Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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



Α	For th	e 2023 calendar year, or tax year beginning and	l ending	-	
в	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	ACCESS JUSTICE BROOKLYN, INC.			
	Name			11-31551	82
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	44 COURT STREET, SUITE 1206		(718)624	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,786,550.
	Amen	BROOKLIN, NI 11201		H(a) Is this a group re	
	Applie tion pendi		N	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
-		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) te: WWW.ACCESSJUSTICEBROOKLYN.ORG	or 527	1	list. See instructions
	Websi			H(c) Group exemption	
	art I	f organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: NY
		Briefly describe the organization's mission or most significant activities: WE H	IELP EN	ISURE & MORE	ACCESSIBLE
Activities & Governance	1.	LEGAL SYSTEM AND EQUITABLE BROOKLYN.			11001001011
naı	2	Check this box if the organization discontinued its operations or dispo	osed of more	e than 25% of its net as	sets.
Nel				3	26
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			25
es 8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			15
viti		Total number of volunteers (estimate if necessary)			300
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,741,066.	2,073,412.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81,955. -110,045.	75,524. 6,281.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,712,976.	2,155,217.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000.	1,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		1,000.	0.
ŝ	I	Salaries, other compensation, employee benefits (Part IX, column (A), line 4/		1,433,798.	1,636,727.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 534, 2	277.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		637,939.	617,651.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,072,737.	2,255,378.
	19	Revenue less expenses. Subtract line 18 from line 12		-359,761.	-100,161.
s or			Be	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)		2,206,739.	1,952,763.
at As	21	Total liabilities (Part X, line 26)		541,357.	371,335.
Pleind		Net assets or fund balances. Subtract line 21 from line 20		1,665,382.	1,581,428.
P	art 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	Signature of officer			Date
	LISA BRAUN, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JENNIFER COATES			if self-employed P02247728
Preparer		AS LLP		Firm'sEIN 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE,	SUITE 400		
	NEW YORK, NY 1017	6		Phone no.212-697-2299
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 3320	001 12-21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	ACCESS JUSTICE BROOKLYN, INC.	11-3155182 _P
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III 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? If "Yes," describe these new services on Schedule O.	Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes 🛛
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and
4a		(Revenue \$
	CONSUMER DEBT PROGRAM: IN THE PAST YEAR, AJB HANDLED	
	DEBT CASES, BENEFITING APPROXIMATELY 10,491 INDIVIDUA	ALS AND FAMILIES.
	ACCESS JUSTICE BROOKLYN OPERATES TWO PROGRAMS IN KING	S COUNTY CIVIL
	COURT TO ASSIST UNREPRESENTED CONSUMER CREDIT LITIGAN	
	LEGAL ADVICE AND RESOURCE OFFICE (CLARO) PROGRAM IS A CLINIC WHERE ACCESS JUSTICE BROOKLYN STAFF AND VOLUNT	
	LITIGANTS WITH IMPORTANT INFORMATION ABOUT DEBT COLLE	
	OPTIONS FOR DEFENSE, REPRESENTING A CRITICAL RESOURCE	
	WITHOUT COUNSEL. THROUGH THE VOLUNTEER LAWYER FOR A D	
	TO JUSTICE PROGRAM, AN ACCESS JUSTICE BROOKLYN ATTORN DAYS PER WEEK IN KINGS COUNTY CIVIL COURT AND WORKS W	
4b		(Revenue \$
	HOMEOWNER ASSISTANCE PROGRAM: IN THE PAST YEAR, THE C	
	HANDLED 442 FORECLOSURE MATTERS, DEPARTMENT OF BUILDI AND OTHER ISSUES IMPACTING BROOKLYN HOMEOWNERS, BENEF	
	APPROXIMATELY 1,271 INDIVIDUALS AND FAMILIES.	11110
	ACCESS JUSTICE BROOKLYN'S SERVICES TO HOMEOWNERS ENCO SERVICES THAT INCLUDE FORECLOSURE INTERVENTION AND PR	
	ASSISTANCE WITH DEED THEFT AND OTHER SCAMS, AND REPRE	
	ADMINISTRATIVE HEARINGS THAT CONCERN DEPARTMENT OF BU	JILDINGS (DOB)
	VIOLATIONS. FOR HOMEOWNERS AT RISK OF LOSING THEIR HO	
	FORECLOSURE, WE PROVIDE ADVICE, BRIEF SERVICES, AND F REPRESENTATION - INCLUDING FORECLOSURE MOTION PRACTIC	
4c	201 214	(Revenue \$
	FAMILY STABILIZATION PROGRAM: IN THE PAST YEAR, THE C	DRGANIZATION
	HANDLED 424 FAMILY LAW CASES, BENEFITING APPROXIMATEL AND FAMILIES.	Y 888 INDIVIDUAL
	AND FAMILIED.	
	ACCESS JUSTICE BROOKLYN WORKS TO STABILIZE BROOKLYN F	
	TO RESOLVE DISPUTES IN FAMILY COURT RELATED TO CUSTOR CHILD AND SPOUSAL SUPPORT FOR BOTH CUSTODIAL AND NON-	
	TO ENSURE FAIRNESS AND EQUITY IN SUPPORT ORDERS ISSUE	
	COUNTY FAMILY COURT. WE ALSO HAVE A ROBUST PRO SE UNC	
	PROGRAM THROUGH WHICH WE DRAFT DIVORCE PLEADINGS FOR	
	LEGAL SEPARATION FROM A PARTNER. IN ADDITION, WE PROV REPRESENTATION IN ARTICLE 17A GUARDIANSHIP MATTERS TO	
4d	Other program services (Describe on Schedule O.)	V DEGIGINATE IKODI
	(Expenses \$ 262,221 · including grants of \$ 1,000 ·) (Revenue \$)
4e	Total program service expenses1,573,325.	
32001	2 12-21-23 SEE SCHEDULE O FOR CONTINUATIO	Form 990
	3	
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 Form 990 (2023)
 ACCESS JUSTICE BROOKLYN, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- -		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8				
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	4 4 6		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		- 23
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├───
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
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Part IV	Checklist	of Required Sc	hedules (cont	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, 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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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? <i>If "Yes," complete Schedule M</i>	30		x
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? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990	(2023)
Part V	Sta

ACCESS JUSTICE BROOKLYN, INC. 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 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	~~	
C		70		х
لہ	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		23
		7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.	-		
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:			
	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:			
а	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.)			
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.			
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 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2023)

ACCESS JUSTICE BROOKLYN, INC.

X

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
Sec	tion A. Governing Body and Management						
			- 1	26		Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year		a	20	4		
	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.						
h			h	25	;		
	Enter the number of voting members included on line 1a, above, who are independent	1			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						2
2	officer, director, trustee, or key employee?				2		-
3	Did the organization delegate control over management duties customarily performed by or under the						2
	of officers, directors, trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		
5	Did the organization become aware during the year of a significant diversion of the organization's a				5		
6	Did the organization have members or stockholders?				6		Ľ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				_		,
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				_		Ι,
_	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-		-		37	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reve	nue Co	ode.)			.
						Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody b	efore fi	iling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" descr	ribe			
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
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 appro	val b	y indep	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
	The organization's CEO, Executive Director, or top management official				15a	X	
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.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	emer	nt with	а			
	taxable entity during the year?				16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate i	ts parti	icipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	aniza	tion's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $_$ \mathbf{NY}						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and	990-T (section 501(c)(3)s only) avail	abl
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain the content of the con	in on	Scheo	lule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			,	nd fina	ncial	
	statements available to the public during the tax year.	55111		, policy, a	.a ma	.0.01	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and re	ecords			
	HEIDI LEE HENDERSON - 718-624-5446						
	44 COURT STREET, 1206, BROOKLYN, NY 11201						
32000	6 12-21-23				Form	9 90	(20
	7						
01	106 759420 13461 2023.05000 ACCESS JUSTICE	ΞB	ROOI	KLYN, IN	134	161_	

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

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

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

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

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week					1		from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) HEIDI LEE HENDERSON	40.00							100 010		~
PRESIDENT & CEO		X		X				186,819.	0.	9,577.
(2) LYNN E. JUDELL	2.00									•
CHAIR		X		Х				0.	0.	0.
(3) STEPHEN Z. WILLIAMSON	2.00									•
VICE CHAIR		X		Х				0.	0.	0.
(4) MICHAEL WATSON	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) SCOTTYE LINDSEY	2.00									•
TREASURER		X		Х				0.	0.	0.
(6) JACK ALDRICH	1.00									•
BOARD MEMBER		X						0.	0.	0.
(7) DANIEL ANGEL	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) ELENA BONIFACIO	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) LISA BRAUN	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) CAROLINE CONWAY	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) AKSHAY DHIMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) BRIAN FYRD	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) ADAM B. GILBERT	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(14) JEFFREY GEWIRTZ	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(15) ALEXANDER KAPLAN	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(16) COLIN KELLY	1.00								<u> </u>	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) MELANIE KOTLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23						0				Form 990 (2023)

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8

Form 990 (2023)
Dort VII	•

Fall VII Section A. Officers, Directors, Trus		ploy	ees,	an	a Hi	Ighe	st C	ompensated Employe	es (continued)			
(A)	(B)			_ (0	-			(D)	(E)		(F)	
Name and title	Average	(do			ition more	ا than than	one	Reportable	Reportable		Estimated	
	hours per	box,	unles	ss pe	rson	is bot pr/trus	h an	compensation	compensation		amount of	
	week (list any	-				1	,	_ from	from related		other	-
	hours for	lirecto						the organization	organizations (W-2/1099-MISC		compensatior from the	I
	related	e or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)	"	organization	
	organizations	truste	al truŝ		yee	mper		1099-NEC)			and related	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler	, ,			organizations	;
	line)	Indiv	Instit	Officer	Keye	High empl	Former					
(18) MARK LANDE	1.00											
BOARD MEMBER		Х						0.		0.	0).
(19) PATRICIA LILLEY	1.00											
BOARD MEMBER		X						0.		0.	0).
(20) SAMUEL O. MADUEGBUNA	1.00					1						
BOARD MEMBER		Х						0.		0.	0).
(21) THANYA POLNIO-JONES	1.00											
BOARD MEMBER		Х						0.		0.	0).
(22) LEE POPKIN	1.00					1						_
BOARD MEMBER		Х						0.		0.	0).
(23) LYDIA KEANEY REYNOLDS	1.00					1						
BOARD MEMBER		Х						0.		0.	0).
(24) ADAM SHEPHERD	1.00											_
BOARD MEMBER		Х						0.		0.	0).
(25) WILLIAM ZICHAWO	1.00											_
BOARD MEMBER		Х						0.		0.	0).
(26) LAUREN ZIMMERMAN	1.00											
BOARD MEMBER		X						0.		0.).
1b Subtotal								186,819.		0.	9,577	•
c Total from continuation sheets to Part VI								626,336.		0.	58,793	•
d Total (add lines 1b and 1c)								813,155.		0.	68,370	•
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			~
compensation from the organization												6
										_	Yes No	0
3 Did the organization list any former officer,					-		-		•			
line 1a? If "Yes," complete Schedule J for s										L	з Х	<u> </u>
4 For any individual listed on line 1a, is the su			-						the organization			
and related organizations greater than \$150										L	4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch	pers	son .					5 X	<u> </u>
Section B. Independent Contractors												
1 Complete this table for your five highest co										ensat	ion from	
the organization. Report compensation for t	the calendar y	ear e	endii	ng v	vith	or w	ithir	n the organization's tax	/ear.			
(A)	address							(B)	onvioos	0-	(C)	
Name and business		D 7				. 7		Description of s	ervices	Cor	mpensation	
YOUR PART TIME CONTROLLER				٩D٨	NA.	ĭ					115 000	
SUITE 720, NEW YORK CITY,	, INY 100	JΤS	>					ACCOUNTING S	ERVICES		115,990	•
• Tatal suggles (1) 1 - 1 - 1 - 1 - 1 - 1	l l'			-1 -								
2 Total number of independent contractors (in		ot lir	nite	d to	tho	ise lis 1	stec	a above) who received m	iore than			
SEE PART VII, SECTION		ידח	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>_</u>		<u>+</u>	2U.	rrmc		-	000 (000	
	A CON.	с <u>т</u> Г	NUF	777		LN Å	эп.	Q L CL		Fo	orm 990 (202	3)
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(28) ELIZABETH DANK 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Form 990 ACCESS JI									11-315	5182
Name and this Average bor per werk (list any, below Position (per method (list any, below) Position (list any, below) Reportable (list any, below) <		nplo	oyee	es, a	nd I	ligh	est		ees (continued)		
Norms Icheck all that apply compensation from compensation from related organizations (W2/1099.MISC) amount of other compensation from related organizations (27) LAMERICE F. DIGIOVARINA BOARD MERBER (10 1/2023) 1.000 X 0. 0. 0. 0. 0. (28) ELIZABETH DAMK 1.000 X 0. 0. 0. 0. 0. (29) ELIZABETH DAMK 1.000 X 0. 0. 0. 0. 0. (30) MELISEA A. STARE (31) STEPEY CHERUBIN DIRECTOR OF LEGAL SERVICES 40.00 X 131,075. 0. 15,115. (31) ANE O'GRADY (31) ORECTOR OF INSTITUTENT OWN (31) ORECTOR OF ORADY 40.00 X 115,394. 0. 12,036. (31) ANE O'GRADY 0. X 104,904. 0. 12,251. (31) ANE O'GRADY 1.0 1.0 1.0	(A)	(B)		(C)					(D)	(E)	(F)
per (Itstary hours for related organizations below ine) per (Itstary below ine) for igner (Itstary below ine) for igner (Itstary isolar below ine) for igner (Itstary isolar isolar below ine) for igner (Itstary	Name and title	Average	5						Reportable	Reportable	Estimated
Week hours for poarbation generation hours for hours		hours	(c	heck	k all '	that	app	ly)	compensation		
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(27) LAWRENCE F. DIGLOVANNA 1.00 X 0. 0. 0. 0. BOARD MEMBER (TO 3/2023) X 0. 0. 0. 0. 0. 0. BOARD MEMBER (TO 1/2023) X 0. 12.036. 0.			5				loyee				•
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(30) MELISSA A. STARR 40.00 SR DIR OF DEV/STRATEGIC INITIATIVES 40.00 SIDIRCTOR OF LEGAL SERVICES 40.00 DIRECTOR OF LEGAL SERVICES 40.00 (32) SIDNE O'GRADY 40.00 DIRECTOR OF LEGAL SERVICES x (33) SIDNE O'GRADY 40.00 PRO BOND DIRECTOR 40.00 SUPERVISING ATTORNEY 40.00 SUPERVISING ATTORNEY 40.00 SUPERVISING ATTORNEY x Intervolution of the second seco	(29) STEVEN L. ZELKOWITZ	1.00									
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(32) TERESA DALY 40.00 x 115,394. 0. 12,036. (33) ANNE O'GRADY 40.00 x 115,394. 0. 4,732. (34) PETER SHELTON WHITE 40.00 x 104,904. 0. 12,251. SUPERVISING ATTORNEY 104,904. 0. 12,251.	(31) SIDNEY CHERUBIN	40.00									
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(33) ANNE O'GRADY 40.00 X 115,394. 0. 4,732. (34) PETER SHELTON WHITE 40.00 X 104,904. 0. 12,251.	(32) TERESA DALY	40.00								_	
PRO BONO DIRECTOR X 115,394. 0. 4,732. (34) PETER SHELTON WHITE 40.00 X 104,904. 0. 12,251. SUPERVISING ATTORNEY X 104,904. 0. 12,251.							Х		115,394.	0.	12,036.
(34) PETER SHELTON WHITE 40.00 X 104,904. 0. 12,251.		40.00							115 204	•	4 8 9 9
SUPERVISING ATTORNEY X 104,904. 0. 12,251. Image: Control of the second s							X		115,394.	0.	4,/32.
		40.00							104 004		10 051
Image: Constraint of the section A, line 1c 626, 336. 58, 793.	SUPERVISING ATTORNEY						X		104,904.	0.	12,251.
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Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c		1			I	L	L				
	Total to Part VII, Section A, line 1c								626,336.		58,793.

			Check if Schedule O co	ontains	a respor	nse	or note to any li				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues					1			
à, c			Fundraising events				280,238.	1			
Gift lar ,			Related organizations		1d			1			
is, (Government grants (contril		1e	1,	263,134.]			
r S		f	All other contributions, gifts, g	rants, an	Id						
ibu			similar amounts not included a	above	1f		530,040.				
dor		g	Noncash contributions included in li	ines 1a-1f	1g \$						
aŭ		h	Total. Add lines 1a-1f					2,073,412.			
							Business Code				
ice	2	а				_					
er		b				_					
Program Service Revenue		С				_					
grar Rev		d				_					
roç		е	<u> </u>			_					
		f	All other program service re								
			Total. Add lines 2a-2f								
	3		Investment income (includi other similar amounts)	•				24,435.			24,435.
	4							21,155.			24,4550
	5		Income from investment of tax-exempt bond p Royalties								
	J			<u> </u>	(i) Real		(ii) Personal				
	6	а	Gross rents	6a	()		(.,	1			
	Ŭ			6b				-			
			· ··· -	6c				1			
			Net rental income or (loss)								
	7		Gross amount from sales of		Securitie		(ii) Other				
			assets other than inventory	7a 53	3,62	7.					
		b	Less: cost or other basis					1			
anı			and sales expenses 76 482,538.								
Other Revenue		с	Gain or (loss)	7c 5	1,08	9.					
Re		d	Net gain or (loss)					51,089.			51,089.
her	8		Gross income from fundraising	g events	(not						
đ			including \$ 280	<u>,238</u>	• of						
			contributions reported on I								
			Part IV, line 18				148,795.	4			
			Less: direct expenses				148,795.	0			
	-		Net income or (loss) from fu			ts		0.			
	9	а	Gross income from gaming	-		.					
		L	Part IV, line 19			9a 0h		-			
			Less: direct expenses Net income or (loss) from g			9b					
	10		Gross sales of inventory, le								
	10	a	and allowances			10a					
		h	Less: cost of goods sold			10a		1			
			Net income or (loss) from s								
		-				,	Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				900099	6,281.			6,281.
ane		b				-					
Sells		с				_					
Misc		d	All other revenue								
~		е	Total. Add lines 11a-11d					6,281.			
	12		Total revenue. See instruction	ıs				2,155,217.	0.	0.	,
33200	9 12	2-21	-23								Form 990 (2023)

ACCESS JUSTICE BROOKLYN, INC.

332009 12-21-23

Form 990 (2023)

Part VIII Statement of Revenue

16301106 759420 13461

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2023.05000 ACCESS JUSTICE BROOKLYN, IN 13461__1

11-3155182

Page **9**

ACCESS JUSTICE BROOKLYN, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dono	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21			general expenses	c.peneee
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	1,000.	1,000.		
	arants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	Compensation of current officers, directors,				
tr	ustees, and key employees	196,396.	108,018.	49,099.	39,279
	ompensation not included above to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	1,187,530.	859,293.	35,757.	292,480
8 P	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	35,239.	25,788.	695.	8,756
9 C	Other employee benefits	101,267.	71,203.	5,676.	24,388
0 P	ayroll taxes	116,295.	81,406.	6,978.	27,911
1 F	ees for services (nonemployees):				
a N	lanagement				
b∟	egal				
сA	ccounting	148,117.	103,682.	8,887.	35,548
	obbying				
e P	rofessional fundraising services. See Part IV, line 17			0.005	
	nvestment management fees	8,206.		8,206.	
-	Other. (If line 11g amount exceeds 10% of line 25,	50 400		2 1 4 0	10 50/
	olumn (A), amount, list line 11g expenses on Sch 0.)	52,480.	36,736.	3,148.	12,596
	dvertising and promotion	CA 104		2 946	1 - 20/
	Office expenses	64,104.	44,874.	3,846.	15,384
	nformation technology	53,048.	37,133.	3,183.	12,732
	loyalties	216,087.	151,261.	12 065	51,861
		210,007.	101,201.	12,965.	51,001
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	hterest				
	Payments to affiliates	35,088.	24,561.	2,106.	8,421
	Γ	9,988.	6,992.	599.	2,397
	ther expenses. Itemize expenses not covered	5,500.	0,552.	555.	2,55
al	bove. (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	PROGRAM EXPENSES	14,018.	14,018.		
	RECRUITMENT AND RECOGNI	6,123.	4,286.	367.	1,470
	BAD DEBT EXPENSE	6,000.	_ / _ • • • •	6,000.	_,_,
	REPAIRS AND MAINTENANCE	4,392.	3,074.	264.	1,054
	Il other expenses	_,	-, •, 1		_,
	iotal functional expenses. Add lines 1 through 24e	2,255,378.	1,573,325.	147,776.	534,277
	oint costs. Complete this line only if the organization		_,,		,-,
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				
	2-21-23				Form 990 (20)

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2023.05000 ACCESS JUSTICE BROOKLYN, IN 13461_1

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Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable net

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

Cash - non-interest-bearing

	-	ACCOUNTS TECEIVADIE, TIEL				4	
	5	Loans and other receivables from any current or	former of	fficer, director,			
		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
		controlled entity or family member of any of thes	e persons	s		5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	n 4958(c)(3)(B)		6		
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
۲	9				31,565.	9	39,647.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	388,456. 327,366.			
	b	Less: accumulated depreciation	10b	327,366.	87,957. 800,111.	10c	61,090.
	11	Investments - publicly traded securities			800,111.	11	832,867.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			401,265.	15	211,897.
	16	Total assets. Add lines 1 through 15 (must equa			2,206,739.	16	1,952,763.
	17	Accounts payable and accrued expenses			70,815.	17	52,816.
	18	Grants payable				18	
	19	Deferred revenue			90,000.	19	130,203.
	20					20	
	21	Escrow or custodial account liability. Complete I	Part IV of S	Schedule D		21	
es	22	Loans and other payables to any current or form	, director,				
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes		22			
-	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D			380,542.	25	188,316.
	26	Total liabilities. Add lines 17 through 25			541,357.	26	371,335.
s		Organizations that follow FASB ASC 958, che	ck here	X			
ö		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			1,497,495.	27	1,296,797.
ΪB	28	Net assets with donor restrictions		<u></u>	167,887.	28	284,631.
oun		Organizations that do not follow FASB ASC 9	58, check	here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ŝŝ	30	Paid-in or capital surplus, or land, building, or eq	uipment f	und		30	
tĂ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances		1,665,382.	32	1,581,428.	
	33	Total liabilities and net assets/fund balances			2,206,739.	33	1,952,763.
							Form 990 (2023)

(B)

End of year

339,781.

467,481.

1

2

3

337,550.

113,631.

434,660.

1

2

3

٨

(A)

Beginning of year

Form	ACCESS JUSTICE BROOKLYN, INC.	11-315	5182	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,15		
2	Total expenses (must equal Part IX, column (A), line 25)		2,25		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,66		
5	Net unrealized gains (losses) on investments	5	1	5,2	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		4 = 0.		~ ~
	column (B))	10	1,583	L,4	28.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	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 Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	aan ((2023)

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SCHEDULE A	١
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(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-FZ.

OMB No. 1545-0047
2023
Open to Public

						Open to Public Inspection			
Name of	the organizati		- 0					Employer	identification number
	Ū		SS JUSTICE	BROOKLYN, I	NC.				1-3155182
Part I	Reason			(All organizations must o		his part.) S	See instructio		
				(For lines 1 through 12, o					
1		•		on of churches describe		,			
2	-			Attach Schedule E (Forr)(0,0)(·)(~)(')·		
				anization described in s		0/L/4//A//	::)		
3	•							VIII) Entor	the beenitel's name
4 📖		-		njunction with a hospita	luescribe	u in secu		u(iii). Enter	the hospital's hame,
-	city, and stat								
5 📖	-	-		ollege or university owne	u or opera	lied by a g	overnmental	unit descrit	
•			Complete Part II.)						
6 🛄				mental unit described in					
7 X				antial part of its support i	from a gov	/ernmenta	I unit or from	the general	public described in
			omplete Part II.)						
8				(1)(A)(vi). (Complete Par					
9 📖	-		-	in section 170(b)(1)(A)				-	-
		or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	e name, cit	y, and state o	of the colleg	e or
	university:								
10				than 33 1/3% of its sup					
				ct to certain exceptions;					
	income and u	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the c	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	-	-		sively to test for public sa	•				
12	An organizati	on organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	v supported or	rganizations describe	ed in section 509(a)(1) d	or section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ough 12d that	describes the type of	of supporting organization	on and cor	nplete line	s 12e, 12f, ar	ıd 12g.	
a	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	oported or	ganization(s),	typically by	' giving
	the suppor	ted organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b 🗌	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	iving
	control or r	nanagement c	of the supporting org	anization vested in the s	ame pers	ons that c	ontrol or man	age the sup	ported
	organizatio	n(s). You mus	at complete Part IV,	Sections A and C.					
c 🗆	Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	ction with,	and functiona	ally integrate	ed with,
	its support	ed organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	onnection	with its suppo	orted organi	zation(s)
	that is not	functionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	tribution re	quirement ar	nd an attent	iveness
	requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Section	s A and D	, and Part	v .		
е 🗌	Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III	
	functionally	/ integrated, o	r Type III non-functio	onally integrated support	ing organi	ization.			
f Ente									
			n about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed iing document?	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
					1	1			
					1				
			1	1	1	1	1		1

Schedule A (Form 990) 2023

ACCESS JUSTICE BROOKLYN, INC.

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	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.")	1402605.	1629154.	1815405.	1741066.	2073412.	8661642.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1402605.	1629154.	1815405.	1741066.	2073412.	8661642.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8661642.
Sec	ction B. Total Support				-		
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	1402605.	1629154.	1815405.	1741066.	2073412.	8661642.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	19,010.	20,810.	17,406.	18,223.	24,435.	99,884.
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.)	110,518.	5,478.	10,847.	61,425.	6,281.	194,549.
11	Total support. Add lines 7 through 10						8956075.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						L
	ction C. Computation of Publ						
	Public support percentage for 2023 (14	96.71 %
	Public support percentage from 2022						94.76 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes	•					10% or
	more, and if the organization meets the						[]
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A	(Form 990) 2023
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ACCESS	JUSTICE	BROOKLYN,	INC.

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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	x year as a section	501(c)(3) orga	nization,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2023 (line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage)			
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by	ine 13, column (f))	17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23		,				ule A (Form 990) 2023
				17			
301	106 759420 13461	20	23.05000	ACCESS JU	STICE BRO	OKLYN,	IN 134611

1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ACCESS JUSTICE BROOKLYN, INC.

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

Section D.	All Type II	I Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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Schedule A (Form 990) 2023

2a

2b

За

3b

Yes No

.

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Schedule A (Form 990) 2023

ACCESS JUSTICE BROOKLYN, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Support			LI-JIJJIOZ Pa
1 Check here if the organization satisfied the Integral Part Test as a qualify	/ing trust on	Nov. 20, 1970 (explain in	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	ust 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).

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able 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				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
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.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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	(Form 990) 2023			BROOKLYN,		11-3155182 _{Ра}
art VI	Part IV, Section A, lines	s 1, 2, 3b, 3c, 4b, 4	4c, 5a, 6, 9a, 9b	o, 9c, 11a, 11b, and	11c; Part IV, Sectior	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1 : Part V, Section P, line 1o; Part V
	Section D, lines 5, 6, ai (See instructions.)	D, lines 2 and 3; P nd 8; and Part V, S	Section E, lines	E, lines 1c, 2a, 2b, 2, 5, and 6. Also co	and 3b; Part V, Iin Semplete this part for a	e 1; Part V, Section B, line 1e; Part V ny additional information.
28 12-21-2	3					Schedule A (Form 990)

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Part I

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.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

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

3 **Open to Public** Inspection Employer identification number

11-3155182

OMB No. 1545-0047

Name of the or	ganization
----------------	------------

ACCESS JUSTICE BROOKLYN, INC.

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Fun	ds and other accou	ints
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization's				Yes	L No
	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e confer	ring		
			<u> </u>	······	Yes	No No
	t II Conservation Easements. Complete if the org		Part IV,	, line 7	•	
	Purpose(s) of conservation easements held by the organizat		e - 1-1-4-			_
	Preservation of land for public use (for example, recrea			-	important land are	a
	Protection of natural habitat		t a certi	tied his	storic structure	
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a quali day of the tax year.	fried conservation contribution in the form	1 OT A CO	onserva	Held at the End of th	
_				00		
1	Total number of conservation easements			2a 2b		
)	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	ructure included on line 2a		20 2c		
	Number of conservation easements included on line 2c acqu			20		
	on a historic structure listed in the National Register			2d		
	Number of conservation easements modified, transferred, re				during the tax	
	year		io orgai	Latio		
	Number of states where property subject to conservation ea	sement is located				
	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i				Yes	
	Staff and volunteer hours devoted to monitoring, inspecting,				······	
					5	,
	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ea	asemer	nts during the year	
	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?				Yes	L No
	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e stater	ment a	nd	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents th	nat des	cribes the	
_	organization's accounting for conservation easements.			<u></u>	<u> </u>	
ar	t III Organizations Maintaining Collections o		Other :	Simil	ar Assets.	
	Complete if the organization answered "Yes" on Form					
a	If the organization elected, as permitted under FASB ASC 95	, ,				
	of art, historical treasures, or other similar assets held for pul			nce of	public	
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	theranc	e of pu	ıblic service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
	If the organization received or held works of art, historical tre		al gain,	provid	е	
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X				\$	
4	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.			Schedule D (Form	990) 202
)51	1 09-28-23	20				
1			DD 04	~ 777 •	737 737 4 7 4	C1 1
JΤ	106 759420 13461 2023.0	05000 ACCESS JUSTICE	RKO(лкгл	(N, IN 134	σ⊥1

		JUSTICE BRO				11-31			age 2
	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply).		<u> </u>						
a	Public exhibition	d		nange program					
b	Scholarly research	e	Other						
c	Preservation for future generations	- 11 41	L						
4	Provide a description of the organization's c					ose in Par	t XIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be m						Yes] No
Par	t IV Escrow and Custodial Arran								No
1 41	reported an amount on Form 990, Pa		e ii the organization	ranswered res o	1 FUIII 990	, Fartiv, i	ine 9, 0i		
12	Is the organization an agent, trustee, custod		iany for contribution	e or other assets r	ot includer	4			
Ia						'	Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					····· └──			
b		and complete the foll	owing table.				Amoun	t	
~	Beginning balance				1c		,	-	
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII				• • • • • • •	······			1
Par									1
		(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	r vears	back
10	Beginning of year balance	34,704.	42,667.	38,607		34,929.	(0)		575.
			12,007.		•			<u> </u>	
	Contributions	5,462.	-6,963.	5,060		4,178.		5	854.
	, , , , , , , , , , , , , , , , , , , ,								500.
		1,000.	1,000.	1,000	•	500.			500.
e	Other expenditures for facilities								
4	and programs								
	Administrative expenses	39,166.	34,704.	42,667		38,607.		31	929.
-	End of year balance	,	,		•	50,007.		54,	525.
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end balance		ii) heid as.					
a L	Permanent endowment 73.1550	%	_%						
a a									
С									
0-	The percentages on lines 2a, 2b, and 2c sho			a al a aluasia interva al far					
38	Are there endowment funds not in the posse	ession of the organiza	tion that are new a	na administerea loi	line		1	Yes	No
	organization by:						20(1)	103	X
	(i) Unrelated organizations?								X
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization organization organization organization or								
							30		
4 Par	t VI Land, Buildings, and Equipn		witterit futius.						
1 41	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part	X line 10				
								kvolu	
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation		(d) Boo	k value	3
4-	Land		Jasis (opiociation				
	Land								
	Buildings								
	Leasehold improvements		21	5,573.	262,8	03	F	2,7	70
	Equipment			2,883.	<u>202,0</u> 64,5			<u>2,7</u> 8,3:	
	Other				04,3	0.5.		$\frac{0, 5}{1, 0}$	
Iota	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part >	k, line 10c, column	(B))		<u> </u>		-	
						Schedule	D (Forn	n 990)	2023

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Part VII	Investn	nents -	Other Securi	ties		
Schedule D	(Form 990)) 2023	ACCESS	JUSTICE	BROOKLYN,	INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1) RIGHT-OF-USE ASSET			180,485
			31,412
			51,412
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		211,897
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	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			188,316
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, cc			188,316

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...

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 ACCESS JUSTICE BROOKLYN,	INC.		11-	3155182 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements Wi	ith Revenue per R		
	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	5,076,182.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	16,207. 2,912,964.		
b	Donated services and use of facilities		2,912,964.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	2,929,171.
3	Subtract line 2e from line 1			3	2,147,011.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,206.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	8,206.
_5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	2,155,217.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		ith Expenses per	Retu	ırn
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		Retu	
Pa 1		12a.		Retu	ırn 5,160,136.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a.		1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.		1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. 2a		1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c		1	
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	2,912,964.	1	5,160,136.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12a. 2a 2b 2c 2d	2,912,964.	1 2e	5,160,136. 2,912,964.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	2,912,964.	1	5,160,136.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12a. 2a 2b 2c 2d	2,912,964.	1 2e	5,160,136. 2,912,964.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12a. 2a 2b 2c 2d	2,912,964.	1 2e	5,160,136. 2,912,964.
1 2 b c d 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 2d	2,912,964.	1 2e	5,160,136. 2,912,964. 2,247,172.
1 2 3 4 8 4 8	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	12a. 2a 2b 2c 2d 4a 4b	2,912,964.	1 2e 3 4c	5,160,136. 2,912,964. 2,247,172. 8,206.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d 4a 4b	2,912,964.	1 2e 3	5,160,136. 2,912,964. 2,247,172.

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 V, LINE 4:

THE FUND WILL	I AWARD A	AN ANNUAL	GRANT	то	AN	ATTORNEY	WHO	HAS	DEMONSTRATED
---------------	-----------	-----------	-------	----	----	----------	-----	-----	--------------

OUTSTANDING PRO BONO COMMITMENT TO SERVING THE BROOKLYN COMMUNITY.

332054 09-28-23

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Acti	vities 🛛 🛛	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				or 19,	or if the	2023
	C	organization entered more than \$1 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Got	o www.irs.gov/Form990 for instruction				n.		Inspection
Name of the organization							Employer ide	entification number
	ACCESS	JUSTICE BROOKLYN,	INC	•			11-3155	5182
	complete this par	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
a Aail solicitat b Internet and c Phone solici d In-person so	tions I email solicitations itations olicitations	s f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events			
		or oral agreement with any individual						
		Part VII) or entity in connection with p			-			
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu e organization.	uant to	agree	ments under which t	the fu	indraiser is to	be
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor	ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

ACCESS JUSTICE BROOKLYN, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 d Gh Lict

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
D		(event type)	(event type)	(total number)	col. (c))
aniaau	1 Gross receipts	429,033.			429,033
-	2 Less: Contributions	280,238.			280,238
	3 Gross income (line 1 minus line 2)	148,795.			148,795
	4 Cash prizes				
	5 Noncash prizes				
201004	6 Rent/facility costs				
הוו בתר דעהבו וסבס	7 Food and beverages	55,221.			55,221
د	8 Entertainment				
	9 Other direct expenses				93,574
	10 Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·		148,795
	11 Net income summary. Subtract line 10 from	l line 3, column (d)			0
a	rt III Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
	\$15,000 on Form 990-EZ, line 6a.	-1	(b) Pull tabs/instant		
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
Š	• • • • • • • • • • • • • • • • • • • •				
5					
	5 Other direct expenses		Yes %	Yes %	
		Yes%	└── Yes % └── No	└── Yes % └── No	
	5 Other direct expenses	└── Yes% └── No		No	
	 5 Other direct expenses	gh 5 in column (d)	No No	□ No	
	5 Other direct expenses6 Volunteer labor	gh 5 in column (d)	No No	□ No	
	 5 Other direct expenses	gh 5 in column (d)	No No	□ No	
)	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _	No	<u>No</u>	
a	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No	<u>No</u>	
) a	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No	<u>No</u>	
a b	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No	□ No	Yes N
a b	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	□ No	Yes N
a b	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	□ No	Yes N
) ab b	 5 Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	vear?	Yes N

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Schedule G (Form 990) 2023	ACCESS	JUSTICE	BROOKLYN,	INC.	11-3	3155182	Page 3
11 Does the organization conduct g	aming activities	with nonmemb	ers?			Yes	No
12 Is the organization a grantor, ber							
to administer charitable gaming?						Yes	No No
13 Indicate the percentage of gamin							
a The organization's facility						13a	%
b An outside facility14 Enter the name and address of the facility						13b	%
14 Enter the name and address of th	ne person who	prepares the or	gamzation's gaming	special events books a	na records.		
Name							
Address							
15a Does the organization have a cor	ntract with a thi	rd party from wi	hom the organizatio	n receives gaming reven	iue?	L Yes	No No
b If "Yes," enter the amount of gan			rganization \$ _	anc	the amount		
of gaming revenue retained by th							
c If "Yes," enter name and address	s of the third pa	irty:					
Name							
Address							
16 Gaming manager information:							
Name							
Gaming manager compensation	\$						
Description of services provided							
Director/officer	Employe	e [Independent co	ntractor			
17 Mandatory distributions:							
a Is the organization required unde	er state law to m	nake charitable (distributions from th	e gaming proceeds to			
retain the state gaming license?						📖 Yes	└── No
b Enter the amount of distributions	s required under	r state law to be	distributed to other	r exempt organizations of	or spent in the		
organization's own exempt activi							
Part IV Supplemental Info) and (v); and Pa	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, a	s applicable. Al	so provide any a	additional informatio	on. See instructions.			
332083 09-13-23					Sched	ule G (Form	990) 2023
			34			•	, -

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34 2023.05000 ACCESS JUSTICE BROOKLYN, IN 13461__1

Schedu	ule G	(Form	990

Part IV Supplemental Information	abb cobiich Brooklin, inc.	II JIJJIJZ Fage4
	(continued)	
		Schedule G (Form 990
084 04-01-23		Schedule & (Form 990
	35	
1106 759420 13461	2023.05000 ACCESS JUSTI	CE BROOKLYN, IN 134611

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<u>77</u>	2	
•	·	Compensated Employees		20	ZJ)	
Dana	streamt of the Treamus	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nan	ne of the organizatio	n	Employer i			mber	
		ACCESS JUSTICE BROOKLYN, INC.	11-3	315518	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	charter travel Housing allowance or residence for perso	onal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the organization used to establish the compensation of the organization?					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation of	committee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
_	organization or a re			4a		x	
	a Receive a severance payment or change-of-control payment?						
b		eive payment from a supplemental nonqualified retirement plan?				X X	
C	c Participate in or receive payment from an equity-based compensation arrangement?						
	I res to any or in	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501/	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
5	contingent on the r						
а	° °			5a		x	
b	Any related organiz	ation?		5u 5b		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
-	contingent on the r						
а	0	~ 		6a		X	
b	Any related organiz	ation?		6b		X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S				
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?	<u></u>	9			
For		ion Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990) 2023	

LHA 332111 11-06-23

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEIDI LEE HENDERSON	(i)	186,819.	0.	0.	7,473.	2,104.	196,396.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	159,569.	0.	0.	4,787.	9,872.	174,228.	0.
	ii)	0.	0.	0.	0.	0.		0.
	(i)							
	ii)							
	i)							
(i	ii)							
	(i)							
(i	ii)							
	i) 🗋							
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	(i) ii)							
	ii) (i)							
	ii)							
	i) (i)							
	ii)							
	i)							
	ii)							

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



ACCESS JUSTICE BROOKLYN, INC. 11-3155182

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDED IN 1990, ACCESS JUSTICE BROOKLYN (AJB) IS AN INDEPENDENT

501(C)(3) ORGANIZATION THAT PROVIDES HIGH-OUALITY, PRO BONO LEGAL

SERVICES AND COMMUNITY EDUCATION TO OUR NEIGHBORS IN NEED. USING THE

COLLECTIVE TALENTS OF OUR DEDICATED STAFF AND VOLUNTEERS, WE HELP

ENSURE A MORE ACCESSIBLE LEGAL SYSTEM AND EQUITABLE BROOKLYN. AJB

SERVES BROOKLYN RESIDENTS, BOROUGH-WIDE, WHO ARE LOW-INCOME AND NEED

HELP WITH CIVIL LEGAL ISSUES IN ANY OF OUR PRACTICE AREAS: ADVANCED

LIFE PLANNING AND LEGAL ASSISTANCE FOR OLDER ADULTS; FAMILY

STABILIZATION MATTERS, SUCH AS CUSTODY, VISITATION, CHILD AND SPOUSAL

SUPPORT, AND UNCONTESTED DIVORCE; HOMEOWNER ASSISTANCE, INCLUDING

FORECLOSURE INTERVENTION AND PREVENTION; AND CHAPTER 7 BANKRUPTCY AND

CONSUMER DEBT LITIGATION AND ADVOCACY.

CORE TO OUR APPROACH IS OUR PIONEERING PRO BONO MODEL, WHICH ENGAGES PRIVATE ATTORNEYS AND OTHER VOLUNTEERS TO PROVIDE COMMUNITY SUPPORT ALLOWING US TO SERVE FAR MORE PEOPLE THAN WE COULD ALONE. DURING THE PAST YEAR, WITH THE ASSISTANCE OF PRO BONO ATTORNEYS AND LAW STUDENTS, ACCESS JUSTICE BROOKLYN PROVIDED DIRECT CIVIL LEGAL SERVICES IN 5,448 MATTERS AFFECTING 12,710 INDIVIDUALS AND FAMILIES. WE REACHED 786 PEOPLE VIA COMMUNITY LEGAL EDUCATION AND OUTREACH EVENTS THROUGHOUT BROOKLYN, AND PROVIDED PRO SE ASSISTANCE TO AN ADDITIONAL 337 INDIVIDUALS - GIVING THEM THE KNOWLEDGE AND RESOURCES TO BETTER REPRESENT THEMSELVES IN COURT. FOR MATTERS OUTSIDE OF OUR SCOPE OF SERVICES, WE PROVIDED 1,291 INDIVIDUALS WITH REFERRALS FOR OTHER LEGAL AND SOCIAL SERVICE NEEDS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. I HA 332211 11-14-23 39

Schedule O (Form 990) 2023

ACCESS JUSTICE BROOKLYN, INC.

Name of the organization

Employer identification number 11-3155182

CENTRAL TO OUR MISSION AND ESSENTIAL TO OUR SERVICE MODEL, ACCESS JUSTICE BROOKLYN RECRUITS, TRAINS AND ACTIVELY SUPERVISES VOLUNTEER LAWYERS AND LAW STUDENTS TO PROVIDE PRO BONO REPRESENTATION, ADVICE, BRIEF LEGAL SERVICES AT COURTHOUSE CLINICS AND IN-OFFICE CLINICS, DAILY ADVICE AND COUNSEL, AND COMMUNITY LEGAL EDUCATION PRESENTATIONS. IN THE LAST YEAR WE DEEPENED OUR RELATIONSHIPS WITH PRIVATE LAW FIRMS, IN-HOUSE COUNSEL, AND LAW SCHOOLS TO PROVIDE PRO BONO ASSISTANCE TO OUR CLIENTS, ENGAGING A TOTAL OF 253 PRO BONO ATTORNEYS, LAW STUDENTS, AND OTHER VOLUNTEERS WHO PROVIDED 5,606 HOURS OF DIRECT LEGAL ASSISTANCE AND COMMUNITY LEGAL EDUCATION FOR THE BENEFIT OF THE BROOKLYN COMMUNITY.

OUR ADVOCACY ALSO HELPED BROOKLYN RESIDENTS SECURE \$3,068,548 IN FINANCIAL BENEFITS AND SAVINGS, IMPROVING THE ECONOMIC SECURITY OF OUR CLIENTS AND THEIR HOUSEHOLDS. AJB CLIENTS OBTAINED \$67,397 IN CHILD AND SPOUSAL SUPPORT AS WELL AS \$5,089 IN MONTHLY CHILD AND SPOUSAL SUPPORT PAYMENTS, OR \$61,068 IN ANNUALIZED BENEFITS; RECOVERED \$36,832 IN DEBT COLLECTION MATTERS; AND OBTAINED \$80,343 IN FORECLOSURE SETTLEMENTS, INCLUDING EMERGENCY FUNDS THAT HELP HOMEOWNERS PAY MORTGAGE ARREARS AND REMAIN IN THEIR HOMES. WE ALSO HELPED CLIENTS SAVE OR RECOVER \$417,563 THROUGH FEDERAL BANKRUPTCY PROTECTION; REDUCE MONTHLY CHILD SUPPORT PAYMENTS BY \$1,000; AND REDUCE OR DISMISS \$235,252 IN DEBT THAT WOULD OTHERWISE BE LEVIED FROM CLIENTS' WAGES; \$2,112,632 IN OTHER FORMS OF DEBT COLLECTION; AND \$101,175 IN FINES IMPOSED BY THE NYC DEPARTMENT OF BUILDINGS, ACHIEVED THROUGH REPRESENTATION BEFORE THE OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS (OATH). TO ALLEVIATE THE COST BURDEN OF COURT EXPENSES ON OUR CLIENTS, WE ALSO HELPED CLIENTS SAVE \$11,265 332212 11-14-23 Schedule O (Form 990) 2023 40 2023.05000 ACCESS JUSTICE BROOKLYN, IN 13461_1

Name of the organization

Page 2

IN FILING FEES IN UNCONTESTED DIVORCE AND BANKRUPTCY CASES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VOLUNTEER ATTORNEYS, LAW GRADUATES, AND LAW STUDENTS TO PROVIDE LIMITED SCOPE REPRESENTATION TO UNREPRESENTED LITIGANTS ON THE DATE OF THEIR COURT APPEARANCE, INCLUDING CLIENTS REFERRED BY OUR CLARO PROGRAM, TO HELP REDUCE OR DISMISS THEIR DEBT OR OBTAIN AN ADJOURNMENT. FOR INDIVIDUALS SEEKING TO DISCHARGE DEBT AND REORDER THEIR FINANCES, WE ALSO PREPARE BANKRUPTCY PETITIONS AND OFFER REPRESENTATION IN CHAPTER 7 BANKRUPTCY PROCEEDINGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HEARINGS, FORECLOSURE DEFENSE LITIGATION, PREPARING AND NEGOTIATING LOAN MODIFICATIONS, AND ATTENDING SETTLEMENT CONFERENCES. WE ALSO PARTICIPATE IN COURT-BASED WORKSHOPS AND LEGAL CLINICS, SUCH AS THE BIWEEKLY FORECLOSURE LEGAL ASSISTANCE GROUP CLINIC, WHERE WE PROVIDE INFORMATION, ADVICE, AND BRIEF LEGAL SERVICES TO HOMEOWNERS WHO HAVE ATTENDED PRE-SETTLEMENT CONFERENCES; THE FRIEND OF THE COURT PROGRAM FOR EMERGENCY, LIMITED SCOPE REPRESENTATION IN FORECLOSURE CASES; AND A WEEKLY CLINIC HELD EVERY FRIDAY TO ASSIST HOMEOWNERS APPEARING IN KINGS COUNTY SUPREME COURT. IN ADDITION, WE HELP HOMEOWNERS WITH DOB VIOLATIONS BY PROVIDING LIMITED SCOPE, DAY-OF REPRESENTATION BEFORE THE OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS (OATH), HELPING REDUCE OR DISMISS FINES AND PREVENTING LIENS THAT CAN INCREASE THE LIKELIHOOD OF FORECLOSURE.

 FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

 Schedule O (Form 990) 2023

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 2023.05000 ACCESS JUSTICE BROOKLYN, IN 13461_1

Schedule O (Form 990) 2023	Page 2
Name of the organization ACCESS JUSTICE BROOKLYN, INC.	Employer identification number 11-3155182
FRIENDS OR FAMILY MEMBERS TO ACT ON BEHALF OF INDIVIDUALS	WHO ARE OVER
AGE 18 AND LIVING WITH INTELLECTUAL OR DEVELOPMENTAL DISA	BILITIES.
THROUGHOUT THE YEAR, WE HOLD CLINICS WHERE CLIENTS CAN MA	KE
APPOINTMENTS FOR PRO SE ASSISTANCE RELATED TO UNCONTESTED	DIVORCE AS
WELL AS ARTICLE 17A GUARDIANSHIP MATTERS.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SENIOR ASSISTANCE AND MISCELLANEOUS MATTERS: IN THE PAST YEAR THE ORGANIZATION HANDLED 34 ELDER LAW-RELATED MATTERS SUCH AS WILLS AND PROBATE ASSISTANCE AS WELL AS OTHER MISCELLANEOUS MATTERS, AFFECTING APPROXIMATELY 60 INDIVIDUALS AND FAMILY MEMBERS.

ACCESS JUSTICE BROOKLYN ADDRESSES END OF LIFE CONCERNS BY HELPING BROOKLYN RESIDENTS PREPARE AND EXECUTE WILLS, HEALTH CARE PROXIES, AND OTHER LIFE PLANNING DOCUMENTS, AS WELL AS BY HANDLING SMALL ESTATE MATTERS FOR ESTATES OF \$50,000 OR LESS. AS PART OF OUR TARGETED OUTREACH PROGRAM FOR OLDER ADULTS - THE NATIONAL GRID FOUNDATION SENIOR LEGAL EDUCATION AND ASSISTANCE PROGRAM - WE HAVE RELATIONSHIPS WITH SENIOR CENTERS, ELECTED OFFICIALS, AND OTHER PARTNERS THROUGHOUT BROOKLYN. THROUGH THIS PROGRAM, WE PROVIDE PREVENTION-ORIENTED LEGAL EDUCATION TO ADDRESS SENIORS' UNIQUE LEGAL CONCERNS - SUCH AS LIVING WILLS AND HEALTH CARE PROXIES, REVERSE MORTGAGES, AND PROPERTY SCAMS AND PREDATORY LENDING PRACTICES.

LEGAL EDUCATION AND OUTREACH
ACCESS JUSTICE BROOKLYN OFFERS INDIVIDUAL LEGAL ASSISTANCE AND
COMMUNITY LEGAL EDUCATION IN ALL OF OUR AREAS OF PRACTICE - ADDRESSING
CURRENT LEGAL CONCERNS THAT OUR CLIENTS FACE WHILE OFFERING
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Schedule O (Form 990) 2023 Name of the organization ACCESS JUSTICE BROOKLYN, INC.	Page Employer identification number 11-3155182
PREVENTION-ORIENTED EDUCATION THAT HELPS THEM ACCESS LEGA	
PROBLEMS CAN ESCALATE. THESE SERVICES ARE NOT ONLY ESSENT	
IMPROVING ACCESS TO THE LEGAL SYSTEM FOR INDIVIDUALS, BUT	
TO DISMANTLING SYSTEMIC BARRIERS TO JUSTICE THAT AFFECT T	
BROOKLYN COMMUNITY. OVER THE LAST YEAR WE PROVIDED LEGAL	
RESOURCES TO 786 INDIVIDUALS THROUGH 24 LEGAL EDUCATION S	ESSIONS,
TABLING EVENTS, AND OTHER OUTREACH EVENTS, GIVING BROOKLY	N RESIDENTS
ESSENTIAL, PRACTICAL INFORMATION ABOUT THEIR LEGAL RIGHTS	AND OPTIONS.
CONTINUING LEGAL EDUCATION (CLE)	
CENTRAL TO ACCESS JUSTICE BROOKLYN'S SERVICE MODEL, WE AL	SO DESIGN AND
PRESENT EXPERT CONTINUING LEGAL EDUCATION (CLE) TRAINING	PROGRAMS IN
SUBSTANTIVE AREAS OF LAW TO PREPARE BOTH NEW AND EXISTING	VOLUNTEERS TO
PROVIDE CRITICAL LEGAL ASSISTANCE TO LOW-INCOME BROOKLYN	RESIDENTS. WE
ENGAGE PRIVATE LAW FIRMS, IN-HOUSE COUNSEL, AND SOLO PRAC	TITIONERS AND
PROVIDE THEM WITH TARGETED CLE PROGRAMS, FREE CLE TRAININ	G CREDITS, AND
PRO BONO CLE CREDITS. ONCE THESE PRO BONO ATTORNEYS TAKE	MATTERS FOR
REPRESENTATION, ACCESS JUSTICE BROOKLYN STAFF PROVIDE INT	ENSIVE
MENTORING, SUPERVISION, AND SUPPORT THROUGHOUT THE DURATI	ON OF THE
CASES UNTIL THE MATTERS ARE CLOSED. TO COMPLEMENT CLE TRA	INING, WE ALSO
OFFER WRITTEN MATERIALS WITH RELEVANT CASE LAW, STATUTES,	AND FORMS,
AND MATCH VOLUNTEERS WITH EXPERIENCED PRACTITIONERS AND M	
FACILITATE LEARNING. IN THE LAST YEAR WE HELD OR PARTICIP	
CLES AND OTHER TRAININGS FOR A TOTAL OF 646 ATTENDEES, WH	
LEGAL AREAS SUCH AS THE UNCONTESTED DIVORCE PROCESS, REPR	
CONSUMER CREDIT MATTERS, UNDERSTANDING CHILD SUPPORT ORDE	KS, AND
PREPARATION OF WILLS AND LIFE PLANNING DOCUMENTS.	
EXPENSES \$ 262,221. INCLUDING GRANTS OF \$ 1,000. REVEN	UE \$ 0 . Schedule O (Form 990) 2

Name of the organization

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

THE ORGANIZATION'S AUDIT COMMITTEE AND PRESIDENT/CEO REVIEW AND APPROVE THE FORM 990. IT IS THEN SENT TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO SUBMISSION.

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

THE AUDIT COMMITTEE IS RESPONSIBLE FOR MONITORING ANY CONFLICTS OF INTEREST. EACH BOARD MEMBER AND OFFICER MUST REPORT ANY CONFLICTS TO THE AUDIT COMMITTEE, AND BOARD MEMBERS AND OFFICERS MUST COMPLETE AN ANNUAL DISCLOSURE QUESTIONAIRE TO LIST ANY POTENTIAL TO LIST ANY POTENTIAL CONFLICTS OF INTEREST. THE AUDIT COMMITTEE REVIEWS THE QUESTIONNAIRE AND MONITORS ANY CONFLICTS THAT MAY ARISE AND INVESTIGATES PURSUANT TO THE CONFLICT OF INTEREST POLICY.

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

THE PRESIDENT & CEO'S COMPENSATION WAS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS, USING INFORMATION FROM 990S OF OTHER ORGANIZATIONS AS WELL AS COMPENSATION SURVEYS, AND THEN DOCUMENTED APPROPRIATELY. ON AN ANNUAL BASIS, THE BOARD APPROVES COMPENSATION INCREASES AS PART OF THE ANNUAL BUDGETING PROCESS.

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS SET BY THE PRESIDENT & CEO USING SALARY SURVEYS AND INDUSTRY STANDARDDS AND INCLUDES THE USE OF AN HR/COMPENSATIN PROFESSIONAL. THE PRESIDENT & CEO THEN MAKES THE RECOMMENDATIONS TO THE BOARD AS PART OF THE BUDGETING PROCESS THEN THE BOARD APPROVES THEM AS PART OF THE BUDGET.

332212 11-14-23

Name of the organization ACCESS JUS	TICE BROOKLYN,	INC.		Employer identification num 11-3155182
FORM 990, PART VI, SECTI	ON C, LINE 19:			
WE WILL PROVIDE DOCUMENT	S ON REQUEST A	T THE OFFICE	OF THE	CORPORATION.
332212 11-14-23		45		Schedule O (Form 990) 2