990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations bo not enter social security numbers on this form as it may be made public.

OMB No. 1545-

		the Treasury ue Service	do to <u>www.ns.go</u>					Inspection
A Fo	or the	e 2023 ca	lendar year, or tax year beginnin	g 01-01-2023 , and ending 12-31-20	23			
_ Ad	ldress	applicable: change	C Name of organization Healing Justice Project			D Employ 47-34		ification number
	ime ci itial re	hange eturn	Doing business as					
Fin	ial n/term	ninated				E Telephon		
– An	nende	ed return	11212 HC 1E E01 N	ail is not delivered to street address) Room/su	uite			
Ap	plicati	ion pending				(202)	738-49	25
			City or town, state or province, coun Chapel Hill, NC 27517	itry, and ZIP or foreign postal code		G Gross re	ceipts \$ 7	63,696
			F Name and address of princip Kathryn Monroe	pal officer:		this a group re	eturn for	
			11312 US 15-501 N			ubordinates? re all subordina	ates	Yes No
Ta	x-exe	mpt status:	Chapel Hill, N C 27517 ▼ 501(c)(3)	ert no.) 4947(a)(1) or 527		cluded? "No," attach a	list. Se	•
	ebsit		w.healingjusticeproject.org		H(c) G	roup exemption	numbe	r
(Forr	n of o	organization	: 🔽 Corporation 🔲 Trust 🦳 Associati	ion Other	L Year of f	formation: 2015	M State NC	of legal domicile:
Pa	art I	Sum	mary		1			
Governance		to help pe	eople heal and conduct widespre	vidual and community harm caused by ad education to improve our justice sy	ystems res	ponse on these	e cases.	
3	_			continued its operations or disposed o			1	_
ĕ				ing body (Part VI, line 1a)			3	7
iiie	ı			of the governing body (Part VI, line 1b) calendar year 2023 (Part V, line 2a)			5	7
Acumues &			mber of individuals employed in mber of volunteers (estimate if n	, , , , , , , , , , , , , , , , , , , ,			6	2
ğ			•	art VIII, column (C), line 12			7a	0
			lated business taxable income fr				7b	0
						Prior Year		Current Year
9	8	Contribu	tions and grants (Part VIII, line 1	h)		423,5	85	762,159
Revenue	9	Program	service revenue (Part VIII, line 2	g)		110,5	19	0
Res	10		ent income (Part VIII, column (A)	•				0
	11	Othorro		es 5, 6d, 8c, 9c, 10c, and 11e)				1,537
			venue (Part VIII, column (A), line			F24 1	0.4	
	1	Total rev	venue—add lines 8 through 11 (m	nust equal Part VIII, column (A), line 12	2)	534,1	04	763,696
	13	Total rev Grants a	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX,	nust equal Part VIII, column (A), line 12, column (A), lines 1-3)	2)	534,1	04	763,696 0
"	13 14	Total rev Grants a Benefits	renue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX,	nust equal Part VIII, column (A), line 12, column (A), lines 1-3)		·		763,696 0 0
15.65	13 14 15	Grants a Benefits Salaries,	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee	nust equal Part VIII, column (A), line 12, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5-		534,1 454,9		763,696 0
p ens es	13 14 15 16a	Total rev Grants a Benefits Salaries, Professi	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co	nust equal Part VIII, column (A), line 12, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5-		·		763,696 0 0 561,206
Expenses	13 14 15 16a	Total rev Grants a Benefits Salaries, Professi Total fund	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D),	nust equal Part VIII, column (A), line 12, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5-		·	99	763,696 0 0 561,206
Expenses	13 14 15 16a b	Total rev Grants a Benefits Salaries, Professi Total fund Other ex	renue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D), expenses (Part IX, column (A), lin	nust equal Part VIII, column (A), line 12, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5- lumn (A), line 11e) line 25) 39,666		454,9	99	763,696 0 0 561,206
	13 14 15 16a b	Total rev Grants a Benefits Salaries, Professi Total fund Other ex	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D), expenses (Part IX, column (A), lin penses. Add lines 13–17 (must of	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5–lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e)	10)	68,1 523,1 10,9	99 54 53 51	763,696 0 0 561,206 0
	13 14 15 16a b 17 18	Total rev Grants a Benefits Salaries, Professi Total fund Other ex	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D), expenses (Part IX, column (A), lin penses. Add lines 13–17 (must of	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5–lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25)	10)	454,9 68,1 523,1	99 54 53 51	763,696 0 0 561,206 0 114,833 676,039
	13 14 15 16a b 17 18 19	Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D), expenses (Part IX, column (A), lin penses. Add lines 13–17 (must of less expenses. Subtract line 18	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5–lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25)	10)	454,9 68,1 523,1 10,9 nning of Curren Year	999 54 53 51	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year
	13 14 15 16a b 17 18 19	Total rev Grants a Benefits Salaries, Professi Total fundi Other ex Total ex Revenue	renue—add lines 8 through 11 (mnd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, coraising expenses (Part IX, column (D), expenses (Part IX, column (A), linguants and lines 13–17 (must other less expenses. Subtract line 18 sets (Part X, line 16)	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5– lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25) from line 12	10)	454,9 68,1 523,1 10,9 nning of Curren Year	999 54 53 51 t	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year
000000	13 14 15 16a b 17 18 19	Total reverse Grants a Benefits Salaries, Professi Total fundi Other ex Total ex Revenue	venue—add lines 8 through 11 (m nd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D), expenses (Part IX, column (A), lin penses. Add lines 13–17 (must of less expenses. Subtract line 18	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5–lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25) from line 12	10)	454,9 68,1 523,1 10,9 nning of Curren Year	999 54 53 51 t	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year
Net Assets or Fund Balances	13 14 15 16a b 17 18 19	Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue Total as: Total lial Net asse	renue—add lines 8 through 11 (mnd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, coraising expenses (Part IX, column (D), expenses (Part IX, column (A), linguanses. Add lines 13–17 (must expenses expenses. Subtract line 18 sets (Part X, line 16) billities (Part X, line 26)	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5–lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25) from line 12	10)	454,9 68,1 523,1 10,9 nning of Curren Year 223,7 12,5	999 54 53 51 t	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year 325,776 20,145
Paragences Under	13 14 15 16a b 17 18 19 20 21 22 rt	Grants a Benefits Salaries, Professi Total fundi Other ex Total ex Revenue Total ass Total lial Net asse Sign nalties of edge and	renue—add lines 8 through 11 (mnd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, coraising expenses (Part IX, column (D), expenses (Part IX, column (A), lin penses. Add lines 13–17 (must of less expenses. Subtract line 18 sets (Part X, line 16)	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 4) benefits (Part IX, column (A), lines 5–lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25) from line 12	Begi	454,9 68,1 523,1 10,9 Inning of Current Year 223,7 12,5 211,1 dules and state	99 54 53 51 t 78 90 88	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year 325,776 20,145 305,631 and to the best of
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Pad Balances Dinde Balances Dinde Balances Digner	13 14 15 16a b 17 18 19 20 21 22 rt 19	Total reverse Grants a Benefits Salaries, a Professi Total fundi Other ex Total ex Revenue Total ass Total lial Net asses Sign analties of edge and has any king Signatur Kathryn Type or Feer F	renue—add lines 8 through 11 (m) and similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, coraising expenses (Part IX, column (D), spenses (Part IX, column (A), lin penses. Add lines 13–17 (must of less expenses. Subtract line 18 sets (Part X, line 16)	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 1–3) benefits (Part IX, column (A), lines 5– lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25) from line 12 expected from line 20 amined this return, including accompaning the column of preparer (other the column of preparer (other the column of preparer).	Begi nying sche han officer	454,9 68,1 523,1 10,9 nning of Curren Year 223,7 12,5 211,1 dules and state) is based on a 2024-08-14 Oate Check if self-employed	99 54 53 51 t 78 90 88 ements, Il inform	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year 325,776 20,145 305,631 and to the best of nation of which
Paidere Paidere Jse	13 14 15 16a b 17 18 19 20 21 22 rt III r pennowlearer h nee	Total reverse Grants a Benefits Salaries, Profession Total funding Other extended Total assemble Total lial Net assemble Sign analties of edge and has any king Type or Fig. 1.	venue—add lines 8 through 11 (mnd similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, coraising expenses (Part IX, column (D), expenses (Part IX, column (A), linguants (Part IX, column (A), linguants (Part IX, column (B), linguants (Part IX, line 13–17 (must of less expenses. Subtract line 18 sets (Part X, line 16)	nust equal Part VIII, column (A), line 12, column (A), lines 1–3) column (A), lines 1–3) benefits (Part IX, column (A), lines 5– lumn (A), line 11e) line 25) 39,666 es 11a–11d, 11f–24e) equal Part IX, column (A), line 25) from line 12 expected from line 20 amined this return, including accompaning the column of preparer (other the column of preparer (other the column of preparer).	Begi nying sche han officer 2 Date 2024-10-10	454,9 68,1 523,1 10,9 Inning of Currenty Year 223,7 12,5 211,1 Idules and state Is based on a 2024-08-14 Check if self-employed Firm's EIN Phone no. (858)	99 54 53 51 t 78 90 88 PTIN P0129589	763,696 0 0 561,206 0 114,833 676,039 87,657 End of Year 325,776 20,145 305,631 and to the best of nation of which

Form	n 990 (2023)					Page 2
Pa	rt III Stateme	ent of Program So	ervice Accomplishme	nts		
	Check if S	chedule O contains a i	esponse or note to any line	in this Part III		🗆
1	Briefly describe t	he organization's miss	sion:			
	,		ual and community harm ca on to improve our justice sy	, ,	Il convictions. We offer restor on these cases.	rative programs to help
2	Did the organizat	ion undertake any sigi	nificant program services du	ring the year wh	nich were not listed on	
	•					Yes V No
3	•	e these new services of	on Schedule O. or make significant change:	s in how it cond	ucts any program	
3		5,	· · · · · · ·			Yes V No
	If "Yes," describe	e these changes on Sc	hedule O.			
4	expenses. Sectio	n 501(c)(3) and 501(c	•	ired to report th	largest program services, as e amount of grants and alloc	•
4a	(Code:) (Expenses \$	531,533 includin	g grants of \$	0) (Revenue \$	0)
	programs) and cor individual and grou to justice practition	nduct widespread education up opportunities for peer-to ners and agencies in states	to improve our justice systems re- peer support and restorative justi	esponse in these cast ce. In our justice pr	. We offer restorative programs to l ses (our justice programs). In our h rograms, we provide specialized trai voices of people who have been dire	ealing programs, we offer both ning and technical assistance
4b	(Code:) (Expenses \$	includin	g grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	includin	g grants of \$) (Revenue \$)
	-					
4d	Other program	services (Describe in	Schedule O.)			
	(Expenses \$		including grants of \$) (Revenue \$)
4e	Total program s	service expenses	531,533			
				<u>-</u>		Form 990 (2023)

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Νo

Form 990 (2023)

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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20a

20b

21

Yes

Form 990 (2023) **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥦

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😼 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 🐯 c 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 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

No

Form 990 (2023) Page 4 Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Nο Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 .

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or sayables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

អ៊ីដើ^yអាច «លាក់ខ្លែង ខែត្រាំទូវមាស្រី ខិត្តា 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?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid^ythe" សម្រាក់ខ្មែងទេកាំព្រែងតែ, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part l*

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wasene Graphfizatisherulated የወነከነ tax-exempt or taxable entity? If-"Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🐒 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit

24b transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

24c 24d 25a 25b

26

27

28a

28b

28c

29

30

31

32

33

35a

35h

36

37

3

Λ

1a

Yes

Yes

Form 990 (2023)

23

24a

Form **990** (2023)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	4a		No
D	BCCMBBST) Inter the name of the foreign country:			
5a	(WBAR)e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
u	If tes, indicate the number of rorms 6262 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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.		Į	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is "thesphysækizhtionstruetionstamuh files Fiturtio47 ខិលិក្ខាទីchedutleeNsection 4968 excise tax on net investment income? • •	16		No
17	If "Yes," complete Form 4720, Schedule O. 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? If "Yes," complete Form 6069.	17		

Form	990 (2023)			Page 6
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	espons	e to line	es . 🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 7			
	Yeare 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	600 he organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Coa	le.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Vec " did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclos	sure				
organization's exer	mpt status with respect	t to such arrang	ements?		•
participation in joir	nt venture arrangement	s under applica	ble federal	tax	ļ

Kathryn Monroe 11312 US 15-501 N Chapel Hill, N C 27517 (919) 643-0364

apply.

List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

Own website 🗹 Another's website 🔽 Upon request 🗌 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

law, and take steps to safeguard the

16b

Form **990** (2023)

Part VII

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

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, or 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 Check this box if neither the organization r	•			יע כ	urre	nt off	icer	director, or tru	istaa	
(A) Name and title	(B) Average hours per week (list any hours for	Posi	(C) sition (do not check more unless person is both an director/truste	e tha offic ee)	ian o icer a	one bo and a	ox,	(D) Reportable	(E) Reportable	other
	related organizations below dotted line)	trustee	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) Kathryn Monroe	40.00		'	x	'	1		127,720	0	3,832
Executive Director			'	Ш'	⊥'	<u> </u>	\perp		<u> </u>	
(2) Roy Austin Board Member		· x						0	0	0
(3) Lara Bazelon Board Member		· x		Ĺ'			Ĺ	0	0	0
(4) Kimberly Cook Board Member	1.00							0	0	0
(5) David Onek	0.50		'	<u> </u>	T '	T '		0	0	<u></u>
Board Member	Í <u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>	'				
(6) Sloan Benson Secretary	0.50			х			[_	0	0	0
(7) Mary Lou Leary Treasuer	0.50			х				0	0	0
(8) Lisa Spiegel President	5.00			х				0	0	0
		<u></u>		<u>-</u> '		<u> </u>	<u> </u>			
		\vdash	 	\Box	\vdash	+	\vdash			
			<u> </u>	\Box	+	+	\vdash			
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+				\Box	\vdash					
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1			,							
				_					F	10221

	(A) Name and title	(B) Average hours per week (list		(C) tion (do not check more nless person is both an director/truste	offic			х,	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compen	ated of other sation
		any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)		from organiz and re organiza	ation lated
											_		
											_		
											_		
											_		
	Sub-Total Total from continuatio						ļ	_			+		
_	Total (add lines 1b and		-	ection A			ļ		127,720		0		3,832
2	Total number of indiv \$100,000 of reportab	•	_	not limited to those listenth the organization 1	d al	ove	e) who	rec	eived more than				
												Yes	No
3	Did the organization on line 1a? If "Yes," o	-		, director or trustee, ke	y er	nplo	yee, c	or hi	ghest compensat	ed employee			
4	•	•		sum of reportable compe	• ensa	• itior	and o	• othe	r compensation f	rom the	3		No
•	,	,		ater than \$150,000? If							4		No
											_		INO
5	, ,			accrue compensation fr 'es," complete Schedule 3					-	individual for	5		Νο
Se	ection B. Indepen	dent Contra	ctors										110
1	Complete this table f	or your five hig	hest c	ompensated independer								hav	
	compensation from the	ne organization.	Repor	t compensation for the o	cale	nda	r year	end	ing with or within	(B)	n's t	tax year. (C))
	Name and business address Description of services											Compen	

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

\$100,000 of compensation from the organization Form 990 (2023)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

		0 (2023)										Page 9
Par	t V		nt of Revenue thedule O contains a re	enonce or no	ta ta	any line in this Pa	rt VIII					
		CHECK II 30	medule o contains a re	sponse of no		(A) Total revenue	(B) Related exem function	l or pt on	(C) Unrelate busines revenu	SS	excl tax un	(D) Levenue uded from nder sections 12 - 514
Contr	ibι	ıtions, Gifts, Graı	nts, and OtherAmt Sim	ilar Amounts	1a	Federated campaig	ıns	1a				
					b I	Membership dues		1b		_		
						Fundraising events		1c				
						Related organizatio		1d				
					_	Government grants (co		1e		—		
					ā	and similar amounts no	t included	1f	762,	,159		
					g i	above Noncash contributions i lines 1a - 1f:\$	ncluded in			_		
						Fotal. Add lines 1a	_1f	1g 		0		
	Π			Business (local. Add lilles 1a	11	• •	· · ·		762,159)
	2a	1		Dusiness C	Joue							
9												
en												
æ		b		_							<u> </u>	
ce		с										
Serv												
E	1	d 		_							<u> </u>	
Program Service Revenue		e										
ă		-										
			am service revenue.									
	؛ [9 Total. Add line	es 2a-2f	_			1	I				
			3 Investment income other	(including di	viden	ids, interest, and	I					
			49imilareamounitalest	ment of tax-	exem	pt bond proceeds						
			5 Royalties									
				(i) R	leal	(ii) Personal	<u> </u>					
			6a Gross rents	6a								
			b Less: rental	6b								
			expenses c Rental income or	6c								
			(loss) d Net rental income	or (loss).								
				(i) Sec								
			7a Gross amount	7a								
			from sales of assets other									
•			than inventory									
E S			b Less: cost or other basis and	7b								
eve			sales expenses	_								
æ			c Gain or (loss)	7c								
Other Revenue			d Net gain or (loss)		_	<u> </u>						
0			8a Gross income from fun (not including \$	idraising events of								
			contributions reported See Part IV, line 18	•								
					-	Ba						
			b Less: direct exper c Net income or (los			g events						
			e nee meeme or (103	3) 110111 141141								
			9a Gross income from	n gaming								
			activities. See Part IV, line 19 b Less: direct exper	9	-	9a						
			c Net income or (los			9b						
			e wee meanie or (103	s) Irom gam	Ing at							
			10a Gross sales of inve									
			returns and allowa		-	0a						
			b Less: cost of good		<u> </u>	0b						
			c Net income or (los	s) from sales	of in	Business Cod	е					
			11a Other income			9000		1,537	1,537		0	0
			Tana. medine									
Oth	erR	RevenueMiscAmt				_				 		
			d All other revenue							├──		
			e Total. Add lines 1			<u> </u>						
								1,537				
			12 Total revenue. See	e instructions	•			763,696	1,537		0	0

	art IX Statement of Functional Expenses				Page 10
	Section 501(c)(3) and 501(c)(4) organizations mus	st complete all colur	nns. All other orgar	nizations must compl	ete column (A).
	Check if Schedule O contains a response or note to	any line in this Par	t IX	<u>.</u>	[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	131,552	93,402	30,257	7,893
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	373,544	296,665	54,080	22,799
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,844	7,250	2,054	540
	Other employee herefits	8,500	6,568	1,415	517
	Other employee benefits	37,766	30,216	5,225	2,325
	Payroll taxes	37,700	30,210	3,223	2,323
	Fees for services (non-employees):				
	Management				
	DLegal				
•	Accounting				
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,288	15,185	7,939	164
12	Advertising and promotion				
13	Office expenses	6,294	2,399	1,141	2,754
14	Information technology	8,518	7,914	127	477
	Royalties				
16	Occupancy				
	Travel	41,549	41,549	0	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,188	4,009	864	315
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Grant expenses	25,697	25,697	0	0
	b Other expenses	4,299	679	1,738	1,882
	с				
	d				
	e All other expenses	676 020	E21 E22	104.940	20.666
	Total functional expenses. Add lines 1 through 24e	676,039	531,533	104,840	39,666
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

		(2023)			Page 11
P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line	in this Part IX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	170,196	1	198,173
	2	Savings and temporary cash investments		2	6,767
	3	Pledges and grants receivable, net	45,392	3	116,097
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer			
		trustee, key employee, creator or founder, substantial contrib controlled entity or family member of any of these persons	utor, or 35%	5	
	6	Loans and other receivables from other disqualified persons (
		under section $4958(f)(1)$), and persons described in section	4958(c)(3)(B)	6	
2	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	8,190	9	4,739
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities. See Part IV, line 11 \cdot . \cdot		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	$\textbf{Total assets.} \ \textbf{Add lines 1 through 15 (must equal line 33)} .$	223,778	16	325,776
	17	Accounts payable and accrued expenses	12,590	17	20,145
	18	Grants payable		18	_
	19	Deferred revenue		19	_
	20	Tax-exempt bond liabilities		20	_
Se	21	Escrow or custodial account liability. Complete Part IV of Sch	edule D	21	
Liabilities	22	Loans and other payables to any current or former officer, dire key employee, creator or founder, substantial contributor, or			
.0		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third part		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to rel parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	ated third	25	
	26	Total liabilities. Add lines 17 through 25	12,590	26	20,145
es		Organizations that follow FASB ASC 958, check here 🔽 and	l complete		
Balances		lines 27, 28, 32, and 33.	044.400		205.004
Sala	27	Net assets without donor restrictions	211,188	27	305,631
Fund B	28	Net assets with donor restrictions		28	
Fu		Organizations that do not follow FASB ASC 958, check here	and		
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other		31	
Net	32	Total net assets or fund balances	211,188	32	305,631
~	33	Total liabilities and het assets/fund balances	223,778	33	325,776

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2023)

За

3b

Form 990 (2023)		
Additional Data		Return to Form
	Software ID: 23017509	
	Software Version:	
Form 990, Special Condition Descri	iption:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Healing Justice Project

SCHEDULE A

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

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

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

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

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

Employer identification number

47-3424404

Inspection

Schedule A (Form 990) 2023

OMB No. 1545-0047

The	organiz	zation is not a private fo	undation beca	use it is: (For lines 1	through 12, che	ck only one bo	x.)						
1		A church, convention	of churches, or	association of churc	hes described ir	section 170(b)(1)(A)(i).						
2		A school described in	section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form	n 990).)							
3		A hospital or a cooper	ative hospital s	service organization o	described in sec	tion 170(b)(1)	(A)(iii).						
4		A medical research org hospital's name, city, a	•	rated in conjunction w	vith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii). Enter the					
5		An organization operat 170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in section					
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).						
7	V	An organization that no described in section 1	•	·		m a governmer	ntal unit or from the g	general public					
8		A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)											
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:											
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organi	zed and opera	ted exclusively to test	t for public safe	ty. See section	509(a)(4).						
12		An organization organization or more publicly s the box on lines 12a th	upported organ	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See section	1 509(a)(3). Check					
а		Type I. A supporting o supported organization organization. You mus	(s) the power	to regularly appoint o	r elect a majori	• • •	•						
b		Type II. A supporting of management of the su must complete Part IV	pporting organ	ization vested in the			•	, -					
c		Type III functionally i supported organization	ntegrated. A s	upporting organizatio	•		, -	rated with, its					
d		Type III non-functions not functionally integra (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '					
e		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally					
f	Enter	r the number of support	ed organizatior	ns			<u> </u>						
g		Provide the following in					Т	Т					
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the d listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				1- 10 above (see instructions))	Yes	No							
Tota	.I												
·····								•					

Cat. No. 11285F

Schedule A (Form 990) 2023 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 748,257 242,401 407,951 423,585 762,159 2,584,353 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.. 748,257 242,401 407,951 423,585 762,159 2,584,353 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 466,265 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 2,118,088 line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 748,257 423,585 242,401 407,951 762,159 2,584,353 Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain 1,537 1,537 or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 2,585,890 12 186,040 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))

81.910 %

Schedule A (Form 990) 2023

68.760 %

Public support percentage for 2022 Schedule A, Part II, line 14 16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

14 15

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

.

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

P	art III Support Schedule						
	(Complete only if you						ialify under Part
-	II. If the organization ection A. Public Support	rails to qualify	under the te	ests listed belo	w, piease compi	ete Part II.)	
	endar year						
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
/a	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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6.)						
S	ection B. Total Support			•	•	•	•
	endar year	(-) 2010	(I-) 2020	(-) 2021	(4) 2022	(-) 2022	(6) Takal
	fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	and income from Similar Sources						
ь	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С.	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.		<u> </u>			<u> </u>	
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
13							
14	11, and 12.) First 5 years. If the Form 990 is for	the organization's	s first, second.	third, fourth, or	fifth tax year as a s	section 501(c)	(3) organization.
14	check this box and stop here	-			•	. ,	
-	ection C. Computation of Pub						
<u>5</u>	Public support percentage for 2023			e 13. column (f))	15	0 (
15 16							0 -
	Dublic cupport percentage from 20.	LZ JUILEUUIE A, P				16	
	Public support percentage from 202		P				
S	ection D. Computation of Inve				(6)		
	ection D. Computation of Investment income percentage for	2023 (line 10c, co	olumn (f) divide	d by line 13, col			0 (
S	Investment income percentage for Investment income percentage from	2023 (line 10c, con 2022 Schedule	olumn (f) divide A, Part III, line	d by line 13, colu		18	
5 17	Investment income percentage for Investment income percentage from Investment income percentage from 33 1/3% support tests-2023. If the o	2023 (line 10c, con 2022 Schedule organization did r	olumn (f) divide A, Part III, line not check the bo	d by line 13, colue 17		18 han 33 1/3%, a	nd line 17 is not
5 17 18 19a	Investment income percentage from Investment Invest	2023 (line 10c, con 2022 Schedule organization did rand stop here. The	olumn (f) divide A, Part III, line not check the bo e organization o	d by line 13, column 17		18 han 33 1/3%, a	nd line 17 is not
5 17 18 19a	Investment income percentage for Investment income percentage from Investment income percentage from 33 1/3% support tests-2023. If the o	2023 (line 10c, con 2022 Schedule organization did ronganization did ronganization did	olumn (f) divide A, Part III, line not check the bo e organization o not check a bo	d by line 13, colust 17	nd line 15 is more the blicly supported orgine 19a, and line 16	18 han 33 1/3%, a ganization 6 is more than	nd line 17 is not ▶☐ 33 1/3% and line 1

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3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

describe the designation. If historic and continuing relationship, explain.

Did the organization have any supported organization that does not have an IRS determination of status under

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

was described in section 509(a)(1) or (2).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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

4b or supervised by or in connection with its supported organizations. 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 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Page 5

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 11a above?	11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c				
S	Part VI. ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2						
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
S	ection 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	1				
	ection 7. All Type III Supporting Organizations					
	ection b. Air Type 111 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	. 65			
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 in 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	3				
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns)·			
	The organization satisfied the Activities Test. Complete line 2 below.	uctio				
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see				
	instructions)					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
	 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 	2a				

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

2b

За

3b

1 Net short-term capital gain

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

3

4

7

Section A - Adjusted Net Income

Recoveries of prior-year distributions

Other gross income (see instructions)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

(B) Current Year

(optional)

(A) Prior Year

2

3

1

2

3

4

5

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

Page **6**

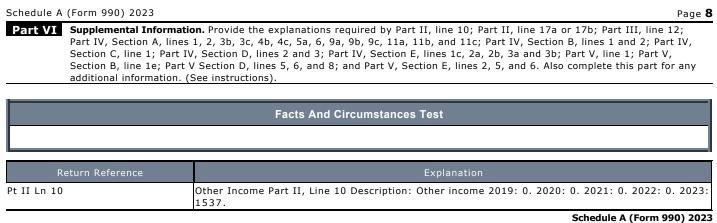
	•			
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
-	I Total (add lines 1a, 1b, and 1c)	1d		
6	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 $0.015\ \text{of line 3}$ (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

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(continued)

Page **7**

			_		
1 Amounts paid to supported organizations to accompli	1				
2 Amounts paid to perform activity that directly further organizations, in excess of income from activity	2				
3 Administrative expenses paid to accomplish exempt	3				
	surposes of supported organ	12410113	4		
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	I)	5		
6 Other distributions (describe in Part VI). See instruc	tions		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is res	sponsive	8		
9 Distributable amount for 2023 from Section C, line 6			9		
·					
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	i) tribut 2023	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2023:					
a From 2018					
b From 2019					
c From 2020					
d From 2021					
e From 2022					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2023 distributable amount					
 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:					
a Applied to underdistributions of prior years					
b Applied to 2023 distributable amount					
c 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. If the amount is greater than zero, explain in Part VI					
See instructions.					
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2024. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					
d Excess from 2022					
e Excess from 2023					
				Sc	chedule A (Form 990) (2023)



Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2023
Name of the organizatio Healing Justice Project	1	Employer ide	entification number
Organization type (che	ck one):	47-342440	4
Organization type (one	ok one).		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
General Rule	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ciai Rule. Se	e instructions.
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to	4-li 6 5 000	<i>(</i>
	from any one contributor. Complete Parts I and II. See instructions for determining a c	-	
Special Rules			
under sections 5 received from an	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% suppo 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II y one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) or (ii) Form 990-EZ, line 1. Complete Parts I and II.	l, line 13, 16a	, or 16b, and that
during the year, t	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, of cruelty to children or animals. Complete Parts I, II, and III.		
during the year, of this box is check purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions exclusively for religious, charitable, etc., purposes, but no such contributed, enter here the total contributions that were received during the year for an exclusion plete any of the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	utions totaled sively religiouse it received	more than \$1,000. If is, charitable, etc., nonexclusively
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of it		

990-EZ, or 990-PF).

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

Name of organization Healing Justice Project Employer identification number 47-3424404

Treating Justice 11	oject	77 372440	7
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)			Page 4
	organization ustice Project			Employer identification number
	astice Project			47-3424404
Part III	total more than \$1,000 for the year fro	m any one contribous ng Part III, enter the nis information one	utor. Complete colue total of exclusively	ped in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following y religious, charitable, etc., contributions s.) *
(a) No. from Part I	(b) Purpose of gift	(c) l	Jse of gift	(d) Description of how gift is held
- - -	Transferee's name, address, and		ansfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) l	Jse of gift	(d) Description of how gift is held
	Transferee's name, address, and	, ,	ransfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) U	Jse of gift	(d) Description of how gift is held
-	Transferee's name, address, and	, ,	ransfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) (Jse of gift	(d) Description of how gift is held
-	Transferee's name, address, and		ansfer of gift Relatio	onship of transferor to transferee
	<u></u>			

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection **Employer identification number** Name of the organization Healing Justice Project 47-3424404 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

3	Using the organization's acquisition, access	ion, and other record	ds, check	any of	the follo	wing tha	it are a signif	ficant use	e of its
а	collection items (check all that apply): Public exhibition		d⊢	Loar	n or excha	ange nro	arams		
b	_		e						
	Scholarly research		· _	Oth	er				
С	Preservation for future generations								
4	Provide a description of the organization's of Part XIII.	collections and explain	n how the	y furt	her the or	ganizati	on's exempt	purpose	in
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	□ No
Pa	rt IV Escrow and Custodial Arran					_	_		
	Complete if the organization and Part X, line 21.	swered "Yes" on Fo	orm 990	, Part	IV, line	9, or r	eported an	amount	t on Form 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part X	III and complete the	following	table:			A	Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Part X, lin	ie 21, for	escrov	v or custo	dial acc	ount liability	? ☐ Yes	☐ No
b	 If "Yes," explain the arrangement in Part X								
Pa	ort V Endowment Funds.								
	Complete if the organization and								
	Designing of year balance	(a) Current year	(b) Prio	year	(c) Two	years bac	ck (d) Three ye	ears back	(e) Four years back
	Beginning of year balance							\longrightarrow	
	Net investment earnings, gains, and losses								
٠	wet investment earnings, gains, and losses				<u> </u>				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance			1	(.)) 1	.1.1			
2	Provide the estimated percentage of the cu Board designated or quasi-endowment	•	ce (line 1	j, coiu	mn (a)) n	eid as:			
a	Permanent endowment								
D	Term endowment								
С	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.							
За	Are there endowment funds not in the posso	•	ation that	are he	eld and ac	lministe	red for the		Yes No
	(i) Unrelated organizations								(i)
	(ii) Related organizations								(ii)
b	If "Yes" on 3a(ii), are the related organizat	ions listed as require	d on Sch	edule I	₹?			3	Bb
4	Describe in Part XIII the intended uses of t	:he organization's end	dowment	funds.					
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization and Description of property (a) Cost or oth		orm 990 or other bas				ee Form 99 depreciation		X, line 10. i) Book value
	(investme			_ (5010	(6)	-3		,	-,
1-	Land								
	Buildings Leasehold improvements								
	Equipment				+				
	Other								
_									

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

	Investments - Other Securities. Complete if the organization answered "Yes" on Form 9	90. Part	IV. line 11h.Se	e Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Boo	ok	(c) Method of v or end-of-year	aluation:
	al derivatives			, , , , , , , , , , , , , , , , , , , ,	
	-held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 9	90, Part			
	(a) Description of investment		(b) Book value		hod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
-	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	۰			
		▶ 90, Part 1	V, line 11d. Se	e Form 990, F	Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 9	▶ 90, Part 1	V, line 11d. Se	e Form 990, F	
Part IX (1)	Other Assets. Complete if the organization answered 'Yes' on Form 9	▶ 90, Part I	V, line 11d. Se	e Form 990, F	
(1) (2)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on Form 9	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description (b) must equal Form 990, Part X, col.(B) line 15.)	90, Part 1	V, line 11d. Se	e Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25.	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the Columnation of the Column	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the Columnation of the Column	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X) 1. (1) Federal	Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liab	 90, Part I			

1

2

Part XII

1

2

3

Return.

Add lines 4a and 4b

Page 4

763,696

Total revenue, gains, and other support per audited financial statements . Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a

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

Donated services and use of facilities

4a

4b

2a 2b

2c

2d

4a

4b

2b 2c 2d

2e

1

3

Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

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

Donated services and use of facilities

Subtract line 2e from line 1

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII.)

4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 763,696 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 676,039

5

3 676,039 4c

676,039

Part XIII **Supplemental Information**

Add lines 2a through 2d .

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.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Name of the organization Healing Justice Project Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 41 (a) Name of disqualified person (b) Relationship between disqualified person during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person Relationship with organization? Purpose of loan with organization? Relationship with organization? Purpose of loan organization? Original principal amount	. 1545-004	No.	OME			S	ons	d Perso	ntereste	ns with	nsactio	Tra		L	Schedule L
Part I Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or organization reported an amount on Form 990-EZ, Part V, line 26; or organization reported an amount on Form 990-EZ, Part V, line 26; or organization reported an amount on Form 990-EZ, Part V, line 26; or organization reported an amount on Form 990-EZ, Part V, line 26; or organization reported an amount on Form 990-EZ, Part V, line 26; or organization reported an amount on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or organization reported an amount on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26; or organization reported an amount on Form 990, Part IV, line 26; or organization organization To From Fro)23	20		27, 2	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.										,
Name of the organization Healing Justice Project Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 41 (a) Name of disqualified person (b) Relationship between disqualified person and organization and organization and organization of transaction of transacti	to Public pection		0		ion.	ormat	info	the latest in	ructions and	<u>m990</u> for ins	s.gov/Fo	Go to <u>www.i</u>	•	,	•
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 41 (a) Name of disqualified person (b) Relationship between disqualified person dand organization (c) Description of transaction 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					•								tion	organizat	Name of the or
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Description of transaction (e) Description of transaction (f) Description of transaction (h) Relationship between disqualified person description of transaction (h) Relationship person (h) Relationship person (h) Relationship organization (h) Relationship person (h) Relationship person (h) Relationship organization (h) Relationship person (c) Amount of assistance (d) Type of assistance (e) Purpose			ganizatio	9) org	L(c)(2	n 501					-				
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	(d) Corrected		scription) Des				lisqualified p	ip between d		red "Yes"				
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	Yes No	•													
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization															
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization															
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization answered "Yes" on Form 990, Part X, line 5, 6, or 22 (b) (c) (d) Loan to or from the organization? Original principal amount organization? To From Yes No			\$	inder •		the y	ıring ••			nbursed by th	above, re	ny, on line 2,	of tax, if a	4958. e amount	section 49 3 Enter the
interested person with organization Purpose of loan To From To From Yes No Yes III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the interested person and	the	or if	, line 26;	rt IV,	90, Pa	rm 99	r For	line 38a, or I	, ,	on Form 990	vered "Yes	nization ansv	if the orga	Complete	Co
Total To	(i) Written greement?	•	proved board or	ault? Approve by board				` '	Original principal		` '	Purpose	ationship with	Rela	interested
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the interested person and the person (c) Amount of assistance (d) Type of assistance (e) Purpose	No	Yes	s No	Yes	No	Yes	L			From	То				
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the person (c) Amount of assistance (d) Type of assistance (e) Purpose															
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the person (c) Amount of assistance (d) Type of assistance (e) Purpose															
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the person (c) Amount of assistance (d) Type of assistance (e) Purpose									.						otal
(a) Name of interested person and the (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose										terested F	fiting I	ance Bene	or Assista	rants o	Part IIII Gr
person interested person and the	of accietance	000.0	(a) Durn	60	icton			1							
		ose d	(e) Purp	ce	oistaii ———	01 455	уре с	(a) Typi	or assistance	(e) Amount	n and the	erested perso	` ,		` '

between interested	
person and the	l
organization	
Sole corporate member	

(b) Relationship

65,000 Grant receivble

(c) Amount of

transaction

(d) Description of transaction





(e) Sharing of

organization's revenues? Yes

Page 2

No

Νo

Part V Provide additional information for responses to questions on Schedule L (see instructions).

(a) Name of interested person

(1) Healing Justice Center

SCHEDULE O (Form 990)

Department of the Treasury

Healing Justice Project

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2023 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

47-3424404

Return Reference	Explanation
Pt VI, Line 11b	The Form 990 is reviewed and approved by the Executive Director, Board President and Board Treasurer, then provided to the full governing body before submitting to the IRS.
Pt VI, Line 12c	Healing Justice Project circulates the conflict of interest form to staff and Board, annually.
Pt VI, Line 15a	Healing Justice Board of Directors reviews and approves compensation for the Executive Director. This includes 1) review of comparable salaries for the same positions at similarly-sized nonprofit organizations in the Washsington, DC Region, and 2) adherence to Healing justices Conflict of Interest Policy and procedures to ensure that no individual with an actual or apparent conflict of interest participates as a member of the body that reviews and approves employee compensation. The Board of Directors typed minutes of all meeting held and decisions made therein, including decisions relating to staff compensation.
Pt VI, Line 19	All governing documents are available upon request.

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization Healing Justice Project

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

2023
Open to Public

Open to Public Inspection

Employer identification number

47-3424404

Part I Identification of Disregarded Entities. Comple	ete if the organization	answere	ed "Yes" on I	Form 99	0, Part IV,	line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary act	ivity	(c) Legal domicile or foreign co	e (state ountry)	(d) Total incom	ne	(e) End-of-year asset	s Direct contro entity	olling	
						0.0		244		
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	ations. Complete if th e tax year.	e organ	ization ansv	vered "\	'es" on For	m 99	00, Part IV, line	e 34 because it had	d one	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal or fo	(c) al domicile (state foreign country)		(d) Exempt Code section		(e) Dic charity status ection 501(c)(3))	(f) Direct controlling entity	Se 51 (con	(g) ection 12(b) (13) atrolled
(1)Healing Justice Center	Supporting Healing Justice		NC	IRC Section 170		501(c)(3)		Healing Justice Project	Yes	s No
11312 US 15-501 N	Project Project		inc sec		Section 170		L)(3)	rieding Justice Project		"
Chapel Hill, NC 27517 84-2515377										_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Ca	at. No. 5013	5Y				Schedule R (Form 9	90) 20	23

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	part		(k) Percentage ownership
							Yes	No		Yes	No	ļ				
								-			-					
Part IV Identification of Related Organizations								answered	l "Yes" on	Form 9	90, Part	IV, line				

34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	Section 5 controlled	12(b)(13)			
		(state or foreign country)		corp, or trust)		assets		Yes	No			
	Schedule R (Form 990) 2023											

chedule R (Form 990) 2023					Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization answere	d "Yes" on Form 9	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	-		-		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?	•			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity · · · · ·				1a		No
$f b$ Gift, grant, or capital contribution to related organization(s) $\dots \dots \dots \dots \dots \dots$				1 b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	Yes	
$f d$ Loans or loan guarantees to or for related organization(s) $\ \cdot \ $				1d		No
\boldsymbol{e} Loans or loan guarantees by related organization(s)				1e		No
${f f}$ Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1 g		No
\boldsymbol{h} Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$\dot{\mathbf{m}}$ Performance of services or membership or fundraising solicitations by related organization(s) \cdot \cdot				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot				1n		No
$oldsymbol{o}$ Sharing of paid employees with related organization(s) $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$				10		No
${f p}$ Reimbursement paid to related organization(s) for expenses \cdot				1 p		No
q Reimbursement paid by related organization(s) for expenses $\cdots \cdots \cdots$				1q		No
${f r}$ Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s) $\cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots$	<u>.</u>			1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	is line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount i	nvolved	
1)Healing Justice Center	С	384,890	FMV		•	

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

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

revenue) that was not a related organization. See histi													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 organ	(e) Il partners ection L(c)(3) nizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	managing partner?		(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
								_					
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