			** PUBLIC DISCLOSURE COPY	* *				
	Ω	90	Return of Organization Exempt From	n Incon	ne Tax	OMB No. 1545-0047		
Forr	n J	ns) ZUZT						
-			Do not enter social security numbers on this form as it n	numbers on this form as it may be made public.				
Intern	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	atest informa	ation.	Open to Public Inspection		
AF	or th	e 2021 calend	ar year, or tax year beginning $ { m APR} 1$, $ 2021 $ and ending	<u>m</u> ar 3	1, 2022			
B c a	heck if pplicab	le: C Name or	organization	D Emp	oloyer identific	cation number		
	Addre	pe L QUA	L ACCESS TO JUSTICE, INC					
	Name Chang	ge Doing b	usiness as	*	<u>*-***71</u>	83		
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s BOX 25941		phone number 05-339-3			
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$	274,678.		
	Amer returr	ALBU	QUERQUE, NM 87125	H(a) Is	this a group re	turn		
	Appli tion	^{ca-} F Name a	nd address of principal officer: SUSAN G. CHAPPELL		r subordinates			
	pend	ing SAME	AS C ABOVE			cluded? Yes No		
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or			list. See instructions		
JΝ	Vebsi	ite: 🕨 WWW .	EAJ-NM.ORG		oup exemption			
ΚF	orm o	f organization:	X Corporation Trust Association Other ► L			State of legal domicile: NM		
	irt I	Summary				•		
	1	Briefly describ	e the organization's mission or most significant activities: TO SUPPC	DRT AND	EXPAND	CIVIL		
лс.		LEGAL S	ERVICES TO MEET THE CRITICAL LEGAL NE	EEDS OF	NEW ME	XICANS. FOR		
rna	2	Check this bo	x if the organization discontinued its operations or disposed of i	more than 25	% of its net as	sets.		
Governance	3		ing members of the governing body (Part VI, line 1a)		1 - 1	9		
	4		ependent voting members of the governing body (Part VI, line 1b)			9		
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)			1		
/itie	6		of volunteers (estimate if necessary)			25		
cti	7a		d business revenue from Part VIII, column (C), line 12			0.		
◄			business taxable income from Form 990-T, Part I, line 11			0.		
					r Year	Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)	2	22,444.	274,649.		
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.		
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
£			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,454.	29.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	33,898.	274,678.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	1	19,310.	178,575.		
			to or for members (Part IX, column (A), line 4)		0.	0.		
s	l	<u> </u>			49,851.	56,548.		
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ 23,751.		0.	0.		
bei	Ь	Total fundrais	ng expenses (Part IX, column (D), line 25) > 23,751.					
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		14,341.	14,714.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		83,502.	249,837.		
	19		expenses. Subtract line 18 from line 12		50,396.	24,841.		
or					f Current Year	End of Year		
ets lanc	20	Total assets (I	Part X, line 16)		59,860.	274,563.		
Net Assets or Fund Balances	21	-	(Part X, line 26)		11,040.	902.		
<u>N</u> et -unc	22		fund balances. Subtract line 21 from line 20		48,820.	273,661.		
	irt II					- ,		
		-	I declare that I have examined this return, including accompanying schedules and st	atements. and	to the best of my	/ knowledge and belief. it is		
			Declaration of preparer (other than officer) is based on all information of which pre		-	, , , , , , , , , , , , , , , , , , ,		
			, , , , , , , , , , , , , , , , ,	. ,				

Sign	Signature of officer		Date	
Here	· · ·	ESIDENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOHN GORDON	JOHN GORDON	07/20/	/22 ^{if} p00173149
Preparer	Firm's name PATTILLO , BROWN	& HILL, L.L.P.		Firm's EIN 🗩 **-***0599
Use Only	Firm's address 👞 5310 HOMESTEAD B	RD NE, STE 100B		
	ALBUQUERQUE, NM	87110		Phone no. 505 – 266 – 5904
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	9-21 HA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Form	EQUAL ACCESS TO JUSTICE, INC	**-**7183	Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO SUPPORT AND EXPAND CIVIL LEGAL SERVICES TO MEET THE		AL
	NEEDS OF NEW MEXICANS. FOR OVER 30 YEARS, EAJ HAS BEEN		-
	ACCESS TO JUSTICE BY PROVIDING UNRESTRICTED, NONCOMPET		
	CIVIL LEGAL SERVICE PROVIDERS. THE END RESULT IS MORE		ING
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	XNC
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.	iners, the total expenses, a	anu
4a	(Code:) (Expenses \$ 83,098. including grants of \$ 73,340.) (Re	Nonuo ¢	
та	NEW MEXICO LEGAL AID (NMLA) PROVIDES STATEWIDE CIVIL L		AND
	IS THE VOICE, DEFENDER AND ADVOCATE FOR POOR PEOPLE WHO		
	JUSTICE IN ALL FORUMS, PARTICULARLY IN THE COMMUNITIES		Y
	LIVE. NMLA IS COMMITTED TO HELPING POOR PEOPLE IN THEI	R STRUGGLE TO	
	ACCESS FOOD, SHELTER, SECURITY, AND TO PRESERVE THEIR	UNIQUE CULTUR	AL
	HERITAGES. NMLA PROVIDES DIRECT LEGAL REPRESENTATION A	ND ASSISTANCE	то
	15-20,000 PEOPLE ANNUALLY IN LEGAL MATTERS THAT IMPACT		EDS:
	SHELTER, PROTECTION FROM ABUSE (PHYSICAL, MENTAL, AND		
	FOOD, INCOME PROTECTION, AND PREDATORY LENDING PRACTICE		
	THOUSANDS MORE RECEIVE LEGAL INFORMATION ABOUT THEIR R	IGHTS AND	
	INSTRUCTIONS HOW TO PROTECT THEMSELVES.		
	E7 677 E0 004		
4b	(Code:) (Expenses \$ 57,677. including grants of \$ 50,904.) (Re		
	THE NEW MEXICO CENTER ON LAW AND POVERTY (NMCLP) ADVAN		AND
	SOCIAL JUSTICE THROUGH EDUCATION, ADVOCACY, AND LITIGA PARTNERS WITH COMMUNITIES TO TAKE ACTION AND PURSUE SY		NCEC
	TO IMPROVE LIVING CONDITIONS, AND PROTECT RIGHTS. NMCL		NGED
	INCREASE ACCESS TO HEALTHCARE, FOOD, INCOME, AND SAFE		E
	HOUSING; TRANSFORM NEW MEXICO'S PUBLIC EDUCATION SYSTE		
	WORKERS' ACCESS TO FAIR AND SAFE WORKING CONDITIONS; A	-	VE
	LENDING AND DEBT COLLECTION PRACTICES.		
4c			
	DNA PEOPLE'S LEGAL SERVICES (DNA) PROVIDES ACCESS TO J		SE
	WHO ARE LOW INCOME AND VULNERABLE BY PROVIDING HIGH QU		
	SERVICES AND EDUCATION WHILE RESPECTING TRIBAL SOVEREI		
	TRADITIONS. SINCE 1967, DNA HAS PROVIDED FREE LEGAL AI		
	NATION, JICARILLA APACHE NATION, THE HOPI NATION, AND OF NEW MEXICO, NORTHERN ARIZONA, AND SOUTHERN UTAH. DN		
	HELPED PEOPLE LIVING IN POVERTY USE EXISTING POLICIES		пауе
	PROTECT THEIR PROPERTY AND ASSETS, STAY SAFE FROM PHYS		
	FINANCIAL ABUSE, AVOID EXPLOITATION, AND SAFEGUARD THE		
	TIMANCIAL ADOSE, AVOID EXPLOTIATION, AND SAFEGOARD THE		10.
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 202,335.	/	
_		Form 9	90 (2021
3200	2 12-09-21		
. -	2		
90	720 792861 6361 2021.04000 EQUAL ACCESS TO JU	STICE, IN 6361	L1

Form	990	(2021)

Part IV Checklist of Required Schedules

EQUAL ACCESS TO JUSTICE, INC

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
e	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	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			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.14		
-	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		- v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
132003	3 12-09-21	Form	220	(2021)

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16390720 792861 6361 2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

	Form 990 (2	2021)		EQUAL	ACCESS	то	JU
1	Part IV	Che	ecklist	of Required S	chedules (contin	ued)

			Yes	1
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		
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		╞
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		╀
50a	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		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		┢
2	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			T
	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		
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			L
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
h	"Yes," complete Schedule L, Part IV	28a 28b		╀
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		ł
C	"Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		t
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			t
	contributions? If "Yes," complete Schedule M	30		
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			t
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Ι
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		ļ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		╀
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	t
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		<u> </u>	ſ
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		т
	Enter the number reported in box 2 of Form 1000. Enter 0 if not any lipsible		Yes	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	ť		I
	Enter the number of Forms W-2G included on line 1a. Enter Q if not applicable			1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (4		L
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U U	1c		ľ

Form 990	
Part V	Sta

	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 1		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	-		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		┝
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		┝
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		t
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		t
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			t
•	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			t
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			t
	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		ſ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		t
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			t
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			ſ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		I
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ſ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ľ
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ſ
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ſ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			T
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Γ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ſ
	Section 501(c)(7) organizations. Enter:			ſ
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Γ
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ĺ
	Note: See the instructions for additional information the organization must report on Schedule O.			ſ
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Ĺ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		Ĺ
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ſ
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			ſ
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			ſ
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
7				1
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L

Form 990	(2021)
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EQUAL ACCESS TO JUSTICE, INC

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.

			Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
-	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u> </u>	-
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
<u>ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 9		-
50			Yes	
0-2	Did the organization have local chapters, branches, or affiliates?	10a	1.65	-
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		-
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
			X	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	- v	
	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		_
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40.		
Ŀ.	taxable entity during the year?	16a		_
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
<u></u>	exempt status with respect to such arrangements?	16b		-
	tion C. Disclosure			_
	List the states with which a copy of this Form 990 is required to be filed $\mathbb{N}M$	N=	A 65	-
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(s)s only) avai	đ
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
~		a al fi		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
_	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			_
	HEATHER NORFLEET - 505-339-8096			_
	P.O. BOX 25941, ALBUQUERQUE, NM 87125	_	n 990	-

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

Т

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ustee			en sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e omp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lns	Offi	Key	Hig	For			
(1) HEATHER NORFLEET	30.00									•
EXECUTIVE DIRECTOR		Х						53,000.	0.	0.
(2) SUSAN G CHAPPELL	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CHARLES K PURCELL	2.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) SUSAN MILLER BISONG	2.00									
TREASURER		х		x				0.	0.	0.
(5) AMY BROWN	1.00									
DIRECTOR		Х						0.	Ο.	0.
(6) BRUCE COTTRELL	1.00									
DIRECTOR		Х						0.	Ο.	0.
(7) LEWIS CREEKMORE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) M. KAREN KILGORE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SIREESHA MANNE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) RODOLFO SANCHEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAN AKENHEAD	1.00									
DIRECTOR		Х						0.	0.	0.
										– 000 (333 3
132007 12-09-21										Form 990 (2021)

132007 12-09-21

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2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

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	990 (2	2021)	EQUAL	ACC	ESS TO	JU	บรา	CI(CE .	,]	ENC	2	**_*	<u>**7</u>	183	Pa	age 8
Par	t VII	Section A. Officers	, Directors	s, Truste	ees, Key Em	ploy	rees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
		(A)			(B)			(0	C)			(D)	(E)			(F)	
		Name and title			Average	(do		Pos			000	Reportable	Reportable	,	Est	imate	d
					hours per	box	, unle	ss pe	rson i	than is bot	h an	compensation	compensatio	on	am	ount d	of
					week	officer and a director/tructor)					from related	k	c	other			
					(list any	ector						the	organization	S	comp	pensat	tion
					hours for	Individual trustee or director				ted		organization	(W-2/1099-MI		fro	om the	Э
					related	stee (ruste			oen sa		(W-2/1099-MISC/	1099-NEC)			inizati	
				C	organizations	al tru	onal t		loyee	comi se		1099-NEC)				relate	
					below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
					line)	n L	lns	Off	Key	em Elic	ß						
				F													
				F		1											
				F		1											
				F													
				F													
				F		-											
				F		4											
												F2 000					
1b	Subto	otal										53,000.		0.			0.
С	Total	from continuation s	sheets to I	Part VII,	Section A							0.		0.			0.
d	Total	(add lines 1b and 1	c)									53,000.		0.			0.
2	Total	number of individual	s (including	g but no	t limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
	comp	ensation from the or	ganization														0
																Yes	No
3	Did th	ne organization list ar	ny former d	officer, c	lirector, trust	ee, l	key e	empl	love	e, or	[,] hig	hest compensated emp	oloyee on				
	line 1	a? If "Yes." complete	, Schedule	J for su	ch individual	,			,	,	Ŭ		,		3		Х
4	For a	nv individual listed or	n line 1a, is	the sur	n of reportab	le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization				
-		elated organizations			-		-					-	and organization		4		Х
5		-	-									ed organization or indiv	idual for services		•		
Ŭ		ered to the organization							-			-			5		Х
Sec		Independent Cont		<i>, comp</i>		01	01 30		pera	<u>.</u>					5		
						-l			h-				¢100.000 of oor		ations for		
1												hat received more than		npens	auon fr	om	
	the of	rganization. Report c			ne calendar y	ear	enai	ng v	vitn	or w	Itnin	the organization's tax	year.		(0)		
		No	() me and bu	A)	ddroce	NT /		7				(B) Description of s	onvicos		(C) ompen		`
		INd		511633 8	luuress	INC	ONE	2			_	Description of a	Services		ompen	Sation	·
											_						
											T						
2	Total	number of independ	ent contra	ctors (in	cludina but r	not li	mite	d to	tho	se li	sted	above) who received n	nore than				
-		,000 of compensation								00 110							
	φ.00,			5. gui 1120											Form S	90 (2	021)

132008 12-09-21

						SS	TO JUSTI	CE, INC		**-***7	183	Page 9
Pa	rt \	/111										
			Check if Schedule O	conta	lins a resp	onse	or note to any lin	e in this Part VIII	(B)	(C)	(D)	
								Total revenue	Related or exempt function revenue	Unrelated	Revenue ex	xcluded under
nts its	1	а	Federated campaigns		1a							
arar			Membership dues									
Â, C			Fundraising events									
ar ,			Related organizations									
ini ini		е	Government grants (cont	ributi	ons) 1e		11,040.					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, similar amounts not included				263,609.					
ĘĘ		g	Noncash contributions included in			\$	20370031					
and		-	Total. Add lines 1a-1f					274,649.				
<u> </u>							Business Code	,•				
Ð	2	а										
, Zi	-	b										
Sei		c										
eve		d										
Program Service Revenue		e										
Ţ		f	All other program service	rever	nue							
			Total. Add lines 2a-2f									
	3		Investment income (inclu									
			other similar amounts)				►					
	4		Income from investment of tax-exempt bond pro									
	5		Royalties	· . <u></u>			►					
					(i) Rea	ıl	(ii) Personal					
	6	а	Gross rents	6a								
		b	Less: rental expenses \dots	6b								
		с	Rental income or (loss)	6c								
		d	Net rental income or (loss	s) <u></u>			▶				<u> </u>	
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other					
			assets other than inventory	7a								
0		b	Less: cost or other basis									
venue			and sales expenses									
			Gain or (loss)	7c								
Ϋ́			Net gain or (loss)			······	▶					
Other Re	8	а	Gross income from fundrais	-	•							
0			including \$									
			contributions reported or		-							
		h	Part IV, line 18									
			Less: direct expenses Net income or (loss) from									
	a		Gross income from gamir		-							
		u	Part IV, line 19	•								
		b	Less: direct expenses									
			Net income or (loss) from				└					
	10		Gross sales of inventory,									
			and allowances			10a						
		b	Less: cost of goods sold									
_			Net income or (loss) from			-	►					
s							Business Code					
Miscellaneous Revenue	11	а	MISCELLANEOUS	5 R	EVENU	E	541100	29.	29.			
ane		b										
ev.		с										
Mis			All other revenue									
		е	Total. Add lines 11a-11d					29.				
	12		Total revenue. See instructi	ons			🕨	274,678.	29.	0.		0.
13200	9 12	2-09	-21								Form 99(J (2021)

EQUAL ACCESS TO JUSTICE, INC 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).

Do ·	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 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	178,575.	178,575.		
2	Grants and other assistance to domestic	_/ • / • / • /	,		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	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,				
Ŭ	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	Other salaries and wages	40,000.	13,336.	13,332.	13,332
8	Pension plan accruals and contributions (include		- , • •		- , - • -
-	section 401(k) and 403(b) employer contributions)	10,000.	3,334.	3,333.	3,333
9	Other employee benefits	3,000.	1,000.	1,000.	1,000
0	Payroll taxes	3,548.	1,182.	1,183.	1,183
1	Fees for services (nonemployees):	,	,		•
	Management				
b	Legal				
	Accounting	3,415.	1,139.	1,138.	1,138
	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,				
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	538.	180.	179.	179
13	Office expenses	6,715.	2,239.	2,238.	2,238
14	Information technology	2,404.	802.	801.	801
15	Royalties				
16	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	962.	320.	321.	321
4	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	OTHER COSTS	505.	169.	168.	168
b	MEMBERSHIP DUES	175.	59.	58.	58
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	249,837.	202,335.	23,751.	23,751
26	Joint costs. Complete this line only if the organization	- , •	. ,	. ,	- 1 - 3 -
	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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10 2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

Form **990** (2021)

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 Form 990 (2021)
 EQUAL ACCESS TO JUSTICE, INC
 -7183

 Part X
 Balance Sheet

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

		Check if Schedule O contains a response of hot		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		259,860.	1	272,645.
	2	Savings and temporary cash investments			2	
	3		dges and grants receivable, net			
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described		6		
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	1,918.
	16	Total assets. Add lines 1 through 15 (must equa		259,860.	16	274,563.
	17	Accounts payable and accrued expenses		0.	17	902.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
iab		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		11,040.	25	0.
	26	Total liabilities. Add lines 17 through 25		11,040.	26	902.
õ		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
JCe		and complete lines 27, 28, 32, and 33.		0.4.0 0.0.0		080 661
alaı	27			248,820.	27	273,661.
а В	28	Net assets with donor restrictions			28	
ň		Organizations that do not follow FASB ASC 9	58, check here 🕨 📖			
ъ		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or eq			30	
štА	31	Retained earnings, endowment, accumulated in		040.000	31	
ž	32	Total net assets or fund balances		248,820.	32	273,661.
	33	Total liabilities and net assets/fund balances		259,860.	33	274,563.

<u>-*</u>**7183 Page **11**

Form 990 (2021)

Form	1990 (2021) EQUAL ACCESS TO JUSTICE, INC	**_***	7183	Pag	_{je} 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	274		
2	Total expenses (must equal Part IX, column (A), line 25)	2	249		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,84	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	248	8,82	20.
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	273	6,66	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				37
2a	5 1 5 1 1		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				37
b	571		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			х
	Act and OMB Circular A-133?		3a		Δ
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 S	2) UEC	2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	e of t	he organization			NO				identification number * - * * * 7183
Dor	+ 1				NC				~~~~/103
Par		Reason for Public	_		-			18.	
Г	rgan	ization is not a private found							
1 L		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 L		A school described in sect							
3 L		A hospital or a cooperative							
4 L		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_ F		city, and state:							
5 L		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental (unit descrit	bed in
г	_	section 170(b)(1)(A)(iv). (C							
6 L		A federal, state, or local go	•						
7 L		An organization that norma	•	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
г	_	section 170(b)(1)(A)(vi). (C							
8 L		A community trust describe							
9 L		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
г	37	university:							
10	X	An organization that norma							
		activities related to its exen							-
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	iired by the oi	rganization	after June 30, 1975.
г		See section 509(a)(2). (Cor							
11		An organization organized a	-	•	•				
12 L		An organization organized a	-	•	-			•	
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that				-		-	
а		Type I. A supporting orga		-	•				
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must c	-						
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	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	-						
С		Type III functionally interpretent of the second	• • • •					Illy integrate	ed with,
	_	its supported organizatio			-		-		
d		Type III non-functionally						-	
		that is not functionally int			•		-	d an attent	iveness
	_	requirement (see instruct	,	•	-				
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organi:	zation.			
		er the number of supported of	-						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of	fmonotony	(vi) Amount of other
	(organization	(11) = 114	(described on lines 1-10	(iv) Is the orga in your governi		support (see ir	,	support (see instructions)
				above (see instructions))	Yes	No			
Total									

	A (Form 990) 202 ⁻
Part II	Support Sc

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
-	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	1	1		1
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th						
Sec	organization, check this box and stor ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	%
	Public support percentage for 2021 (Public support percentage from 2020		-				%
	33 1/3% support test - 2021. If the c						
100	stop here. The organization qualifies						
r	33 1/3% support test - 2020. If the c						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				-		
b	10% -facts-and-circumstances tes	0	• •		•		
-	more, and if the organization meets tl	-	-				
	organization meets the facts-and-circ						
18	Private foundation. If the organization						ns ►
							(Form 990) 2021

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

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	237,319.	160,735.	200,908.	222,444.	263,609	1,085,015
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	237,319.	160,735.	200,908.	222,444.	263,609	1,085,015
7a Amounts included on lines 1, 2, and				,		
3 received from disqualified persons						0.
 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 					<u> </u>	0.
c Add lines 7a and 7b						0
						1,085,015
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						1,000,010
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	237,319.	160,735.	200,908.	222,444.	263,609	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 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.)	237,319.	160,735.	200,908.	222,444.	263,609	1,085,015
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,
check this box and stop here	-					
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2021	(line 8, column (f), c	livided by line 13,	column (f))		15	100.00 %
16 Public support percentage from 202	0 Schedule A, Part	III, line 15			16	100.00 %
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	021 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.00 %
18 Investment income percentage from					18	9
19a 33 1/3% support tests - 2021. If the						17 is not
more than 33 1/3% , check this box a	-					► X
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, ch	e organization did r	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	
20 Private foundation. If the organization						
132023 01-04-22			2, 5, 105, 61667 (A (Form 990) 202
					ochequie	
			15			

EQUAL ACCESS TO JUSTICE, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

EQUAL ACCESS TO JUSTICE, INC Schedule A (Form 990) 2021

2

No

No Yes

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

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 I	Supporting	Organizatio	ons

Yes 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

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

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

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1

Schedule A (Form 990) 2021

2a

2b

3a

3b

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Part V	Type III	Non-	Functionally Inte	egrated 50	9(a)(3	Supporting	Organizatio	ns
Schedule A	(Form 990) 2021	EQUAL	ACCESS	ΤO	JUSTICE,	INC	

EOIIAT.	ACCESS	ΨO	JUSTICE,	TNC
EQUAL	ACCESS	10	JUDIICE,	TINC

Part				
•	Check here if the organization satisfied the Integral Part Test as a qualifyi	0		Part VI). See Instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
5 I	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
(collection of gross income or for management, conservation, or			
r	maintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b/	Average monthly cash balances	1b		
cl	Fair market value of other non-exempt-use assets	1c		
	Fotal (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
	Vet value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supportina ord	anization (see
		. 0		

instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			Ι	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
-	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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Part IV, Section A, li line 1; Part IV, Section Section D, lines 5, 6 (See instructions.)	, and 8; and Part	V, Section E, li	nes 2, 5, an	d 6. Also coi	mplete this pa	art for any addition	onal information	า.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY	**
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Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

*	* *	-	*	*	*	7	1	8	3

EQUAL	ACCESS	то	JUSTICE,	INC	
Organization type (check one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Employer identification number

-*7183

EQUAL ACCESS TO JUSTICE, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 22 16390720 792861 6361 2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

Name of organization

Employer identification number

-*7183

EQUAL ACCESS TO JUSTICE, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 18,724. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 10,118. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23 16390720 792861 6361 2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

Name of organization

Page **3**

EQUAL ACCESS TO JUSTICE, INC

Employer identification number

-*7183

(a) No. from Part I		\$	
No.			
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	Schedule B (Form 990

Schedule E	B (Form 990) (2021)			Page ²				
Name of or	rganization			Employer identification number				
FOUAL	ACCESS TO JUSTICE, INC	7		**-***7183				
Part III		itions to organizations described in a) through (e) and the following line , charitable, etc., contributions of \$1,000 (entry For organizations) that total more than \$1,000 for the yea				
(a) No. from				orintion of how gift is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of g	 yift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held				
		(e) Transfer of g	 					
-	Transferee's name, address, a			ansferor to transferee				
123454 11-11	1-21	25		Schedule B (Form 990) (2021)				

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2021.04000 EQUAL ACCESS TO JUSTICE, IN 6361___1

SCHEDULE I		arants and Oth					OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury Internal Revenue Service Attach to Form 990. Open Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inst							
Name of the organization EQUAL ACC	ESS TO JU	USTICE, INC					Employer identification number **-**7183
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's provided in the organization of the orga	stance?	-					tion Yes X No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DNA PEOPLE'S LEGAL SERVICES P.O. BOX 306 WINDOW ROCK, AZ 86515	**-***7220	501(C)(3)	54,331.	0.	N/A	NONE	LEGAL AID ASSISTANCE
NEW MEXICO CENTER ON LAW AND POVERTY - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	**-***7960	501(C)(3)	50,904.	0.	N/A	NONE	LEGAL AID ASSISTANCE
NEW MEXICO LEGAL AID 505 MARQUETTE AVE NW ALBUQUERQUE, NM 87102 **-**6950 501(C)(3) 73.340. 0,N/A NONE LEGAL AID ASSISTANCE							LEGAL AID ASSISTANCE
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			l ne line 1 table		I	1	└

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

-*7183

EQUAL ACCESS TO JUSTICE, INC

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

OVER 30 YEARS, EAJ HAS BEEN INCREASING ACCESS TO JUSTICE BY PROVIDING

UNRESTRICTED, NONCOMPETITIVE FUNDS TO CIVIL LEGAL SERVICE PROVIDERS.

THE END RESULT IS MORE FAMILIES STAYING IN THEIR HOMES, MORE CHILDREN

RECEIVING THE EDUCATION THEY DESERVE, MORE SENIORS AND VETERANS

ACCESSING MEDICAL BENEFITS, AND MORE WORKERS' RIGHTS BEING PROTECTED.

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

IN THEIR HOMES, MORE CHILDREN RECEIVING THE EDUCATION THEY DESERVE,

MORE SENIORS AND VETERANS ACCESSING MEDICAL BENEFITS, AND MORE WORKERS'

RIGHTS BEING PROTECTED.

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

THE BOARD RECEIVES A COPY OF THE TAX RETURN BEFORE IT IS FILED. THE BOARD

REVIEWS AND APPROVES THE TAX RETURN FOR FILING.

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

THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION BASED UPON TIME

PROVIDED, COMPARISONS WITH OTHER ENTITIES AND THE FINANCIAL CONDITION OF

THE ORGANIZATION. THE COMPENSATION IS BOARD APPROVED.

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

UPON REQUEST, THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS

AND TAX RETURNS ARE MADE AVAILABLE TO ANY ONE WHO ASKS TO SEE THEM.

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

Schedule O (Form 990) 2021

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