EXTENDED TO NOVEMBER 15, 2021

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	a 2020 calendar year, or tax year beginning and	a enaing		
B C	heck if pplicab	e: C Name of organization		D Employer identific	cation number
X	Addre	LIBERTY JUSTICE CENTER			
	Name Chang	e Doing business as		45-420442	25
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	141 W. JACKSON BOULEVARD	1065	312-637-2	2280
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	2,306,293.
	Amen return	ded CHICACO II 60604		H(a) Is this a group re	
	Applie tion			for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
<u>і</u> т	- av.ev	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)) or 📃 527		list. See instructions
		te: ► LIBERTYJUSTICECENTER • ORG) 01 021	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: IL
	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO U	ISE STE	ATEGIC LITT	GATTON TO
Ice	'	ADVANCE ECONOMIC AND SOCIAL LIBERTIES AN	JD A FF	EE ENTERPRIS	SE SOCIETY
Governance	2	Check this box			
ver	2			I	3
G	3				1
š	4	Number of independent voting members of the governing body (Part VI, line 1b)		0	
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
tivi	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	 I		
		- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
ue	8	Contributions and grants (Part VIII, line 1h)	······	2,244,578.	2,303,583.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,198.	2,710.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,255,795.	2,306,293.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
хb	b	Total fundraising expenses (Part IX, column (D), line 25)	/58.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,151,727.	2,177,259.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,261,727.	2,177,259.
	19	Revenue less expenses. Subtract line 18 from line 12		-5,932.	129,034.
ces			Be	eginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		989,456.	1,151,503.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		60,362.	93,375.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		929,094.	1,058,128.
	irt II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedul	les and statem	ients, and to the best of my	/ knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			

Sign Signature of officer Date Here PATRICK HUGHES, PRESIDENT Type or print name and title	
Paid Print/Type preparer's name Preparer's signature Date Check PTIN Paid KIMBERLEY S. FRITZSCHE Preparer's signature 08/25/21 ^{ff} self-employed P0023265 P0023265 Preparer Firm's name WILLOW CPA GROUP, LTD. Firm's EIN → 47-2178213	
Preparer Firm's name WILLOW CPA GROUP, LTD. Firm's EIN 47-2178213 Use Only Firm's address 1622 W. COLONIAL PARKWAY, SUITE 101 Firm's EIN 47-2178213	
INVERNESS, IL 60067 Phone no.847-453-3950	
May the IRS discuss this return with the preparer shown above? See instructions	No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,653,936.	990 (2
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 1,653,936.	
Image: Action of the second	
Ib (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
RESEARCH.	_
ADVANCEMENT OF ECONOMIC AND SOCIAL LIBERTIES AND A FREE ENTERPRISE THROUGH STRATEGIC LITIGATION, TRAINING, COMMUNICATION, ACTIVISM AND)
revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,653,936. including grants of \$) (Revenue \$)	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
If "Yes," describe these changes on Schedule O.Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
If "Yes," describe these new services on Schedule O.	s X
2 Did the organization undertake any significant program services during the year which were not listed on the	v
RESEARCH. IN ADDITION, THE CENTER WILL TRAIN LAW STUDENTS, LAWYERS POLICY ACTIVISTS IN THE PURSUIT OF PUBLIC INTEREST LITIGATION.	ANI
THROUGH STRATEGIC LITIGATION, TRAINING, COMMUNICATION, ACTIVISM AND	
1 Briefly describe the organization's mission: TO ADVANCE ECONOMIC AND SOCIAL LIBERTIES AND A FREE ENTERPRISE SOCI	LETY
Check if Schedule O contains a response or note to any line in this Part III	
orm 990 (2020)LIBERTY JUSTICE CENTER45-4204425Part IIIStatement of Program Service Accomplishments	Pa

Form 990 (2020)

Part IV Checklist of Required Schedules

LIBERTY JUSTICE CENTER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	л	
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	120	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	ļ	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2				JUSTICE	
Part IV	Ch	ecklist of	Required Sch	edules (continu	ued)

			X	
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
0 7	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form 990 (2020)	LIBERTY	JUS
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Form 990	(2020)	LIBERTY	JUSTICE	CENTER	
Part V	Statements	Regarding Ot	her IRS Filing	gs and Tax	Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>^</u>
	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	6.		x
h	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	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		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
D	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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990) (2020)
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Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		1 1	~	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	Enter the number of voting members included on line 1a, above, who are independent	1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		. 6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?			X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
		,		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y		. 120		
			12c	x	
	in Schedule O how this was done			X	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		. 14		
5	Did the process for determining compensation of the following persons include a review and approva	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official			X	<u> </u>
b	Other officers or key employees of the organization		. 15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			37
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		. 16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL , AK , AR , CA , C	O,CT,DC,FL,G	SA,HI	,IL	, KS
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain	on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨			
	ELIZABETH KRAMB - 269-720-0793	·			
	3410 WINTERBERRY CT SE, GRAND RAPIDS, MI 49546				
2006	SEE SCHEDULE O FOR FULL LIST OF STATES		Forn	n 990	(2020
_ = = =	7				, _,
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mpen		(11 2/1000 11100)		and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) PATRICK HUGHES	40.00									
PRESIDENT		Х		Х				300,000.	0.	13,992.
(2) DIANA RICKERT	40.00									
VICE PRESIDENT		X		Х				160,735.	0.	16,421.
(3) JOHN TILLMAN	1.00									
FORMER CHAIRMAN, SECRETARY/TREASU		X						0.	0.	0.
(4) STEPHANIE LINARES	1.00									
FORMER DIRECTOR		Х						0.	0.	0.
(5) MARK SANTACROSE	1.00									
DIRECTOR		X						0.	0.	0.
(6) SARA ALBRECHT	1.00									
CHAIRMAN/TREASURER		X		X				0.	0.	0.
032007 12-23-20						0				Form 990 (2020)

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Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do box	not c	(C Posi heck i ss per	c) ition ^{more} rson i	than dis both	one n an	Compensated Employe (D) Reportable compensation	es (continued) (E) Reportable compensatio		Est	(F) imate	
		week (list any hours for related organizations below line)					Highest compensated	Former (aa	from the organization (W-2/1099-MISC)	from related organizatior (W-2/1099-MI	าร	comp fro orga and	other ensation the nization relate nization	e on ed
	Subtotal								460,735.		0.	30),41	L3. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n				<u></u>				460,735.	,000 of reportab	0.	30),41	L3.
3	compensation from the organization Did the organization list any former officer,	director trust	e k	ev e	emol	love	e or	hio	nhest compensated emr	blovee on			Yes	7 No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	<i>uch individual</i> Im of reportab	le co	omp	ensa	ation	anc	l otl	her compensation from	•		3	37	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv		 3	4 5	X	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for	-									npens	ation fr	om	
DEI	(A) Name and business PLOYED, INC.	address							(B) Description of s	ervices	с	(C) ompen		1
	700 LAVACA #1400-91885, AUSTIN, TX 78701 DIGITAL MARKETING 101,9									.,93	38.			
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	ot lii	mite	d to	tho:		stec	d above) who received n	nore than				
						-	-					Form 9	90 (2	020)

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<u>Fo</u> rm	<u>19</u> 9	0 (2	2020) LIBERTY JUS	TI	<u>CE_CE</u> NTE	R		45-4204	425 Page 9
Pa									~
			Check if Schedule O contains a respon	nse o	or note to any lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b						
Am (С	Fundraising events 1c						
lar İlar		d	Related organizations 1d						
Sin',			Government grants (contributions) 1e						
er (f	All other contributions, gifts, grants, and	<u>^</u>					
Qth					303,583.				
no l		-	Noncash contributions included in lines 1a-1f		`	2,303,583.			
0.0		n	Total. Add lines 1a-1f	 	Business Code	2,303,303.			
<u>م</u>	0	~		ł	Business Code				
, vic	2	a b		-					
Program Service Revenue		c		— I					
am		d		— I					
- BG		е		-					
Ā		f	All other program service revenue						
		g	Total. Add lines 2a-2f		►				
	3		Investment income (including dividends, in						
			other similar amounts)		►	2,710.			2,710.
	4		Income from investment of tax-exempt bor	nd p	roceeds 🕨 🕨				
	5		Royalties						
	_		(i) Real		(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c Net rental income or (loss)						
	7		Gross amount from sales of (i) Securitie		(ii) Other				
	'	u	assets other than inventory 7a		(
		b	Less: cost or other basis						
ne		-	and sales expenses 7b						
evenue		с	Gain or (loss) 7c						
۳.			Net gain or (loss)		►				
Other	8	а	Gross income from fundraising events (not						
ð			including \$ of						
			contributions reported on line 1c). See						
			,	8a					
			Less: direct expenses	8b					
	_		Net income or (loss) from fundraising even		🕨				
	9	а	Gross income from gaming activities. See Part IV, line 19	9a					
		h	Less: direct expenses	9a 9b					
			Net income or (loss) from gaming activities		•				
	10		Gross sales of inventory, less returns		····· P				
		-	and allowances	10a					
		b		10b					
			Net income or (loss) from sales of inventor	y	🕨				
s					Business Code				
Miscellaneous Revenue	11	а		_ [
fent		b		_		ļ			
Rev		С		_					
Ϊ			All other revenue		L				
	40		Total. Add lines 11a-11d			2,306,293.	0.	0.	2,710.
	12		Total revenue. See instructions		····· P	• د د ۲ , ۵۰۰ , ۲	0.	0.	Form 990 (2020

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LIBERTY JUSTICE CENTER

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D۵	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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 0	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	16,719.		16,719.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	201,342.	118,444.	14,268.	68,630
2	Advertising and promotion	113,386.	29,497.		83,889
3	Office expenses		-		
4	Information technology	6,153.	1,878.	2,943.	1,332
5	Royalties				
6	Occupancy	10,100.		10,100.	
7	Travel	17,099.	12,897.		4,202
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,425.	421.		3,004
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	WAGES AND SALARIES-PAID	1,431,088.	1,192,956.	38,943.	199,189
b	EMPLOYEE BENEFITS-PAID	126,063.	94,017.	15,181.	16,865
с	PAYROLL TAXES-PAID THRO	98,485.	83,639.	2,195.	12,651
d	LEGAL AND PROFESSIONAL	79,453.	70,845.		8,608
е	All other expenses	73,946.	49,342.	14,216.	10,388
5	Total functional expenses. Add lines 1 through 24e	2,177,259.	1,653,936.	114,565.	408,758
6	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 b if following SOP 98-2 (ASC 958-720)				

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989,456.

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Net Assets or Fund Balances

	balance Sheet				
	Check if Schedule O contains a response or no	ote to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing		895,417.	1	1,129,030
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		60,000.	3	
4	Accounts receivable, net			4	
5	Loans and other receivables from any current of	or former officer, director,			
	trustee, key employee, creator or founder, sub-	stantial contributor, or 35%			
	controlled entity or family member of any of the	ese persons		5	
6	Loans and other receivables from other disqua	alified persons (as defined			
	under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		5,910.	9	22,473
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a 0.			
b	Less: accumulated depreciation	10b	0.	10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line			12	
13	Investments - program-related. See Part IV, line	e 11		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		28,129.	15	0
16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	989,456.	16	1,151,503
17	Accounts payable and accrued expenses		60,362.	17	93,375
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Loans and other payables to any current or for	rmer officer, director,			
	trustee, key employee, creator or founder, sub-	stantial contributor, or 35%			
	controlled entity or family member of any of the			22	
23	Secured mortgages and notes payable to unre	elated third parties		23	
24	Unsecured notes and loans payable to unrelate	ed third parties		24	
25	Other liabilities (including federal income tax, p				
	parties, and other liabilities not included on line	es 17-24). Complete Part X			
	of Schedule D		<u> </u>	25	02 275
26	Total liabilities. Add lines 17 through 25		60,362.	26	93,375
	Organizations that follow FASB ASC 958, ch	neck here 🕨 🔽			
	and complete lines 27, 28, 32, and 33.		000 070		1 000 100
27	Net assets without donor restrictions		809,070.	27	1,008,128
28	Net assets with donor restrictions		120,024.	28	50,000
	Organizations that do not follow FASB ASC	958, check here 🕨 📖			
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or e			30	
31	Retained earnings, endowment, accumulated i		020 004	31	1 050 100
32	Total net assets or fund balances		929,094.	32	1,058,128

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1,151,503.

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Total liabilities and net assets/fund balances

Part X Balance Sheet

Form 990 (2020)

Assets

Liabilities

<u>Form</u>	1990 (2020) LIBERTY JUSTICE CENTER	45-420	4425	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,300	5,2	93.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,17		
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	929	9,0	94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,058	3,1	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	agn /	(2020)

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

	OMB No. 1545-0047
1	2020
	Open to Public Inspection
Employer	identification number

Name of the	organization
-------------	--------------

			RTY JUSTIC						5-4204425	
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	IS.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental ι	ınit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the colleg	e or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from a	contributio	ons, members	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to ca	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section {	509(a)(2).	See section &	5 09(a)(3). (Check the box in	
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), †	ypically by	y giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting	
	_	organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported	
	_	organization(s). You mus								
С		☐ Type III functionally inte						lly integrate	ed with,	
		its supported organization		· ·	-		-			
d		☐ Type III non-functionally						-		
		that is not functionally int	с С	c ,			•	d an attent	iveness	
_		requirement (see instruct	-	-				U. T		
е		Check this box if the orga functionally integrated, or					а туре ї, туре	II, Type III		
	Ento	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	zation.				
g		vide the following information	J	d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
				above (see instructions))						
Tota										
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sched	dule A (For	m 990 or 990-EZ) 2020	

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Schedule A (Form 990 or 990 EZ) 2020 LIBERTY JUSTICE CENTER

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 494,000. 692,322. 2,244,931. 2,244,578. 2,303,583. 7,979,414 3 The value of services or facilities furnished by a governmental unit or the organization without charge 494,000. 692,322. 2,244,931. 2,244,578. 2,303,583. 7,979,414 4 Total. Add lines 1 through 3 494,000. 692,322. 2,244,931. 2,244,578. 2,303,583. 7,979,414 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 494,000. 692,322. 2,244,931. 2,244,578. 2,303,583. 7,979,414 5 Public support, Subtact line 5 from time 4. 5,243,910 2,735,504 5 Public support, Subtact line 5 from time 4. 5,243,910 2,244,578. 2,303,583. 7,979,414 6 Public support, Subtact line 5 from time 4. 5,243,910 2,44,578. 2,303,583. 7,979,414 7 Amounts from interest, dividends, payments received on securities loans, enst, royalites, and income from unrelated business activities, whether or not the business is regularity carried on ior loss from the sale of capital assetst (Explain in Part V). 19. <th>Cale</th> <th>ndar year (or fiscal year beginning in) 🕨</th> <th>(a) 2016</th> <th>(b) 2017</th> <th>(c) 2018</th> <th>(d) 2019</th> <th>(e) 2020</th> <th>(f) Total</th>	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a							
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization		-			-	-	VI how the organiza	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			•		, ,,	•		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b							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		•						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2020	18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 LIBERTY JUSTICE CENTER

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

	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5			ļ			
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ	ļ		
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 from line 6.)						
	ction B. Total Support		1	1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, rovalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
_	regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	ganization,
	ction C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
iec	ction D. Computation of Investion	stment Incom	e Percentage	•			
7	Investment income percentage for 20	20 (line 10c, colui	mn (f), divided by	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
l9a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, an	d line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	▶∟
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organi	zation ►
0	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	>
3202	23 01-25-21				Sch	edule A (Fo	rm 990 or 990-EZ) 2020
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Schedule A (Form 990 or 990-EZ) 2020 LIBERTY JUSTICE CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990 EZ) 2020 LIBERTY JUSTICE CENTER

Part IV Supporting Organizations (continued)

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1

2

Ves No

No

Yes

2a

2b

За

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

	Section C.	Type II	Supporting	Organizations	
--	------------	---------	------------	---------------	--

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting	Organizations

			103	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------	--------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 LIBERTY JUSTICE CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Inc	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital g	ain	1		
2 Recoveries of prior-year	distributions	2		
3 Other gross income (see	e instructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and deplet	ion	5		
6 Portion of operating exp	penses paid or incurred for production or			
collection of gross incor	ne or for management, conservation, or			
maintenance of propert	y held for production of income (see instructions)	6		
7 Other expenses (see ins	structions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market va	alue of all non-exempt-use assets (see			
instructions for short tax	x year or assets held for part of year):			
a Average monthly value	of securities	1 a		
b Average monthly cash b	balances	1b		
c Fair market value of oth	er non-exempt-use assets	1c		
d Total (add lines 1a, 1b,	and 1c)	1d		
e Discount claimed for bl	ockage or other factors			
(explain in detail in Part	VI):			
2 Acquisition indebtednes	ss applicable to non-exempt-use assets	2		
3 Subtract line 2 from line	1d.	3		
4 Cash deemed held for e	exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exemp	t-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 Amou	nt (add line 7 to line 6)	8		
Section C - Distributable An	nount			Current Year
1 Adjusted net income for	r prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount	for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 of	r line 3.	4		
5 Income tax imposed in	orior year	5		
· · · · · · · · · · · · · · · · · · ·	Subtract line 5 from line 4, unless subject to			
	eduction (see instructions).	6		
	current year is the organization's first as a non-functio	nally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 LIBERTY JUSTICE CENTER

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020	LIBERTY	JUSTICE	CENTER
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Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part (See instructions.)	Provide the explanations re 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 3; Part IV, Section E, lines V, Section E, lines 2, 5, ar	equired by Part I 1a, 11b, and 11c 1c, 2a, 2b, 3a, a nd 6. Also comple	I, line 10; Part II, c; Part IV, Sectio ind 3b; Part V, lir ete this part for a	line 17a or 17b; Part n B, lines 1 and 2; Pa ne 1; Part V, Section any additional inform	III, line 12; art IV, Section C, B, line 1e; Part V, ation.
032028 01-25-;	21				Schedule A (Form	990 or 990-F7) (
		0000 04000	21			
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization LIBERTY JUSTICE C	ENTER		Employer identification number 45-4204425
Pa			r Funds or A	
	organization answered "Yes" on Form 990, Part IV,			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors i		nor advised fun	ds
Ū	are the organization's property, subject to the organization	-		
6	Did the organization inform all grantees, donors, and donor			
•	for charitable purposes and not for the benefit of the dono			
	increase in the last state in the second state			Yes No
Pa			orm 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recr		vation of a histo	prically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in	the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic s	tructure included in (a)		2c
d	Number of conservation easements included in (c) acquire	d after 7/25/06, and not on a histo	ric structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred,			ization during the tax
	year 🕨			
4	Number of states where property subject to conservation e	asement is located 🕨		
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements	s it holds?		
6	Staff and volunteer hours devoted to monitoring, inspectin	g, handling of violations, and enfor	cing conservation	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing	conservation ea	sements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of se	ction 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserva-	ation easements in its revenue and	I expense stater	nent and
	balance sheet, and include, if applicable, the text of the for	otnote to the organization's financi	al statements th	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections		es, or Other s	Similar Assets.
	Complete if the organization answered "Yes" on For			
1a	If the organization elected, as permitted under FASB ASC	· ·		
	of art, historical treasures, or other similar assets held for p			nce of public
	service, provide in Part XIII the text of the footnote to its fir			
b	If the organization elected, as permitted under FASB ASC			
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or resear	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			N A
~				
2	If the organization received or held works of art, historical t		or financial gain,	provide
	the following amounts required to be reported under FASB			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		<u></u>	
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2020
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Sche	dule D (Form 990) 2020 LIBERTY	JUSTICE C	ENTE	R				45-42	04425	D Pa	age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at make się	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further t	he organizat	ion's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	or receive donations	of art, h	istorical trea	asures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on F	⁻ orm 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diarv for	contributior	ns or other as	ssets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			5						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanati	on has been	n provided on	Part XIII]
Pa	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line 10	D.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 (d	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for the	e organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
_4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990	0, Part X, li	ine 10.				
	Description of property	(a) Cost or c basis (investr			t or other (other)		cumulate reciation	ed	(d) Book	value	Ð
1a	Land				-						
	Buildings			1							
	Leasehold improvements			1							
	Equipment			1							
	Other			1							
	Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line 1	10c.)						0.
		,						Schedule	D (Form	990)	2020

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 LIBERTY JUSTICE CENTER		45-4	4204425 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			2,306,293.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,306,293.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,306,293.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	-	penses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		1	2,177,259.
1	Total expenses and losses per audited financial statements			2,111,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
	Other (Describe in Part XIII.)	-		٥
-	Add lines 2a through 2d			
3	Subtract line 2e from line 1			2,177,259.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			2,177,259.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS
TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE
MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL AND
ILLINOIS EXEMPT ORGANIZATION RETURNS ARE SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE AND STATE AUTHORITIES, GENERALLY FOR THREE YEARS
AFTER THEY WERE FILED.

032054 12-01-20

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Schedule D (Form 990) 2020

SCH	EDULE J Compensation Information	C	OMB No. 1545-0047							
(For	m 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20						
•	Compensated Employees		ΖU	ZU	J					
Deres	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.	()pen to	Publ	ic					
	PAttach to Form 990. Form 990.									
Nam	ame of the organization Employer ident									
	LIBERTY JUSTICE CENTER	45-420)442	5						
Pa	rt I Questions Regarding Compensation									
				Yes	No					
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990),								
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel Housing allowance or residence for personal u	JSe								
	Travel for companions Payments for business use of personal reside	nce								
	Tax indemnification and gross-up payments									
	Discretionary spending account	nef)								
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>					
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?									
2										
	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	-								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	.0								
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract									
	Independent compensation consultant Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey of study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey o	mittaa								
		Intlee								
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
	organization or a related organization:									
	Receive a severance payment or change-of-control payment?		4a		Х					
	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X					
	Participate in or receive payment from an equity-based compensation arrangement?		4c		X					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
	contingent on the revenues of:									
а	The organization?		5a		X					
	Any related organization?		5b		X					
	If "Yes" on line 5a or 5b, describe in Part III.									
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
	contingent on the net earnings of:									
а	The organization?		6a		X					
	Any related organization?		6b		X					
	If "Yes" on line 6a or 6b, describe in Part III.									
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments									
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X					
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the									
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X					
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
	Regulations section 53.4958-6(c)?		9							
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990) 2020					

032111 12-07-20

45-4204425

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) PATRICK HUGHES	(i)	300,000.	0.	0.	0.	13,992.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) DIANA RICKERT	(i)	160,735.	0.	0.	9,765.	6,656.	177,156.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions 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.



Employer identification number 45 - 4204425

LIBERTY JUSTICE CENTER

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

PRIOR TO SUBMISSION TO THE IRS, FORM 990 IS PROVIDED TO THE PRINCIPAL

OFFICER AND GOVERNING BODY OF THE ORGANIZATION FOR REVIEW.

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

THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY ONCE A YEAR WITH

THE BOARD OF DIRECTORS & EMPLOYEES AND INQUIRES OF ANY MATERIAL CHANGES.

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

COMPENSATION OF PRESIDENT PAID BY THE RELATED ORGANIZATION IS DETERMINED BY

AN EXAMINATION OF COMPARABLE DATA FOR OTHER PRESIDENT'S IN THE INDUSTRY

COUNTRYWIDE AND IN THE CHICAGOLAND AREA. THE INFORMATION FROM THAT

RESEARCH IS SHARED WITH THE BOARD OF DIRECTORS WHO THEN APPROVE

COMPENSATION FOR THE PRESIDENT OF THE RELATED ORGANIZATION. NOTE THAT AN

INDEPENDENT CONSULTANT IS NOT USED IN THE PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC

ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

ALL GOVERNING DOCUMENTS, POLICIES, AND AUDITED FINANCIAL STATEMENTS WILL BE

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE PROCESS SINCE THE PRIOR YEAR.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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34 2020.04020 LIBERTY JUSTICE CENTER

Schedule O (Fo	rm 990 or	990-EZ)	2020
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Name of the organization

LIBERTY JUSTICE CENTER

Page 2 Employer identification number 45-4204425

ASSUMED NAME OF LIBERTY JUSTICE CENTER:

STAND WITH WORKERS

PART IX, LINE 7

SALARIES AND WAGES ARE PAID THROUGH BEARING TREE, INCORPORATED, FEIN

83-2543436

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Form 4562	
Department of the Treasury Internal Revenue Service (9	9)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

L Attachment Sequence No. **179** Identifying number

OMB No. 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

LII	BERTY JUSTICE CENTE				M 990 P.			45-4204425
Pa	rt I Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	ou have any lis	sted property, o	complete Part	V before y	
1 N	Aaximum amount (see instructions)						1	1,040,000.
2 T	otal cost of section 179 property pla	ced in service (see	instructions)			2	
3 T	hreshold cost of section 179 proper	y before reduction	in limitation				3	2,590,000.
4 F	Reduction in limitation. Subtract line 3	3 from line 2. If zero	o or less, ente	er -0-			4	
5 D	ollar limitation for tax year. Subtract line 4 from li	ne 1. If zero or less, enter	-0 If married fil	ling separately, see	e instructions		5	
6	(a) Description of p	property		(b) Cost (busir	ness use only)	(c) Elected	cost	
	isted property. Enter the amount from							
	otal elected cost of section 179 prop							
	entative deduction. Enter the smalle							
	Carryover of disallowed deduction fro							
11 E	Business income limitation. Enter the	smaller of busines	s income (no	t less than ze	ro) or line 5 🛛		11	
	Section 179 expense deduction. Add						12	
	Carryover of disallowed deduction to				🕨 13			
	: Don't use Part II or Part III below fo							
Pa	opeenan 2 opeenan en raise		•	•				
1 4 S	Special depreciation allowance for qu	alified property (ot	her than liste	ed property) p	laced in service	during		
	he tax year							
	Property subject to section 168(f)(1) e						15	
	Other depreciation (including ACRS)						16	
Pai	rt III MACRS Depreciation (Don	't include listed pro	-					
			-	ection A				
	ACRS deductions for assets placed						17	
18 If	you are electing to group any assets placed in se							
	Section B - Asset	(b) Month and		or depreciation	Using the Gen	eral Deprecia	ation Syst	em
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Decidential contal property	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	Nonresidential real property	/			39 yrs.	MM	S/L	
i	,	/				MM	S/L	
	Section C - Assets	Placed in Service	During 202	0 Tax Year U	sing the Alterr	native Depred	iation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)							
21 L	isted property. Enter amount from lir	ne 28					21	
22 T	otal. Add amounts from line 12, lines	s 14 through 17, lir	es 19 and 20	0 in column (g), and line 21.			
E	Enter here and on the appropriate line	es of your return. P	artnerships a	and S corpora	itions - <u>see in</u> sti	·	22	0.
23 F	or assets shown above and placed i	n service during th	e current yea	ar, enter the				
p	portion of the basis attributable to see	ction 263A costs	<u></u>		23			
	Devision of the second se							Earres 4ECO (0000)

Form 4562 (2020)	LIBER	TY JUS	STIC	E CE	NTER						45-	4204	425	Page 2
Part V Listed Property	y (Include auton	nobiles, cer	tain oth	ner vehic	les, cert	ain airci	raft, an	nd propert	y used fo	or				
entertainment, i Note: For any v				standar	d miload	no rato c	vr dodu	icting loop			nloto on	Jy 24a		
24b, columns (a	a) through (c) of	Section A,	all of S	ection B	, and Se	ection C	if appl	licable.	e expens		ipiere un	i iy 24a,		
	Depreciation a								mits for p	basseng	ger autor	nobiles.)		
24a Do you have evidence to su	upport the busine	ss/investmer	nt use cla	aimed?		es	No	24b If "Y	es." is th	e evide	nce writ	ten?	Yes	No
(a)	(b)	(c)		(d)		(e)		(f)		g)		h)		(i)
(a) Type of property	Date	Business/		Cost or		is for depre		Recovery		hod/		eciation		cted
(list vehicles first)		investment se percentage	e ot	her basis	(bus	siness/inve use only		period	Conve	ention	dedi	uction		on 179 ost
25 Special depreciation allo				nlacod	in sonvic		a tha tr	L ay yoar an						
				•			•	-		25				
used more than 50% in a 26 Property used more than										25				
26 Property used more than			1					1	1		<u> </u>		i	
		%												
	: :	%	-											
	: :	%												
27 Property used 50% or le	ss in a qualified	business u	ise:											
		%	,						S/L -					
	: :	%	,						S/L -					
	: :	%							S/L -					
28 Add amounts in column	(h), lines 25 thro	ough 27. En	iter here	e and on	line 21,	page 1				28				
29 Add amounts in column												29		
	())			3 - Infor										
Complete this section for vel	hicles used by a								or related	Inersor	lfvou	nrovider	1 vehicle	c
to your employees, first ansv										•				5
to your employees, first answ	ver the question	IS IN SECTIO	10103	see ii you		in excer		Completi	ng tins s	ection		venicies	5.	
						a)		(a)	1	N		a)		E)
••• Tatal husinees /investment n	nilaa dukuna duuka	a tha	-	a)		b)		(c)	(c			e)	(1	
30 Total business/investment n		~ F	ver	nicle	Vehicle		V V	/ehicle	Veh	icie	Ver	nicle	Vehicle	
year (don't include commut														
31 Total commuting miles d		·												
32 Total other personal (nor	ncommuting) mi	les												
driven														
33 Total miles driven during	the year.													
Add lines 30 through 32	-													
34 Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?		H												
35 Was the vehicle used pri														
than 5% owner or relate														
36 Is another vehicle availab														
use?						I	<u> </u>	<u> </u>						
	Section C - Q													
Answer these questions to d	-	meet an ex	ceptior	to com	pleting S	Section	B for v	ehicles us	ed by en	nployee	s who a i	ren't		
more than 5% owners or rela	•												_	
37 Do you maintain a writter	n policy stateme	ent that pro	hibits a	Ill persor	nal use c	of vehicle	es, incl	luding cor	nmuting,	by you	r		Yes	No
employees?														
38 Do you maintain a writter	n policy stateme	ent that pro	hibits p	ersonal	use of v	ehicles,	excep	ot commut	ing, by y	our				
employees? See the inst	ructions for veh	nicles used	bv cord	orate of	ficers. d	irectors	. or 1%	6 or more	owners					
39 Do you treat all use of ve														
40 Do you provide more that													·	
the use of the vehicles, a														-
41 Do you meet the require													·	
Note: If your answer to 3	37, 38, 39, 40, o	r 41 is "Yes	s," don'	t comple	ete Secti	on B for	the co	overed vel	nicles.					
Part VI Amortization														
(a) Description of	costs		(b) mortization		(C) Amortizab	le		(d) Code		(e) Amortiza		Ar	(f)	
			egins		amount			section	ŗ	period or per		fc	nortization or this year	
42 Amortization of costs that	at begins during	your 2020	tax yea	ar:										
		:	:											
			:											
43 Amortization of costs that	at began before	vour 2020	tax vea	r					•		43			
44 Total. Add amounts in co											44			
016252 12-18-20	e.a				oport							F	orm 456	2 (2020)
010202 12-10-20						27						1	5111 430	<u>- (2020</u>)

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