AS COMPLETING A RESEARCH PROJECT FOR A CASE; AND SOME ARE 4-10 HOURS/WEEK FOR A SEMESTER. UTILIZING VOLUNTEER LAW CLERKS ALLOWS THE PAID STAFF AT OUR PARTNER AGENCIES TO SERVE MORE CLIENTS AND TO DEVOTE MORE OF THEIR TIME TO COMPLEX ISSUES.

MJF WORKS TO MAKE OUR OFFERINGS COMPLEMENTARY TO OTHER RESOURCES AVAILABLE TO THE STUDENTS THROUGH THE LAW SCHOOLS. MJF IS A POPULAR SOURCE OF EXPERIENTIAL OPPORTUNITIES, ESPECIALLY FOR FIRST YEAR LAW STUDENTS WHO AREN'T ABLE TO ACCESS CURRICULAR EXPERIENTIAL OPPORTUNITIES SUCH AS CLINICS DURING THEIR 1L YEAR. THROUGH VOLUNTEERING WITH MJF, LAW STUDENTS HAVE A CHANCE TO EXPLORE THEIR INTERESTS AND CONSIDER WHICH EXPERIENTIAL COURSES TO PRIORITIZE IN LATER SEMESTERS. MJF ALSO WORKS WITH UPPER-LEVEL STUDENTS WHO PARTICIPATE IN EXPERIENTIAL LEARNING COURSEWORK TO ALLOW THEM TO RECORD VOLUNTEER HOURS AFTER THEY HAVE COMPLETED THE HOURS THEY NEED FOR COURSE CREDIT. THIS ALLOWS STUDENTS TO CONTINUE TO BUILD RELATIONSHIPS AND SKILLS AT THEIR SITE, AND IS ADVANTAGEOUS TO THEIR HOSTS FROM AN EFFICIENCY STANDPOINT BECAUSE THE STUDENTS HAVE ALREADY BEEN ONBOARDED.

MJF STAFF ATTORNEYS HAVE EXPLORATORY CONVERSATIONS WITH PROSPECTIVE VOLUNTEERS TO DISCUSS THEIR CAREER INTERESTS AND PROFESSIONAL DEVELOPMENT GOALS AS PART OF HELPING THE STUDENT IDENTIFY WHICH VOLUNTEER OPPORTUNITIES

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WOULD BE A GOOD FIT FOR THEM. SOMETIMES THESE CONVERSATIONS LEAD TO ONGOING INFORMAL MENTORSHIP RELATIONSHIPS BETWEEN THE MJF STAFF ATTORNEYS AND STUDENTS. AN MJF STAFF ATTORNEY CAN BECOME A TRUSTED ADVISOR FOR A STUDENT BY PROVIDING ADDITIONAL ADVICE, SUPPORT, AND NETWORKING ASSISTANCE AS THE STUDENT PURSUES THEIR CAREER GOALS, COMPLEMENTING THE OTHER ESSENTIAL ADVISING RESOURCES AVAILABLE TO THE LAW STUDENTS.

Form 990, Part III, Line 4b - Second Accomplishment

PARTICIPATION IN THE LAW SCHOOL PUBLIC SERVICE PROGRAM IS OPEN TO ALL LAW SCHOOL STUDENTS, INCLUDING STUDENTS IN THE LL.M. PROGRAMS. PARTICIPATION IS OPTIONAL AND COMPLETING 50 HOURS OF VOLUNTEER WORK IS NOT A REQUIREMENT TO PARTICIPATE. STUDENTS MAY GET INVOLVED AT ANY POINT IN THEIR LAW SCHOOL EXPERIENCE. MJF STAFF ATTORNEYS ACTIVELY WORK WITH THEIR COLLEAGUES AT THE LAW SCHOOLS (ADMISSIONS, CAREER AND PROFESSIONAL DEVELOPMENT, STUDENT AFFAIRS, EXTERNSHIP ADVISORS, CLINICAL FACULTY, FACULTY TEACHING PROFESSIONAL SKILLS TO FIRST-YEAR LAW STUDENTS) TO CONNECT WITH INCOMING AND CURRENT LAW STUDENTS. MJF STAFF ATTORNEYS ARE AVAILABLE AS A RESOURCE FOR STUDENTS WHO DO NOT HAVE THE TIME TO VOLUNTEER AND NEED GUIDANCE ON HOW TO IDENTIFY OTHER PUBLIC INTEREST LAW OPPORTUNITIES. OUR AIM IS TO MAKE THE LAW SCHOOL PUBLIC SERVICE PROGRAM (AND THE RELATIONSHIPS UNDERPINNING IT) ACCESSIBLE FOR ALL STUDENTS SEEKING PUBLIC INTEREST LAW EXPERIENCES.

a) STREET LAW

ANOTHER ASPECT OF LSPSP IS STREET LAW, A LEGAL EDUCATION PROGRAM. STREET LAW AIMS TO EDUCATE YOUTH ABOUT THEIR LEGAL RIGHTS AND RESPONSIBILITIES. LAW STUDENT VOLUNTEERS TEACH IN TWIN CITIES CLASSROOMS FOR AN HOUR A WEEK DURING SPRING SEMESTER. MJF PROVIDES TRAINING TO THE VOLUNTEERS THAT EMPHASIZES ACCESSIBLE, ENGAGING, AND INTERACTIVE INSTRUCTION METHODS.

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SESSIONS AT THE SCHOOLS FOCUS ON TOPICS SUCH AS ENTREPRENEURSHIP AND BUSINESS LAW, JUVENILE LAW, INTERACTING WITH THE POLICE, LANDLORD/TENANT LAW, THE WORK OF LEGISLATORS AND POLICYMAKERS, HOW JUDGES ARE CHOSEN, AND CONSUMER LAW. MJF MODIFIED THE DELIVERY OF THIS PROGRAM DURING EARLIER STAGES OF THE PANDEMIC. STREET LAW AIMS TO BE A PATHWAY FOR MIDDLE AND HIGH SCHOOL STUDENTS TOWARD HIGHER EDUCATION. STREET LAW VOLUNTEERS ARE ENCOURAGED TO SHARE ABOUT THEIR EXPERIENCES AND REALITIES OF BEING A LAW SCHOOL STUDENT, THEIR REASONING FOR WANTING TO ATTEND LAW SCHOOL, AND THEIR PLANS AND ASPIRATIONS FOR HOW THEY WILL USE THEIR LEGAL TRAINING IN THE FUTURE. STREET LAW INCLUDES A FIELD TRIP COMPONENT; SOME CLASSROOMS VISIT THE LAW SCHOOLS OR JUDGES' CHAMBERS AND HAVE A CHANCE TO ENGAGE WITH THE LEGAL FIELD IN A POSITIVE WAY.

b) PRIVATE ATTORNEY STUDENT SERVICE

ANOTHER COMPONENT OF LSPSP IS THE PRIVATE ATTORNEY STUDENT SERVICE PROGRAM (PASS), WHICH CONNECTS LAW STUDENTS WITH PRIVATE ATTORNEYS TO WORK ON PRO BONO MATTERS. PAIRING LAW STUDENTS WITH PRIVATE PRACTICE ATTORNEYS WORKING ON PRO BONO MATTERS GIVES STUDENTS THE OPPORTUNITY TO OBSERVE HOW PRO BONO WORK CAN BE INCORPORATED INTO A BUSY PRIVATE PRACTICE.

3) STUDENT CHAPTERS

MJF WAS FOUNDED BY LAW STUDENTS. THERE IS A STUDENT ORGANIZATION AT EACH LAW SCHOOL AFFILIATED WITH MJF. THE LAW STUDENTS HAVE SEVERAL OBJECTIVES WITH THEIR STUDENT CHAPTER ACTIVITIES.

1) PROVIDE INFORMATION ABOUT PRO BONO OPPORTUNITIES

2) FUNDRAISE FOR THEIR PAID SUMMER OFFERINGS (PUBLIC INTEREST LAW FELLOWSHIPS AT MITCHELL HAMLINE AND ST. THOMAS; PUBLIC INTEREST CLERKSHIPS AT UNIVERSITY OF MINNESOTA)

3) PROVIDE COMMUNITY FOR LAW STUDENTS WHO WANT TO WORK IN PUBLIC INTEREST

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LAW BY HELPING STUDENTS CONNECT WITH CLASSMATES WITH COMMON INTERESTS AND CAREER GOALS

4) PROVIDE EDUCATIONAL PROGRAMMING RELATED TO PUBLIC INTEREST LAW INCLUDING ATTORNEY PANELS AND VARIOUS TOPICS RELEVANT TO CURRENT EVENTS SUCH AS THE CENSUS AND ITS IMPACT ON PUBLIC FUNDING, AND THE NEEDS OF PEOPLE IN OUR COMMUNITIES WHO INJECT DRUGS, WHICH INCLUDED TRAINING ON ADMINISTERING NALOXONE.

STUDENT CHAPTER MEMBERS ACT AS AMBASSADORS FOR MJF WITH THEIR CLASSMATES; THIS HELPS MJF REACH MORE LAW STUDENTS. AND WHEN STUDENTS PARTICIPATE IN FUNDRAISING TO PAY FOR SUMMER EXPERIENCES IN PUBLIC INTEREST LAW FOR THEIR CLASSMATES, THEY REALIZE THE LEVEL OF NEED THERE IS AT LEGAL AID PROGRAMS IN THE STATE. THIS KNOWLEDGE CAN MAKE STUDENTS MORE LIKELY TO DONATE AND PROVIDE PRO BONO SERVICES FOR LEGAL AID PROGRAMS AFTER THEY GRADUATE AND BEGIN USING THEIR DEGREES.

WITH MJF'S PROGRAMMING, WE AIM TO SUPPORT IMPORTANT ACCESS TO JUSTICE WORK IN MINNESOTA AND HELP LAW STUDENTS DEVELOP INTO DEDICATED PUBLIC INTEREST AND PRO BONO ATTORNEYS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE EXECUTIVE COMMITTEE REVIEWS THE 990 AND MEETS WITH THE AUDITOR. THE FULL BOARD RECEIVES A COMPLETE FINAL DRAFT AND OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FINALIZATION. THEN THE FULL BOARD IS PROVIDED A COMPLETE FINAL COPY BEFORE FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY BY BOARD MEMBERS. AS POTENTIAL CONFLICTS OF INTEREST ARISE, THEY ARE ADDRESSED ON AN AS-NEEDED

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BASIS AND HANDLED IN ACCORDANCE WITH THE BOARD ADOPTED POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

A SUBCOMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND CONSULTS THE MN COUNCIL OF NONPROFITS SALARY SURVEY TO DETERMINE APPROPRIATE SALARY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE UPON REQUEST.