990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	For the	2020 calendar y	ear, or tax year begin	ning		and end	ing		, 20)
	Check if a			men's Justice Initiative				D Emp	loyer identifica	
_	Address cl		Doing business as					•	30-068	
$\overline{}$	Name cha			O. box if mail is not delivered to street address)		Room/su	uite	E Teler	ohone number	
一	Initial retur		PO Box 21540	,				,		50-5150
\equiv		n/terminated		vince, country, and ZIP or foreign postal code		-		G Gros	ss receipts	
\equiv	Amended		New York, NY 1					\$	70 1000 pto	733,113
=	Application		F Name and address of prin				H(a) Is this a d	· ·	for subordinates?	
ш	фрисано	. ponding	. Hamb and address of pin						tes included?	Yes No
	Tax-exem	pt status: X 501((c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		┪ ``		st. See instruct	
	Website:		omens-justice.c	-			H(c) Group e			10110
		ganization: X Corp		ociation Other ►	L Year of format	tion: 20	, , ,		gal domicile:	NY
	rt I	Summary	Joration Hust Ass	Octation Striet	L Teal of formal	uon. 20 .		otate of leg	gai domicile.	141
			the organization's missi	on or most significant activities:	ne Women's	Justi	de Thit	istin	e impro	reg the
		•	· ·	malan women and girls the						
ė			based violence		irougii educ	acion	i, acces	5 10	regar s	ervices,
Governance		and gender-	-Dased VIOLENCE	prevencion.						
err	2	Chook this hov.	if the organization	discontinued its operations or dispos	ad of mara than	25% of	ita nat aggai	to		
39			_	·	· · · · · · · ·			1	1	0
		`		s of the governing body (Part VI, line						9
Activities &		·	•	s of the governing body (Part VI, line a) calendar year 2020 (Part V, line 2a)	•					9 2
Ĭ			volunteers (estimate if i	• • • • • • • • • • • • • • • • • • • •						
Ac			•	necessary)						
				, , , , , ,						0
	В	ivet uniterated bu	isiness taxable income	from Form 990-T, Part I, line 11	· · · · · · · ·	· · · ·		. /10	0	<u>_</u>
		Contributions on	d granta (Part VIII. lina	16)			Prior Year	F C O	Cur	rent Year
a			d grants (Part VIII, line				532	,569		732,746
nŭ		•	•	e 2g)						0
Revenue			,	A), lines 3, 4, and 7d)				557		367
Ř		•	. , , , ,	nes 5, 6d, 8c, 9c, 10c, and 11e)						0
				must equal Part VIII, column (A), line			533	,126		733,113
				X, column (A), lines 1-3)						0
		Benefits paid to				0				
S		Salaries, other co	241	,114		282,280				
Expenses			•	column (A), line 11e)						0
Ç		•	expenses (Part IX, col	· · · · —	32,337	_				
Ш́		•	(Part IX, column (A), lir	· · · · · · · · · · · · · · · · · · ·		•		,079		179,430
				equal Part IX, column (A), line 25)		•		,193		461,710
		Revenue less ex	penses. Subtract line	18 from line 12	<u> </u>			,933		271,403
ō		T-1-1 (D-1					inning of Curre		End	of Year
sets	20	`	. ,					,019		918,094
Net Assets or	21	,		Line Od from Line OO		_		,177		58,849
	₹ 22 rt			line 21 from line 20		•	587	,842		859,245
		Signature I		rn, including accompanying schedules and stater	nents, and to the hes	t of my kno	wledge and hel	ief it is		
				cer) is based on all information of which prepare			wicage and bei	101, 11 10		
		.								
Sig	n	Signature of o	ne Flatley					Da	ate	
_								50		
He	-	Kathari Type or print r		ecutive Director						
		Print/Type preparer		Preparer's signature	Date		a	П "	PTIN	
D^:	Ч	,,,,,				101	Check	if		1000
Pai		John Ohe,		John Ohe, EA CFA	08-13-20		self-em	pioyed	P0160	08207
	parer			at Tax Services			Firm's EIN ►			
US	e Only	Firm's address		sterwood Way			Phone no.	0.50	050 51-	•
N 1 - :	464 100	National and the section		NJ 08873				973-	·850-515	Ves No

) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ 74,878 including grants of \$

30-0681223

Form 990 (2020) Women's Justice Initiative Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
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 Revenue Procedure 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
• •	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
1	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		х
(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
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
1	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
k	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	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		7.7
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete Schedule G. Part III.	10		v
20 a	If "Yes," complete Schedule G, Part III	19 20a		X
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	and the second s			

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Pa	rt IV Checklist of Required Schedules (continued)		T	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	. 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		х
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			Х
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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		
4 -	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not and in-like	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
С	בוע נוופ סוקמוובמנוטוז כטוווףוץ שונוז שמכגעף שונוזווסוטוווץ דעופא זטו דפיטונגשופ payments to vendots and			

1c

reportable gaming (gambling) winnings to prize winners?

20) Women's Justice Initiative Inc
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country ► GT			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations. 6 Did the organization have local chapters, branches, or affiliates? 6 Did the organization have a written policies and procedures governing the activiti		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
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 in line 1a, above, who are independent. committee, explain on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. committee, explain on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. c Did any officer, director, trustee, or key employee Paramily relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? . d Did the organization have any significant changes to its governing documents since the prior Form 990 was filed? b Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders? Did the organization have members or stockholders? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? If "Yes," did the organization have a writte		Check if Schedule O contains a response or note to any line in this Part VI			. X
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 in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization make in a section B requests information about policies not required by the Internal Revenue Co. 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapt	Sect	tion A. Governing Body and Management			I
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13	11a		11a	x	
Did the organization have a written conflict of interest policy? If "No," go to line 13			114	Λ	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			12a	х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			12b	x	
describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Paw York 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
 Did the organization have a written whistleblower policy?	•		12c	x	
 Did the organization have a written document retention and destruction policy?	13		13		х
 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			14		x
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official					
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ New York Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
b Other officers or key employees of the organization	а	The organization's CEO, Executive Director, or top management official	15a	х	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	х	
with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed New York Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		with a taxable entity during the year?	16a		x
organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ New York 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ New York 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
 List the states with which a copy of this Form 990 is required to be filed New York Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 		organization's exempt status with respect to such arrangements?	16b		
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Sect	ion C. Disclosure			
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	17	List the states with which a copy of this Form 990 is required to be filed New York	•		
	18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
▼ Own website		(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
		☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			

17	List the states with which a copy of this Form 990 is required to be filed New York
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)
19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501((3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

and financial 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 books and records

Katharine Flatley (973)850-5150, 110 Island Creek Drive, Vero Beach, FL 32963

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	Position (do not check morn box, unless perso officer and a direct personal control of the contr			ore the son is rector/	e than one n is both an cor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Abigail Winkel	dotted line)	Φ	tee			sated				
Director		x						0	0	0
(2) Gabriela Roca	1.00									
Director		х						0	0	0
(3) Ingrid Camacho	1.00									
Director		Х						0	0	0
(4) Katie Newman	1.00									
Director		Х						0	0	0
(5) Brian Regan	1.00							_	_	_
Director		Х						0	0	0
(6) Marcela Gereda	1.00									
Director	1 00	Х						0	0	0
(7) Alejandra C Bickford	1.00	x		x				0	0	0
Secretary & Director (8) Thea Handelman	1.00	^		^				0	0	<u> </u>
Treasurer & Director		x		x				0	0	0
(9) Clara Ferraro	1.00	^		^				•		
President & Director		x		x				0	0	0
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
					((C)							
	(A)	(B)	(do r	ot ob		sition	han one		(D)	(E)		(F)	
	Name and title	Average	,				nan one s both ai		Reportable	Reportable	Estin	nated am	nount
		hours	offic	er and	d a dii	rector	/trustee))	compensation from the	compensation from related	-	of other mpensat	
		per week (list any			_				organization	organizations	1	rom the	.1011
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme	(W-2/1099-MISC)	(W-2/1099-MISC)	_	inization d organiz	
		related	dual	ution	¥,	mplo	est co oyee	er			Telate	u organiz	Zalions
		organizations below	trust	al tru		руее	ompe						
		dotted line)	ee	stee			ensat						
							ed						
(15)													
1.5/													
(16)													
Δ =/													
(17)													
\ _'													
(18)													
(19)													
(20)													
<u>(21)</u>													
(22)													
-													
(23)													
											-		
(24)													
(OF)											-		
<u>(25)</u>													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							_					
d	Total (add lines 1b and 1c)							-	0	0			0
2	Total number of individuals (including but not limit												
-	reportable compensation from the organization		iolou u	DOVE	, w.	10 10	200140	u 1110	510 than \$100,000	O1			0
	roportable compensation and organization											Yes	No
3	Did the organization list any former officer, direc	tor. trustee.	kev en	volar	/ee.	or h	iahest	con	npensated				
	employee on line 1a? If "Yes," complete Schedu		-				-		•		3		х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th	an \$150,000)? If "Y	es,"	con	nplei	te Sch	edul	le J for such				
	individual										4		х
5	Did any person listed on line 1a receive or accrue												
	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J for	suc	h pers	on			5		x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	sation	
-													
-													
2	Total number of independent contractors (includin	-				ted a	above)) wh	0				
	received more than \$100,000 of compensation fro	m the organi	zation	•	•								

Form 99	0 (20	20) Women's Justice	<u>I</u> ni	tiative Inc			30-06812	23 Page 9
Part \	VIII	Statement of Revenue						
		Check if Schedule O contains a respon	se or n	ote to any line in thi	s Part VIII	<u></u>	<u></u>	<u>.</u> [
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
ø "	b	Membership dues	1b					
rant	С	Fundraising events	1c					
Ď. Mg	d	Related organizations	1d					
Giffts Iar A	е	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
utio		and similar amounts not included above	1f	732,746				
ള	g	Noncash contributions included in lines 1a-1f	10	•				
a Co	h	Total. Add lines 1a-1f	1g		732,746			
	· · ·	Total. Add into Ta Ti	• • •	Business Code	732,740			
	2a			246555 6545				
<u>i</u>	b							
Ser	С							
Program Service Revenue	d							
S S	е							
Ę		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, in			267	265		
	4	other similar amounts)			367	367		
	5	Royalties	•					
		(i) Rea		(ii) Personal				
	6a	Gross rents 6a	<u></u>	() 1 5.551.4.				
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securi	ties	(ii) Other				
		sales of assets						
	١.	other than inventory 7a						
-	b	Less: cost or other basis						
u ne		and sales expenses 7b Gain or (loss) 7c						
eve	1	Net gain or (loss)		•				
Other Revenue		Gross income from fundraising	· <u>· · · · · · · · · · · · · · · · · · </u>					
Ę.		events (not including \$						
		of contributions reported on line	_					
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising ever	nts	▶				
	9a	Gross income from gaming						
	١.	activities, See Part IV, line 19						
		Less: direct expenses		1				
		Net income or (loss) from gaming activities	·	· · · · · · · •				
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inventor						
		, , , , , , , , , , , , , , , , , , , ,		Business Code				
र्घ	11a							
Jue Jue	b							
sells sver	С							
Miscellanous Revenue		All other revenue						
_	е	Total. Add lines 11a-11d						

733,113

367

12 Total revenue. See instructions ▶

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 206,396 171,015 10,388 24,993 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 71,982 65,032 3,837 3,113 10 3,902 3,902 11 Fees for services (nonemployees): 15,237 11,008 3,529 700 b d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 10,906 10,237 669 8,325 14 1,742 145 6,438 15 2,240 16 11,601 9,361 17 37 384 5,476 5,055 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 71,924 71,490 409 25 20 21 22 Depreciation, depletion, and amortization 4,286 4,286 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Printing, Postage, Shipping 110 1,069 3,909 2,730 Stipends for Community Advoc 20,965 20,965 20 c Monitoring and Evaluation 2,480 2,460 d Bank and other fees 20,419 792 18,151 1,476 е All other expenses 3,902 3,490 412 Total functional expenses. Add lines 1 through 24e. . 25 461,710 380,073 49,300 32,337 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 519,904 817,691 2 100,125 2 100,230 3 3 4 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,158 b Less: accumulated depreciation 10b 10c 8,158 4,285 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 2,705 15 173 Total assets. Add lines 1 through 15 (must equal line 33) 16 627,019 16 918,094 17 11,764 17 16,724 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 27,413 25 42,125 Total liabilities. Add lines 17 through 25 . _ 26 39,177 26 58,849 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 461,170 673,924 28 Net assets with donor restrictions 126,672 28 185,321 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 587,842 859,245 Total liabilities and net assets/fund balances 33 33 918,094 627,019

EEA

Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		733,	,113
2	Total expenses (must equal Part IX, column (A), line 25)	2		461,	,710
3	Revenue less expenses. Subtract line 2 from line 1	3		271,	,403
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		587,	,842
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		859,	,245
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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 on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3b		
			Eor	~ aan /	2020/

EEA

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Wom	en'	s Justice Initiative Inc					30-068122	3
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	complete	this part) See instructions	S.
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).		
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	jovernment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)((A)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fron	n the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part II	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction v	vith a land-grant colleg	je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and state	e of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, membe	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess sectior	n 511 tax) fr	om businesses	
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organization organized and opera	ated exclusively to t	test for public safety. Se	e section	509(a)(4).		
12		An organization organized and operate	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	;
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)(3	3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	e lines 12e, 12f, and 12	2g.
	а	Type I. A supporting organization	n operated, supervi	ised, or controlled by its	supported	organizati	on(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the d	lirectors or	trustees of the	
		supporting organization. You mu	st complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection w	ith its supp	orted orga	nization(s), by having	
		control or management of the sup	porting organization	on vested in the same pe	rsons that o	control or m	nanage the supported	
		organization(s). You must comp	olete Part IV, Secti	ions A and C.				
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fur	nctionally integrated wi	th,
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	ıs A, D, an	d E.	
	d	Type III non-functionally integr	ated. A supporting	g organization operated i	in connecti	on with its	supported organization	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution r	equiremen	t and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	Type II, Type III	
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	٠ ا	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
				, , , , , , , , , , , , , , , , , , , ,			,	,
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	196,230	300,676	114,800	532,568	732,746	1,877,020
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	196,230	300,676	114,800	532,568	732,746	1,877,020
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						634,012
	Public support. Subtract line 5 from line 4						1,243,008
	ction B. Total Support	(1) 22/2	(1) 00/=	(1) 2245	(D 00:5	(1) 2222	(n = : :
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	196,230	300,676	114,800	532,568	732,746	1,877,020
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	123	79	50	557	367	1,176
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						1 050 106
	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (se	oo inatrustiana)				12	1,878,196
	First five years. If the Form 990 is for the or	,		d fourth or fift			./2)
13	organization, check this box and stop here	-			-		
<u>S</u>	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c			column (f))		14	66.18 %
	Public support percentage from 2019 Sched					15	67.51 %
	a 33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualified						
ŀ	33 1/3% support test - 2019. If the organiza						
•	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•		•			_
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts				-	-	
	organization			-	•		
ŀ	o 10%-facts-and-circumstances test - 2019.						
•	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac					-	
	organization			-	=		_
18	Private foundation. If the organization did n						
	instructions						▶ □

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

Sec	ction A. Public Support		_				
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished 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						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	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 orga	∟ inization's first	second third	fourth or fifth	tax vear as a s	ection 501(c)(3)
	organization, check this box and stop here				-		
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		-			16	%
	ction D. Computation of Investment Inc					1	
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 Se		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	=	-	-	•		

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
			-110
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4.		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	40L		
Δ (Ec	10b	or 990 E	Z) 2020
~ (1-0	550	J. 330-E	, _020

Part	IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
1	Did the governing hady members of the governing hady officers aging in their official conscitu or membership of one or		Yes	No
	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		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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	4		
	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Seci	ion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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		
	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).	•		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struc	tions)	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			::-:-\
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s Activities Test. Answer lines 2a and 2b below.	see iri	Yes	No.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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 in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2020 Women's Justice Initiative Inc		30-068	1223	Page
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ntions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	ns A through	، E.
Sec	ction A - Adjusted Net Income		(A) Prior Year	` '	rent Year ional)
1	Net short-term capital gain	1		(5)	
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			
Sec	ction B - Minimum Asset Amount		(A) Prior Year	` '	rent Year ional)
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			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sec	ction C - Distributable Amount			Curre	nt 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 2	4			

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

6

EEA

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

Schedule A (Forn	n 990 or 990-EZ) 2020	Women's	Justice	Initiative	Inc		30-0
Part V	Type III Non-F	unctionally	Integrate	nd 509(a)(3) 9	Supporting	Organizations	(continued

Pa	Part V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)						
Sec	ction D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					
Sec	ction E - Distribution Allocations (see instructions)	ns	(iii) Distributable				

10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Women's Justice Initiative Inc

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

30-0681223

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Employer identification number

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		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 2_		\$ 100,000	Person 🐹 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Tiger Global Management 9 W 57th Street, 35th Fl New York NY 10019	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$10,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_		\$ 10,700	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Conrad N. Hilton Foundation 30440 Agoura Road Agoura Hills CA 91301	\$17,100	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			

Employer identification number

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			
		\$10,862	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	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			
9_		\$100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_10		\$ 6,000	Person 🗷 Payroll 📗 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	Partners Asia 436 14th Street, Suite 700 Oakland CA 94612	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$7,500	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

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			
_13		\$7,724	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	Samuel Rubin Foundation 50 Church Street, 5th Fl Cambridge MA 02138	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	Global Fund for Children 1411 K Street NW, Suite 1200 Washington DC 20005	\$20,750	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			
16	WomenStrong International PO Box 4667 #26644 New York NY 10163	\$73,959	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	The United Nations Democracy Fund 1 United Nations Plaza, Room DC1-13 New York NY 10017	\$53,566 	Person 🐹 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18_	Tinker Foundation 55 East 59th St, Suite 21C New York NY 10022	\$108,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000	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
21		\$5,000	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000	Person 🕱 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	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
_24		\$5,000	Person x Payroll Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Ropes & Gray 800 Boylston St	\$5,000	Person 🗓 Payroll 🗌 Noncash 🗍 (Complete Part II for
	Roxbury MA 02119		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a)	(b)	(c)	noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

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.

Name of the organization

Employer identification number

Open to Public Inspection

2020

OMB No. 1545-0047

Women's Justice Initiative Inc 30-0681223 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 🗌 Yes 🗍 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Page 2

Pai	rt III Organizations Maintaining	Collecti	ons of Art,	Histo	rical T	reasures	, or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, accessio	n, and othe	r records, chec	k any of	the follo	wing that ma	ake signi	ficant use of its		
	collection items (check all that apply):									
а	Public exhibition			d 🗌	Loan	or exchange	program	S		
b	Scholarly research			е 🗌	Other					
С	Preservation for future generations									
4	Provide a description of the organization's col	llections an	d explain how	they furtl	ner the c	rganization's	s exempt	purpose in Part		
	XIII.			•		•				
5	During the year, did the organization solicit or	receive do	nations of art, h	nistorical	treasure	es, or other s	similar			
	assets to be sold to raise funds rather than to								. Yes	s No
Pai	t IV Escrow and Custodial Arra									<u> </u>
	Complete if the organization a	answere	d "Yes" on F	orm 9	90, Pa	rt IV, line	9, or re	ported an am	ount on F	orm
	990, Part X, line 21.							•		
1a	Is the organization an agent, trustee, custodial	n or other ir	ntermediary for	contribu	tions or	other assets	s not			
			-						Tyes	s □ No
b	If "Yes," explain the arrangement in Part XIII a									
	3.			,				Ar	mount	
С	Beginning balance						. 1c			
d	Additions during the year							_		
e	Distributions during the year							_		
f	Ending balance									
2a	Did the organization include an amount on Fo							1	☐ Yes	s ∏ No
	If "Yes," explain the arrangement in Part XIII.						-			
	rt V Endowment Funds.	OTICOR TION	THE CAPICHA	tion nas	boon pr	OVIGOG OITT	art Am .		• • • • •	• ⊔
	Complete if the organization	answere	d "Yes" on F	Form 9	90 Pa	rt IV line	10			
	Complete il tilo organizationi	(a) Curre		(b) Prior y		(c) Two year		(d) Three years back	(a) Four	years back
1a	Beginning of year balance	(u) ounc	The your	(b) 1 1101 y	cui	(6) 1 110 year	o baok	(a) Three years back	(6) 1 0 01	youro baok
b	Contributions									
c	Net investment earnings, gains, and									
·	losses									
d	Grants or scholarships									
u	Other expenditures for facilities and									
Е	·									
	programs									
†	Administrative expenses									
g	End of year balance			1 ~ ~ ~ ~ ~ ~	nn (n)\ h	add aar				
2	Provide the estimated percentage of the curre	-		rg, colur	nn (a)) i	ieid as:				
a	Board designated or quasi-endowment		%							
D		%								
С	Term endowment ► %	ما احساما ما	20/							
2-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec				ادمام ادام		d fan tha			
3a	Are there endowment funds not in the posses	ssion of the	organization tr	nat are n	eid and	administered	i for the		ĺ	V N-
	organization by:								0-(1)	Yes No
	(i) Unrelated organizations								. 3a(i)	
	(ii) Related organizations								- ' '	
b	If "Yes" on line 3a(ii), are the related organiza				le R?.		• • • •		. 3b	
4	Describe in Part XIII the intended uses of the		n's endowmer	nt funds.						
Pai	t VI Land, Buildings, and Equip								5	4.0
	Complete if the organization a	answere	ryes" on F	-orm 9	90, Pa	rt IV, line	11a. S	ee ⊦orm 990 <u>,</u>	Part X, li	ne 10.
	Description of property	(a)	Cost or other basi	is (•	other basis	1 ''	Accumulated	(d) Bool	k value
			(investment)		(0	other)	de	epreciation		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					8,158		8,158		

Page 3

	Complete if the organization answered "Y	es" on Forn	n 990, Part I	√, line 11b.	See Form	990, Part X, line 12.
	 (a) Description of security or category (including name of security) 		(b) Book value		•) Method of valuation: end-of-year market value
1) Financial	derivatives					
	neld equity interests					
3) Other						
(A)						
(B)						
(C) (D)						
(E)						
(F)						
(G)						
(H)						
- 1 - 1	mn (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related. Complete if the organization answered "Y	es" on Forr	n 990, Part I	√, line 11c.	See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		•) Method of valuation: end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(8) (9)						
(8) (9) Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 13.).					
(8) (9)	Other Assets.		m 000 Part I	/ line 11d	See Form	990 Part Y line 15
(8) (9) Fotal. (Colur	Other Assets. Complete if the organization answered "Y	es" on Forn	n 990, Part I	V, line 11d.	See Form	
(8) (9) Fotal. (Colur Part IX	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	n 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Column Part IX (1) ther	Other Assets. Complete if the organization answered "Y	es" on Forn	m 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1)pther (2)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	m 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	n 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	m 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	n 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1) pther (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	m 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1) ther (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	n 990, Part I	V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Y (a) Descript	es" on Forn	m 990, Part I	V, line 11d.	See Form	
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.)	es" on Forn		V, line 11d.	See Form	(b) Book value
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y	es" on Forn			▶	(b) Book value 1
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur Part X	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25.	es" on Forn	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur Part X	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability	es" on Forn	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Colur Part IX (1)pther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur Part X	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Colur Part IX (1) ther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur Part X (1) Federal	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Column Part IX (1) ther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) severa	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Column Part IX (1) Dther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) \$everal (3)	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Column Part IX (1) ther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) several (3) (4)	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Column Part IX (1) Dther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) Feveral (3) (4) (5)	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Column Part IX (1)pther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2)several (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1
(8) (9) Fotal. (Column Part IX (1) ther (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) everal (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Y (a) Descript Current Assets mn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability I income taxes	es" on Forn (b) Book va	m 990, Part I		▶	(b) Book value 1

Part XI	Reconciliation of Revenue per Audited Financial Stater	-	er Return	•
4 Tata	Complete if the organization answered "Yes" on Form 990,			
	I revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •	1	733,113
	unts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains (losses) on investments	2a		
	ated services and use of facilities	2b	-	
	overies of prior year grants	2c 2c	_	
	er (Describe in Part XIII.)	2d		
	lines 2a through 2d		2e	
	ract line 2e from line 1		3	733,113
	unts included on Form 990, Part VIII, line 12, but not on line 1:			7557115
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	r (Describe in Part XIII.)	4b		
	lines 4a and 4b		4c	
5 Tota	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	733,113
Part XII			s per Retu	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	•	
1 Tota	expenses and losses per audited financial statements		1	461,711
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25:			
a Dona	ated services and use of facilities	2a		
	year adjustments	2b		
c Othe	er losses	2c		
	er (Describe in Part XIII.)	2d		
	lines 2a through 2d		2e	
	rract line 2e from line 1		3	461,711
	unts included on Form 990, Part IX, line 25, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIII.)	4b		
	lines 4a and 4b		4c	
5 Tota	I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	461,711
	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	, decine a moment		

EEA Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

ame of the organization				Em	ployer identification number
<u> Justice Initiativ</u>					-0681223
		Outside the U	Inited States. Complete if	the organization ans	wered "Yes" on
Form 990, Part IV, lin					
1 For grantmakers. Does the o	-			-	
other assistance, the grantees'				used to	□ vaa □ Na
award the grants or assistance			• • • • • • • • • • • • • • • • • • • •		L Yes L No
2 For grantmakers. Describe in outside the United States.	Part V the organ	nization's proced	lures for monitoring the use o	f its grants and other as	sistance
3 Activities per Region. (The follo	owing Part I, line	3 table can be du	uplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (c a program service, describe specific type service(s) in the region	, expenditures for of and investments
Central America and					
(1) the Caribbean	2	21	Program services	Legal and advo	cacy 461,711
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17) 3a Subtotal	2	21			461,711
b Total from continuation sheets to Part I	2	21			¥01,/11
c Totals (add lines 3a and 3b)	2	21			461.711

Schedule F (F	Form 990) 2020	Women's Justice I	nitiative Inc				30-06	81223	Page 2
Part II	Grants and Oth	er Assistance to Or	ganizations or Entities	S Outside the Uni	ted States. Com	plete if the orgar	nization answere	d "Yes" on Fo	rm 990,
	Part IV, line 15,	for any recipient who	received more than \$5,	000. Part II can be	e duplicated if add	ditional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
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ex	empt 501(c)(3) organizat	tion by the IRS, or for which	ove that are recognized as ch n the grantee or counsel has p 	rovided a section 501(c)(3) equivalency lette	r			
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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (c) Number of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13) (14)(15)(16)(17)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	x	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	x	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	x	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	x	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	x	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2020 EEA

Schedule F (Form 990) 2020 Page **5**

Part V	Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

EEA Schedule F (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Women's Justice Initiative Inc 30-0681223 01. Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by the Treasurer and then presented to the Board of Directors for review. 02. Conflict of interest policy compliance (Part VI, line 12c) New board members must review and sign the conflict of interest policy. The policy is reviewed by the Board of Directors annually. 03. CEO, executive director, top management comp (Part VI, line 15a) The Executive Director's compensation is determined by the Board of Directors using comparable information from similar nonprofit organizations working in the region. 04. Other officer or key employee compensation (Part VI, line 15b Other officer and key employee compensation is determined by the Board of Directors using comparable information from similar nonprofit organizations working in the region. 05. Governing documents, etc, available to public (Part VI, line 19) The organization's governing documents, policies, and financial statements are available to the public upon request. 06. List of other fees for services expenses (Part IX, line 11g) Fees/Payments to Independent Contractors

Statement of Program Service Accomplishments Page 1 Name(s) as shown on return Nomen's Justice Initiative Inc Statement of Program Service Accomplishments Your Social Security Number 30-0681223

Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$74878
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

Adolescent Girls Program - works with girls, parents and community leaders to improve girls' opportunities and combat and prevent child marriage. During the past fiscal year, the program benefited 570 girls, women and men.