** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

~ .	OI LITE	2023 Calendar year, or tax year beginning	enung		
	heck if	C Name of organization	_	D Employer identific	cation number
	Addres	LONE STAR JUSTICE ALLIANCE			
	Name change	Doing business as		82-23459	21
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 3809 S 1ST ST	Room/suite	E Telephone number 512-394-	
_	Jreturn/ termin ated			G Gross receipts \$	2,065,340.
	Amend			H(a) Is this a group re	
\vdash	_return _Applic _tion			for subordinates	
	_tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
	av av	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	
	ax-exe Vebsit		or 527	7	list. See instructions
		organization: X Corporation Trust Association Other	I Voca	of formation: 2017	n number 1 State of legal domicile: TX
Pa	rt I	Summary	L Year	or formation. ZOI/N	A State of legal doffliche. 1A
	1	Briefly describe the organization's mission or most significant activities: LONE			
Activities & Governance		(LSJA) WAS ESTABLISHED IN 2017 AS A NON-P			
ja la	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
ĕ	3			3	11
ၓ၂		Number of independent voting members of the governing body (Part VI, line 1b)			11
တ္တ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10
Ęį		Total number of volunteers (estimate if necessary)			60
흥				7a	0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,280,523.	1,784,721.
lg		Program service revenue (Part VIII, line 2g)		248,248.	280,619.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,528,771.	2,065,340.
\neg		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		65,995.	111,713.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
[پر		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		865,908.	929,237.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en en		Total fundraising expenses (Part IX, column (D), line 25) 70, 4	41.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		436,221.	531,988.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,368,124.	1,572,938.
		Revenue less expenses. Subtract line 18 from line 12		160,647.	492,402.
28				eginning of Current Year	End of Year
t Assets or od Balances	20	Total assets (Part X, line 16)		678,098.	1,352,152.
Ass Bal	21	Total liabilities (Part X, line 26)	····	429,619.	348,221.
	22	Net assets or fund balances. Subtract line 21 from line 20		248,479.	1,003,931.
	rt II	Signature Block		= = = ; = ; = ;	=,:::;;;;;
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			J
-,		, , , , , , , , , , , , , , , , , , , ,	1 -1		
Sign	1	Signature of officer		Date	
Here		ELIZABETH HENNEKE, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signatur		Date Check	PTIN
aid		RENAE DUNCAN	ا مه)9/11/24 self-employ	P01257722
	arer	Firm's name ATCHLEY & ASSOCIATES, LLP	47		4-2920819
	Only	Firm's address 1005 LA POSADA DRIVE		Tamo Env	
		AUSTIN, TX 78752		Phone no. (5	12)346-2086
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		11 HONO HO. (0	X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LONE STAR JUSTICE ALLIANCE (LSJA) WAS ESTABLISHED IN 2017 AS A
	NON-PROFIT LEGAL ORGANIZATION TO BOLDLY ADDRESS SYSTEMIC FAILURES IN
	THE JUSTICE SYSTEM THROUGH ADVOCACY AND INNOVATIVE EVIDENCE-BASED
	PROGRAMS THAT IMPROVE LIFE OUTCOMES FOR YOUTH AND EMERGING ADULTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 515,598 • including grants of \$ 111,713 •) (Revenue \$)
	TRANSFORMATIVE JUSTICE - THE TRANSFORMATIVE JUSTICE MODEL IS THE
	FIRST-EVER ALTERNATIVE TO INCARCERATION FOR EMERGING ADULTS (AGES
	17-24) IN TEXAS, WHICH EMPLOYS A COST EFFECTIVE, RESEARCH-BASED
	APPROACH TO LOWER RECIDIVISM AND IMPROVE HEALTH. IN 2021, LSJA
	LAUNCHED THE JUSTCAREERS PROGRAM, A TRANSFORMATIVE JUSTICE WORKFORCE
	PROGRAM THAT FOCUSES ON CONNECTING JUSTICE IMPACTED INDIVIDUALS WITH
	EMPLOYERS. JUSTCAREERS PROVIDES JUSTICE-INVOLVED EMERGING ADULTS ACCESS
	TO TRAINING IN A HIGH DEMAND CAREER WHERE THEY ARE PAID FOR BOTH
	CLASSROOM AND JOB SITE TIME - CALLED AN "EARN AND LEARN" MODEL. AT THE
	END OF THEIR TRAINING PROGRAM, PARTICIPANTS ENTER FULL-TIME JOBS THAT
	PAY WAGES THAT HELP THEM NOT ONLY SURVIVE, BUT TO THRIVE.
4b	(Code:) (Expenses \$446,094. including grants of \$) (Revenue \$\$)
	JUSTSENTENCING - LSJA PROVIDES LEGAL SERVICES TO ENFORCE CONSTITUTIONAL
	PROTECTIONS OWED TO CHILDREN AND EMERGING ADULTS IN THE TEXAS JUSTICE
	SYSTEM (YOUTH SENTENCING PROJECT) AND FOR SURVIVORS OF TRAFFICKING AND
	DOMESTIC VIOLENCE (SURVIVORS' PROJECT), WHOSE CRIMES ARE DIRECTLY TIED
	TO THEIR OWN VICTIMIZATION.
	0.64, 0.00
4c	(Code:) (Expenses \$ 264,988. including grants of \$) (Revenue \$)
	REIMAGINE JUSTICE - THROUGH OUR REIMAGINE JUSTICE PROGRAM, WE CULTIVATE
	CONNECTIONS WITH AND EQUIP COMMUNITY-BASED ORGANIZATIONS, DEFENSE
	COUNSEL, DIRECTLY-IMPACTED INDIVIDUALS, AND STAKEHOLDERS, TO SHIFT
	NARRATIVES AND DRIVE CHANGE AT THE LOCAL LEVEL. WE DO THIS THROUGH
	PLACE-BASED COALITIONS, POLICY ADVOCACY, AND TRAINING.
44	Other program comings (Describe on Cabadula O.)
40	Other program services (Describe on Schedule O.)
10	(Expenses \$\frac{\text{including grants of \$}}{1,226,680.}\) (Revenue \$\frac{\text{Revenue \$}}{\text{Notal program service expenses}}\)
4e	Total program service expenses 1,226,680. Form 990 (2023)
	101111 (1010)

Form 990 (2023) LONE STAR JUSTICE ALLIANCE Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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			
	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			
	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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? 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? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
_	Schedule D, Part III	8		
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		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	
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	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			<u></u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		<u></u>
10		16		X
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		 ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	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,"			\ ₃₇
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form 990 (2023) LONE STAR JUSTICE ALLIANCE
Part IV Checklist of Required Schedules (continued)

	· (outlines)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
22		22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		21	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04-	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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	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			1
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
20		29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	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		
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
35a	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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b				
c				
J	(gambling) winnings to prize winners?	1c	Х	
22200	1 12 21 22			(2023)

1023) LONE STAR JUSTICE ALLIANCE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		ı	ı		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0			
	filed for the calendar year ending with or within the year covered by this return	2 a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
За	•			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ıccou	nt)?	4a		X
р	If "Yes," enter the name of the foreign country		(ED A D)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		, ,	Ea		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yos" to line 53 or 5b, did the organization file Form 8996 T2			5c		
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			30		
va	any contributions that were not tax deductible as charitable contributions?	_		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributi			- Ou		
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
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 co	ontra	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<u> </u>
b				9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	مدا	I			
a	Gross income from members or shareholders	11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	1	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
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				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	1055
332005	12-21-23			Form	99U	(2023)

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

Sec	tion A. Governing Body and Management						21
	action and action action and action and action acti					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	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		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				_		
	of efficient diseases to obtain a large search and a season and a season as allowed as a season of				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			·····	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?				7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched a	t the			1	_
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
					10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the forr	n?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					7,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	es," de	escribe			v	
	on Schedule O how this was done			·····	12c	X	
13	Did the organization have a written whistleblower policy?			- [13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ıı ya ınd	aependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				15-	х	
	The organization's CEO, Executive Director, or top management official				15a	Δ	X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				15b		
162	,	nent w	ith a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?				16a		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the or				iud		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure					-	
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501	(c)(3)s	only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	y, and	financ	ial	
	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 book of the person who possesses the organization of the person of the	oks and	d records				
	ELIZABETH HENNEKE - 512-394-5791 3809 S 1ST ST, AUSTIN, TX 78704						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	more	than	one	Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation	amount of
	week (list any	tor					Ĺ	from the	from related organizations	other compensation
	hours for	r direc				be de		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELIZABETH HENNEKE	40.00	드	드	9	32	토늄	5			
CEO				х				139,939.	0.	425.
(2) YULISE WATERS	40.00									
CIO				Х				101,873.	0.	9,755.
(3) RACHEL HAMPTON	40.00									
SECRETARY, CHIEF MISSION OFFICER				Х				105,896.	0.	2,439.
(4) CAROLINE KIM	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) ASHLEY PETTUS	1.00								_	•
BOARD MEMBER	1 00	Х				_	_	0.	0.	0.
(6) HALEY JENSEN	1.00	-		,,					_	0
BOARD CHAIRWOMAN	1 00	Х		Х		┢	-	0.	0.	0.
(7) MAUREEN MILLIGAN BOARD MEMBER	1.00	X						0.	0.	0
(8) DOUG DEASON	1.00	A						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(9) LARRY ROBINSON	1.00	^				\vdash		0.	0.	<u></u>
BOARD MEMBER	1.00	x						0.	0.	0.
(10) PHILLIP J. YATES	1.00					\vdash		•	•	
BOARD MEMBER		х						0.	0.	0.
(11) REED MACY, CFA	1.00	 								
BOARD MEMBER		Х						0.	0.	0.
(12) MARCY MISTRETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) OLIVIA COLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DEBRA GORE	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		-	-			_				
		1								
						\vdash				
										= <u>000</u> (2222)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck n			ne	Reportable	Reportable	;	Es	timate	d
	hours per	box	, unle	ss pers	son is	s both	an	compensation	compensation		an	nount o	of
	week (list any				rccto	1711 43		from the	from related organization		Com	other pensat	tion
	hours for	direct				-D		organization	(W-2/1099-MIS		ı	om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	` 1099-NEC)		l	anizati	
	organizations	al trus	nal tri		loyee	compe		1099-NEC)			l	d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	11110)	=	Ë	ф Оф	- X	<u>=</u> ===	요						
1b Subtotal								347,708.		0.	1	2,61	
c Total from continuation sheets to Part VI								347,708.		0.	1	2,61	0.
d Total (add lines 1b and 1c)									000 of reportable	_		4,0 1	٠ ٠
compensation from the organization	ot illilited to til	036	iiste	u ab	OVE	<i>y</i> vvii	016	scerved more man \$100,	ooo or reportable	5			3
-												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3	\rightarrow	X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Section B. Independent Contractors	picto ochedan	<i>5</i>	0/ 00	ion p	7073	<i>O</i> 11 .							
1 Complete this table for your five highest co										oensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	:hin		ear.				
(A) Name and business	address							(B) Description of s	ervices	С)) ompe	ر ز) nsatior	1
FORVIS LLC, 8200 W. INTER	STATE 1	0,	S	יוט	ГE								
900, SAN ANTONIO, TX 7823	0							ACCOUNTING S	ERVICES		12	2,54	18.
-													
2 Total number of independent contractors (ii	ncluding but n	ot lin	nited	to t	hos	se lis	ted	above) who received mo	ore than				

Form 990 (2023)
Part VIII

Part VIII Statement of Revenue

			Check if Schedule O co	ntains a	a response	or note to any lin	e in this Part VIII			
						•	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				-			
ij g										
fts, Ar			Fundraising events							
ig ig			Related organizations				-			
ns, Sim			Government grants (contribution				-			
utio er (Ť	All other contributions, gifts, gr			704 701				
듗됨			similar amounts not included at			<u>,784,721.</u>				
ont od (_	Noncash contributions included in line		1g \$		1 704 701			
<u>0 g</u>		h	Total. Add lines 1a-1f				1,784,721.			
					_	Business Code	222 612	000 610		
9	2	а	PROGRAM MANAGE	MEN'	<u> </u>	541100	280,619.	280,619.		
e Ķ		b								
S		С								
am		d								
Program Service Revenue		е								
P		f	All other program service re-	venue						
		g	Total. Add lines 2a-2f				280,619.			
	3		Investment income (includin							
			other similar amounts)	-						
	4		Income from investment of t							
	5		Royalties		•	•				
	_		Γ		(i) Real	(ii) Personal				
	6	а	Gross rents	Sa 🗀						
				Sb Sb						
			· · · · · · ·	ic i			1			
			Net rental income or (loss)	•						
			Gross amount from sales of		Securities	(ii) Other				
	′	a			0000111100	(ii) Oti ioi				
			, F	7a						
•		D	Less: cost or other basis							
ž			and sales expenses				-			
her Revenue			Gain or (loss)							
Æ			Net gain or (loss)		I					
the	8	а	Gross income from fundraising		·					
Ò			including \$		_					
			contributions reported on lir	•	I					
			Part IV, line 18				-			
		b	Less: direct expenses		8	b				
		С	Net income or (loss) from fu	ndraisir	ng events					
	9	а	Gross income from gaming							
			Part IV, line 19		<u>9</u>	а				
		b	Less: direct expenses		9	b				
		С	Net income or (loss) from ga	ming a	ctivities					
	10	а	Gross sales of inventory, les	s retur	ns					
			and allowances		10	a				
		b	Less: cost of goods sold			b				
			Net income or (loss) from sa							
						Business Code				
snc	11	а								
Miscellaneous Revenue		b								
ella		c								
isc.			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				2,065,340.	280,619.	0.	0.

332009 12-21-23

Form 990 (2023) LONE STAR JUSTICE ALLIANCE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	eck if Schedule O contains a respons ounts reported on lines 6b, b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and oth	er assistance to domestic organizations		·	<u> </u>	·
and domestic	governments. See Part IV, line 21 🔠 📙				
2 Grants and o	ther assistance to domestic				
individuals. S	See Part IV, line 22	111,713.	111,713.		
3 Grants and o	ther assistance to foreign				
	s, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
	to or for members				
	on of current officers, directors,	260 206	200 614	07 404	10 000
	key employees	360,326.	322,614.	27,484.	10,228
<u>=</u>	not included above to disqualified				
	fined under section 4958(f)(1)) and				
	bed in section 4958(c)(3)(B)	451,785.	404,501.	24 460	12 024
	s and wages	431,/83.	4U4,3U1.	34,460.	12,824
•	ccruals and contributions (include				
	and 403(b) employer contributions)	42,800.	38,320.	3,265.	1 215
	yee benefits	74,326.	66,547.	5,669.	1,215 2,110
	: (74,320.	00,547.	3,009.	2,110
	ices (nonemployees):				
	·	19,680.	5,767.	11,109.	2 80/
		146,718.	42,995.	82,820.	2,804 20,903
		140,710.	42,555.	02,020•	20,505
	undraising services. See Part IV, line 17				
	nanagement fees				
	11g amount exceeds 10% of line 25,				
- '	nount, list line 11g expenses on Sch 0.)	100,565.	29,470.	56,768.	14,327
	and promotion	755.	755.	3077001	21,027
	ses	13,736.	1,398.	11,953.	385
	echnology	66,039.	61,255.	2,695.	2,089
		00,000			
		89,626.	80,603.	6,835.	2,188
		38,810.	34,744.	3,159.	907
	travel or entertainment expenses	•			
•	al, state, or local public officials				
19 Conferences	, conventions, and meetings				
20 Interest					
	affiliates				
	, depletion, and amortization	6,243.	3,841.	2,402.	
23 Insurance		12,459.	7,123.	5,314.	22
24 Other expenses	s. Itemize expenses not covered				
	iscellaneous expenses on line 24e. If nt exceeds 10% of line 25, column (A).				
amount, list lin	ie 24e expenses on Schedule O.) 🎽 📙				
a <u>BANK</u> FI		20,050.		20,050.	
b PAYROLI		15,470.	13,851.	1,180.	439
c MISCELI	LANEOUS EXPENSES	1,837.	1,183.	654.	
d					
e All other expe		4 == 4 = = =	1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	055 615	
	al expenses. Add lines 1 through 24e	1,572,938.	1,226,680.	275,817.	70,441
	omplete this line only if the organization				
•	umn (B) joint costs from a combined				
	mpaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	177,413.	1	611,116.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			300,210.	3	346,311.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri		Г		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			- 450	8	0 000
⋖	9	Prepaid expenses and deferred charges			7,472.	9	2,390.
	10a	Land, buildings, and equipment: cost or other	1 1	64 156			
		basis. Complete Part VI of Schedule D	10a	64,156. 64,156.	6 040		0
		Less: accumulated depreciation			6,243.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			186,760.	14	202 225
	15	Other assets. See Part IV, line 11			678,098.	15	392,335.
	16	Total assets. Add lines 1 through 15 (must e			113,665.	16 17	1,352,152. 111,273.
	17	Accounts payable and accrued expenses			113,003.	18	111,2/5
	18 19	Grants payable				19	
	20	Deferred revenue				20	
	21	Escrow or custodial account liability. Comple		4 O - I I - I - D		21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of t		· ·		22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			315,954.	25	236,948.
	26	Total liabilities. Add lines 17 through 25			429,619.	26	348,221.
		Organizations that follow FASB ASC 958, or	check here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			-333,962.	27	-86,625.
Ва	28			<u></u>	582,441.	28	1,090,556.
ဋ		Organizations that do not follow FASB AS	C 958, che	ck here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			040 470	31	1 002 021
Š	32				248,479.	32	1,003,931.
	33	Total liabilities and net assets/fund balances			678,098.	33	1,352,152.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,06	55,3	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,57		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	8,4	79.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	26	3,0	50.
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	1,00	13,9	31.
Pai	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 Schedule	О.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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 separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,		Forr	n 990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

LONE STAR JUSTICE ALLIANCE

Employer identification number

82-2345921

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in sect					-76-76-7	
3	Ħ	A hospital or a cooperative		•		V6V1VAVii	ii\	
4	H	A medical research organiz						the hospital's name
7		city, and state:	ation operated in cor	njunotion with a noopital	accombca	iii Scotio	11 17 0(B)(1)(A)(III). Entor	the neophar o name,
_		An organization operated for	or the benefit of a col	llogo or university ewned	or operat	od by a go	worpmontal unit describe	ad in
5				nege or university owned	or operati	ed by a go	Werninental unit describe	eu III
_		section 170(b)(1)(A)(iv). (C		and the second s		70/1-1/41/41	6.3	
6		A federal, state, or local gov	-					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	\square	A community trust describe			•			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
a	ı 🗀	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	•					-
		organization(s). You mus					3	
	. [Type III functionally inte			in connect	tion with. a	and functionally integrate	ed with.
-		its supported organization	=				• •	2,
c		Type III non-functionally		·				zation(s)
•	•	that is not functionally int					• • • • •	* *
		requirement (see instructi	-		•			VCITCSS
,		Check this box if the orga	•					
e	, L	functionally integrated, or					Type I, Type II, Type III	
	Ent	er the number of supported o	* *	nally integrated supporting	ig organiz	ation.		
1		vide the following information	•	nd organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	165	NO		
_								
Tot	al							

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1010273.	1215842.	864,119.	1280523.	1784721.	6155478.	
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							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
1	Total. Add lines 1 through 3	1010273.	1215842.	864,119.	1280523.	1784721.	6155478.	
5	The portion of total contributions	10102731	1213042.	004,113.	1200323.	1704721.	01334701	
3	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,						026 024	
	column (f)						936,824.	
	Public support. Subtract line 5 from line 4.						5218654.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	1010273.	1215842.	864,119.	1280523.	1784721.	6155478.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		4 0 = 0				4 0 = 0	
	and income from similar sources		4,250.				4,250.	
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.)	835.	703.				1,538.	
11	Total support. Add lines 7 through 10						6161266.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	630,838.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	D1(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	84.70 %	
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	83.08 %	
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual							
17a		•						
	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	~		• • •				
_	more, and if the organization meets the							
	organization meets the facts-and-circu				-			
18	Private foundation. If the organization		-		• • •			
	ato roanidationi ii tilo organizatio	a.a not oncon a i	10, 10c	-, 102, 114, 01 110	, shook this box at		(Form 990) 2023	

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		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		
Sec	tion D. All Type III Supporting Organizations			
	r		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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

82-2345921	Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		•	Part VI). See instructions
Sect	ion A - Adjusted Net Income	it complete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (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		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		Type III supporting orga	enization (see
-	best and best and	,	, po capporting orgo	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

82-2345921 LONE STAR JUSTICE ALLIANCE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

LONE STAR JUSTICE ALLIANCE

82-2345921

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 56,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 160,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

LONE STAR JUSTICE ALLIANCE

82-2345921

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>183,800.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$96,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LONE STAR JUSTICE ALLIANCE

82-2345921

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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
		\$	
(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
		 \$	

Name of organization **Employer identification number** LONE STAR JUSTICE ALLIANCE 82-2345921 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4) (5) or (6) organizations: Complete Part III

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		Т-		
Nam	ne of organization			E		er identification number
_	LONE ST	AR JUSTICE ALLIA	NCE		_	82-2345921
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527	orga	inization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).		
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$	
	Enter the amount of any excise tax					
	If the organization incurred a sectio					
4a	Was a correction made?					Yes No
	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 50)1(c)(3	3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt functi	ion activities	\$_	
2	Enter the amount of the filing organ		•			
	exempt function activities				. \$_	
3	Total exempt function expenditures		•			
	line 17b					
	Did the filing organization file Form					
5	Enter the names, addresses, and er					
	made payments. For each organization contributions received that were pro-					•
	political action committee (PAC). If	• •		•	Jarate 3	legregated faria of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro		(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization		contributions received and
				funds. If none, enter		promptly and directly
						delivered to a separate political organization.
						If none, enter -0

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

Schedule C (Form 990) 2023

Ochcadic O (1 0111 330) 2020	TOME SIM	OCCITCE VEHI	MICE	02 4	63 4 3721 '	agc Z				
Part II-A Complete if the org section 501(h)).	janization is ex	empt under section	n 501(c)(3) and file	d Form 5768 (el	ection under					
	ation belongs to an a	affiliated group (and list ir	n Part IV each affiliated	group member's nam	ne, address, EIN,					
expenses, and sha	expenses, and share of excess lobbying expenditures).									
B Check if the filing organiza	ation checked box A	and "limited control" pro	ovisions apply.							
Limi	ts on Lobbying Exp	penditures		(a) Filing organization's	(b) Affiliated of totals	group				
(The term "expen	aitures" means am	ounts paid or incurred.)	totals						
1a Total lobbying expenditures to infl	uence public opinior	n (grassroots lobbying)								
b Total lobbying expenditures to infl	uence a legislative b	ody (direct lobbying)								
c Total lobbying expenditures (add li	nes 1a and 1b)									
d Other exempt purpose expenditure										
e Total exempt purpose expenditure										
f _Lobbying nontaxable amount. Ent										
If the amount on line 1e, column (a) o		obbying nontaxable am								
not over \$500,000,	• •	of the amount on line 1e.								
over \$500,000 but not over \$1,000		,000 plus 15% of the exc								
over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc								
over \$1,500,000 but not over \$17,		,000 plus 5% of the exce	· / / /							
over \$17,000,000,		0,000 plus 570 of the exce	33 0 ν ει ψ 1,500,000.							
g Grassroots nontaxable amount (er										
h Subtract line 1g from line 1a. If zer										
i Subtract line 1f from line 1c. If zero	•									
j If there is an amount other than ze		or line 1i did the organiz	•							
		-			Yes					
reporting section 4911 tax for this	-				res	No				
(Some organizations t	hat made a section	Averaging Period Under 501(h) election do not arate instructions for li	have to complete all o	f the five columns b	elow.					
	Lobbying Exp	penditures During 4-Yea	ar Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Tota	I				
2a Lobbying nontaxable amount										
b Lobbying ceiling amount (150% of line 2a, column(e))										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
• Crassroots labbuing expanditures										

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X	_	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37		
	Media advertisements?		X	+	
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		 	1,421.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	-	
	Other activities?		X		
-	Total. Add lines 1c through 1i				L,421.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or se	ection	
	501(c)(6).			1 34	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
	answered "Yes."		()	,	,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С			2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pro-				
_	expenditures next year?				
	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dort II	Λ lines 1	and 2 (soo	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rait ii	A, IIIIes I	and 2 (See	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	, , , , , , , , , , , , , , , , , , , ,				
TO	TAL LOBBYING EXPENSES EQUALED 18.5 HOURS OF DIRECT I	OBBYI	NG, F	OR A	
TOT	TAL OF \$1,420.86 IN PERSONNEL AND GENERAL ADMINISTRA	TIVE I	EXPEN	SES	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

LONE STAR JUSTICE ALLIANCE

Employer identification number 82-2345921

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or Ad	counts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
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 in w	riting that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ring
	impermissible private benefit?			Yes No
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation 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 structure.			2c
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's f	financial statements the	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			•
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, or	Other	Similar A	Assets	(conti	nued)	age –
3	Using the organization's acquisition, accessio								(000000		
	collection items (check all that apply).	,	,	,	3	3					
а	Public exhibition	d		I oan or exc	hange progra	am					
b	Scholarly research	e			nango progra						
c	Preservation for future generations	Č									
4	Provide a description of the organization's col	loctions and ovalain	how th	ov further th	o organizatio	n'e ovomi	ot purposo	in Part	VIII		
	During the year, did the organization solicit or							шган	AIII.		
5	to be sold to raise funds rather than to be mai								7 ٧		T No.
Par	t IV Escrow and Custodial Arrang								_ Yes		_ No
ı uı	reported an amount on Form 990, Part		te ii trie	organization	i ariswered	res on Fo	omi 990, P	art iv, ii	ne 9, or		
	Is the organization an agent, trustee, custodia		liary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 100		
	Too, explain the arrangement in rate xiii a	and complete the for	lowing t	abic.					Amoun		
С	Reginning halance						1c				
	Beginning balance						1d				
u	Additions during the year										
e	Distributions during the year						1e				
f	Ending balance Did the organization include an amount on Fo						1f		7 ٧	$\overline{}$	٦
	•						y?	∟	Yes	\ <u></u>	∐ No
Par	If "Yes," explain the arrangement in Part XIII. (TV Endowment Funds Complete if										
ı uı	Endowment I und Complete in	(a) Current year		rior year	(c) Two year		d) Three yea	re back	(e) Fou	r voore	hack
	, , ,	(a) Current year	(6)	noi yeai	(C) TWO year	5 Dack (uj milee yea	15 Dack	(e) 1 0u	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment9	6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held ar	nd administer	ed for the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent									
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o		. ,	or other (other)		cumulated reciation		(d) Boo	k valu	е
12	Land	,		24270	(/						
b	Land Buildings	I									
	Buildings										
C C		I									
d	Equipment			6	4,156.		64,156	<u>. </u>			0.
	Other		V line 4								0.
ıvıa	i / www.mico ra ii ii dugii 16. (COJUMN (a) MUST 60	iuai FUIIII 990. Pärt i	<u>л. шие П</u>	oc. column	ועו						٠.

Schedule D (Form 990) 2023

Scriedule D	(FUIIII 990) 2023	10111 011	1100	DITCH	ИППТИИСП		0 2	
Part VII	Investn	nents	- Other Securition	es					

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, line 12, col. (B))

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 (h) must agual Form 000 Part V line 13 col (R))		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	4,500.
(2) RIGHT OF USE ASSETS	387,835.
(3)	
(4)	
(5)	
<u>(6)</u>	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	392,335.

Other Liabilities Part X

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) LINE OF CREDIT	111,718.
(3) OPERATING LEASE LIABILITY	125,230.
(4)	
(5)	
<u>(6)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	236,948.

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

Schedule D (Form 990) 2023

che	dule D (Form 990) 2023 LONE STAR JUSTICE ALLIANCE				2345921	Page '
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Ref	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,684,	,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
	Donated services and use of facilities	2b	619,577.			
	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	619	,577.
3	Subtract line 2e from line 1			3	2,065,	,340,
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			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,065	,340.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	h Expenses per R	eturi	n	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					

1,929,465. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 356,527. a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) 356,527. Add lines 2a through 2d 1,572,938. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

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

PART X, LINE 2:

LSJA ACCOUNTS FOR THEIR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES IF ANY. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UP SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. AS OF DECEMBER 31, 2023 AND 2022, LSJA HAS NOT RECOGNIZED

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LONE STAR	JUSTICE .	ALLIANCE					82-2345921
Part I General Information on Grants an	d Assistance						
1 Does the organization maintain records to		-			-		
criteria used to award the grants or assist	ance?						X Yes No
2 Describe in Part IV the organization's prod	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D recipient that received more than \$8					anization answered "`	Yes" on Form 990, Part 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
			1				
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations							

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

Schedule I (Form 990) 2023

(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
RANSPORTATION AND HOUSING EMERGENCY ASSISTANCE	84	111,713.	0.		
		,			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THESE FUNDS ARE PAID DIRECTLY TO R	ESOURCE P	ROVIDERS E	BY LSJA. TH	E GRANTEE	
WAS NO VARIANCE POWER.					

SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

LONE STAR JUSTICE ALLIANCE

Employer identification number 82-2345921

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THAT IMPROVES THE LIVES OF CHILDREN AND EMERGING ADULTS IN THE JUSTICE SYSTEM, MOST OF WHOM ARE CHILDREN OF COLOR WHO HAVE FOUND THEMSELVES IN PIPELINE THAT IGNORES THEIR YOUTH, DISMISSES THEIR PERSONAL AND SOCIO-ECONOMIC CIRCUMSTANCES, AND CATAPULTS THEM INTO ADULTHOOD IN AN UNFORGIVING SYSTEM. LSJA ENVISIONS A JUSTICE SYSTEM THAT USES DEVELOPMENTALLY APPROPRIATE RESPONSES TO BEHAVIOR AND TREATS CHILDREN AND EMERGING ADULTS WITH EQUITY AND DIGNITY TO PROMOTE RESILIENCE. CONSERVE COSTS, AND INCREASE PUBLIC SAFETY. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THROUGH A PARTNERSHIP WITH THE ASPEN INSTITUTE, LSJA EXPANDED OUR JUSTCAREERS DALLAS PROGRAM TO REENGAGE OPPORTUNITY YOUTH IN WORK AND EDUCATION. JUSTCAREERS EXPANDED TO PROVIDE 2 PATHWAYS FOR JUSTICE-INVOLVED OPPORTUNITY YOUTH: (A) STABILIZATION/BASIC JOB PLACEMENT AND (B) INTENSIVE WORKFORCE TRAINING/CERTIFICATION. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS PROVIDED TO THE ENTIRE BOARD FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE

ANY POTENTIAL CONFLICTS AS THEY ARISE. BOARD MEMBERS OR OFFICERS WITH A

POTENTIAL CONFLICT OF INTEREST MUST RECUSE THEMSELVES FROM VOTING ON

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Name of the organization LONE STAR JUSTICE ALLIANCE	Employer identification number 82-2345921
DECISIONS THAT MAY BENEFIT THEM PERSONALLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION FOR ALL EMPLOYEES IS APPROVED IN DETAIL BY T	HE BOARD AS PART
OF THE ANNUAL BUDGETING PROCESS. THE BOARD SETS THE CEO'S	SALARY USING
MARKET DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.	