Form **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

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization Women's Justice Initiative Inc D Employer identification number Address change Doing business as 30-0681223 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO Box 21540 (973)850-5150 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return New York, NY 10087-1540 1,341,758 Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? X No H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: Website: www.womens-justice.org H(c) Group exemption number X Corporation Trust Association L Year of formation: 2011 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The Women's Justice Initiative improves the lives of indigenous Guatemalan women and girls through education, access to legal services, Activities & Governance and gender-based violence prevention. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 4 11 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 2 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 1,563,873 1,321,786 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,896 19,972 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,566,769 1,341,758 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 511,085 629,973 Expenses 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 483,703 369,584 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 994,788 999,557 Revenue less expenses. Subtract line 18 from line 12 571,981 342,201 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,056,827 1,683,374 21 Total liabilities (Part X, line 26) 97,623 128,875 Net assets or fund balances. Subtract line 21 from line 20 1,585,751 1,927,952 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Katharine Flatley Sign Signature of officer Date Here Katharine Flatley, Executive Director Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** John Ohe, John Ohe, 05-22-2024 P01608207 EA CFA EA CFA self-employed **Preparer** Firm's name Hola Expat Tax Services Firm's EIN **Use Only** Firm's address 3207 Chesterwood Way Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Somerset NJ 08873

Yes

X No

973-850-5150

4d Other program services (Describe on Schedule O.) (Expenses \$ 127,867 including grants of \$

(Expenses ψ = 127,867 including grants or ψ

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	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,	5		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	3		х
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	х	Х
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	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 I.V	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18	L	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

30-0681223

	Part IV	Checklist of Required Schedules	(continued
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		Х
b	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	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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 J	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	38	v	
Par		_ 30	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is conclude a contained a recoposition of flote to any line in this rate v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		100	.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
				$\overline{}$

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
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	er,			
	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 countryGT				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fi	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \ \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?} . .$		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? \dots		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? $\dots \dots$		6a		х
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?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	$ \ \text{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		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.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
ь 11	Section 501(c)(12) organizations. Enter:	100	_		
	Gross income from members or shareholders	11a			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	i i a	-		
D	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
u b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $$		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year? $\dots \dots \dots$		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI

<u> </u>	Cuon A. Governing Body and Management		1	ı
			Yes	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 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 employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Nia
100	Did the experimental have level shorters branches or effiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			Α.
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	13.3		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
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?	16b		
Sec	tion 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 (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	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

				((C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
realite and title	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any hours for	Individual trustee or director	ns	Officer	Ke	em Hig	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	direc	titu	cer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ior tr	Institutional trustee		Key employee	ee e				
	below	uste	trust		ee	hpen				
	dotted line)	v	ee			Highest compensated employee				
						- "				
(1)Tess Hellgren	1.00									
Director		Х						0	0	0
(2)Katie Newman	<u> 1.0</u> 0									
Director		Х						0	0	0
(3)Will_Durbin	1.00									
Director		Х						0	0	0
_(4)Eric_Knight	1.00									
Director		Х						0	0	0
(5)Abigail Winkel	<u> 1.0</u> 0									
Director		Х						0	0	0
(6)Gabriela Roca	<u> 1.0</u> 0									
Director		Х						0	0	0
(7)Thea_Handelman	1.00									
Treasurer & Director		Х		Х				0	0	0
(8)María Isabel Mayorga	1.00									
Officer				х				0	0	0
(9)Clara Ferraro	1.00									
President & Director				Х				0	0	0
(10)Ingrid Camacho	1.00									
Director				Х				0	0	0
(11)Brian Regan	1.00									
Director				Х				0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2023)

	(A) Name and title	(B) Average hours per week	box,	unles	Po: eck m	rson is	nan one s both a /trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amour of other compensation from the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	nization and organiz	
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
<u>(23)</u>													
(24)													
(25)													
1b c	Subtotal	ion A .							_				
d	Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to							0 received more th	0 nan \$100,000 of			0_
	reportable compensation from the organiza	tion										Yes	0 No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>		-				-				3		х
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater th	eportable cor	mpensa	ation	and	oth	er con	npen	sation from the				
_	individual										4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				5		х
Secti 1	on B. Independent Contractors Complete this table for your five highest cor	mnensated	inder	end	lent	cor	ntract	ors 1	that received mo	ore than \$100.00	n of		
	compensation from the organization. Repor	-	-								zation's	tax y	ear.
	(A) Name and business addres	ss							(B) Description of service	es	(C) Compens	sation	
2	Total number of independent contractors (ir	ncludina bu	t not l	imite	ed t	o th	ose li	ster	d above) who				
	received more than \$100,000 of compensar	-											

Form 990 (2023) Women's Justice Initiative Inc 30-0681223 Page 9 Part VIII Statement of Revenue

		Check if Schedule O contains a res	spons	e or note to any l	ine in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Service Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		_	1,321,786			
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f						
	3 4 5	Investment income (including dividends, into other similar amounts)	· · · d proce	eeds	19,972	19,972		
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss)		(ii) Personal				
	7a	Gross amount from sales of assets other than inventory 7a		(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses 7b Gain or (loss)						
Other Re	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	c 9a b	Less: direct expenses	9a 9b					
	10a b	Gross sales of inventory, less returns and allowances	10a 10b					
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d			1,341,758	19,972	0	0

30-0681223

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	440,457	351,586	35,510	53,361
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	178,673	143,553	17,114	18,006
10	Payroll taxes	10,843		3,578	7,265
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,191	1,152	39	
С	Accounting	6,163	4,400	1,519	244
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	39,024	29,991	4,569	4,464
12	Advertising and promotion				
13	Office expenses	5,260	4,241	1,015	4
14	Information technology	12,485	7,109	5,094	282
15	Royalties				
16	Occupancy	31,835	26,536	5,299	
17	Travel	58,871	50,949	465	7,457
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,191	22,462	2,667	5,062
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,850		5,850	
23	Insurance	2,347			2,347
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Printing, Postage, Shipping	23,170	20,963	593	1,614
b	Stipends for Community Advoc	66,018	66,018		
С	Monitoring and Evaluation	9,402	9,402		
d	Bank and other fees	5,166		5,166	
е	All other expenses	72,611	68,228	1,153	3,230
25	Total functional expenses. Add lines 1 through 24e	999,557	806,590	89,631	103,336
26	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**

		Check if Schedule O contains a response or note	to ar	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,562,381	1	1,987,435
	2	Savings and temporary cash investments			97,322	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			532	4	2,064
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers	ons (as	s defined			
		under section 4958(f)(1)), and persons described in sec	ion 49	58(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges				9	
,	10a	Land, buildings, and equipment: cost or other					
			10a	83,265			
	b		10b	15,937	23,139	10c	67,328
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			1,683,374	16	2,056,827
	17	Accounts payable and accrued expenses			6,156	17	6,174
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of		21			
S	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
abil		controlled entity or family member of any of these perso				22	
	23	Secured mortgages and notes payable to unrelated thir		es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t	o relat	ed third			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D			91,467	25	122,701
	26	Total liabilities. Add lines 17 through 25			97,623	26	128,875
		Organizations that follow FASB ASC 958, check here					
s		and complete lines 27, 28, 32, and 33.					
Ce	27	Net assets without donor restrictions			1,497,143	27	1,875,783
alar	28	Net assets with donor restrictions		[88,608	28	52,169
d B		Organizations that do not follow FASB ASC 958, che	ck he	e 🗌			
-un-		and complete lines 29 through 33.					
or F	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or	other	funds		31	
et /	32	Total net assets or fund balances			1,585,751	32	1,927,952
Z	33	Total liabilities and net assets/fund balances			1,683,374	33	2,056,827

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,341	,758		
2	Total expenses (must equal Part IX, column (A), line 25)	2		999	,557		
3	Revenue less expenses. Subtract line 2 from line 1	3		342	,201		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,585	,751		
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)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
32, column (B))							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	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						
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.						
	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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
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				
EEA			For	m 990	(2023)		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name	ne of the organization Employer identification number								
Wome	n'	s Justice Initiative In	ıc				30-068122	3	
Par	: I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The o	gaı	nization is not a private foundation be	ecause it is: (For lin	es 1 through 12, check of	nly one bo	x.)			
1		A church, convention of churches,	or association of cl	hurches described in se	ction 170(b)(1)(A)(i)) .		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	0).)				
3		A hospital or a cooperative hospital	ıl service organizati	ion described in section	170(b)(1)	(A)(iii).			
4		A medical research organization of	perated in conjunct	tion with a hospital descr	ibed in se	ction 170((b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the be section 170(b)(1)(A)(iv). (Comple	•	r university owned or ope	erated by a	a governme	ental unit described in		
6	П	A federal, state, or local governme	,	Lunit described in coatio	n 170/h\/-	1\/ A\/ _\ \\			
6 7	X	•	-				rom the general nublic		
′	Λ	An organization that normally received			overnmen	iai uniil on ii	iom the general public		
	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8									
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
		•	liege of agriculture	(See instructions). Enter	tne name,	city, and si	iate of the college of		
40		university:	(4) 45 2	10 4/00/ of its account for		4:	-hhin face and mass	_	
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organization organized and ope	erated exclusively t	o test for public safety. S	See sectio	n 509(a)(4	1).		
12		An organization organized and ope	rated exclusively fo	r the benefit of, to perforr	n the funct	tions of, or	to carry out the purpos	es of	
		one or more publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	3). Check	
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving	
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B					
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g	
		control or management of the s	supporting organiza	tion vested in the same p	ersons tha	at control o	r manage the supporte	d	
		organization(s). You must cor	mplete Part IV, Se	ctions A and C.					
С		☐ Type III functionally integrate	ed. A supporting or	ganization operated in c	onnection	with, and	functionally integrated	with,	
		its supported organization(s) (s	see instructions). Y	ou must complete Part	t IV, Section	ons A, D,	and E.		
d		☐ Type III non-functionally inte	grated. A supporti	ng organization operate	d in conne	ction with i	its supported organizat	tion(s)	
		that is not functionally integrate	d. The organization	generally must satisfy a	distributio	n requirem	ent and an attentivenes	S	
		requirement (see instructions).	You must comple	ete Part IV, Sections A	and D, an	d Part V.			
е		Check this box if the organization	on received a writte	n determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization	۱.			
f	Е	nter the number of supported organ							
g	P	rovide the following information abo	ut the supported or	ganization(s).					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	532,568	732,746	774,940	1,563,873	1,321,786	4,925,913
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	532,568	732,746	774,940	1,563,873	1,321,786	4,925,913
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)						1,917,720
6	Public support. Subtract line 5 from line 4.						3,008,193
	on B. Total Support			Γ	T	T	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	532,568	732,746	774,940	1,563,873	1,321,786	4,925,913
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	557	367	2,104	2,896		5,924
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)				3	19,972	19,975
11	Total support. Add lines 7 through 10	(a. a. i.a. atm ati a				12	4,951,812
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the or						2)(2)
13							
Socti	organization, check this box and stop heron C. Computation of Public Support			· · · · · · · · ·			· · · · · · <u></u>
14	Public support percentage for 2023 (line 6			1 column (f))		14	60.75 %
15	Public support percentage from 2022 Sch					15	62.35 %
16a	33 1/3% support test - 2023. If the organ						
IVa	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ		• • • •	•			_
~	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20	-		-			
	10% or more, and if the organization mee	_					
	Part VI how the organization meets the fa					-	
	organization			-	=		
b	10%-facts-and-circumstances test - 20						
~	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					-	•
	organization			-	•		
18	Private foundation. If the organization di						
-	instructions						

Schedule A (Form 990) 2023 EEA

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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.)

Secti	on A. Public Support				Ţ		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(c	:)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2023 (line 8		-	13, column (f))		15	%
16	Public support percentage from 2022 Sch					16	<u>%</u>
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2023 (I	ine 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga	nization did no	ot check the bo	x on line 14, a	nd line 15 is mo	ore than 33 1/3	%, and line
	17 is not more than 33 1/3%, check this be	ox and stop h	ere. The orgar	nization qualifie	es as a publicly	supported orga	anization 🗌
b	33 1/3% support tests - 2022. If the organizati	on did not checl	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organizati	on qualifies as a	publicly supporte	ed organization	
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, o	check this box a	ind see instruc	tions 🗌

Part IV **Supporting Organizations**

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

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
--	---------	--------	------------	---------------

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	6.		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
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	46		
_	supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)

	lle A (Form 990) 2023 Women's Justice Initiative Inc 30-0681223		F	Page
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Socti	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
Je cti	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			ı
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
•	how the organization maintained a close and continuous working relationship with the supported organization(s).	. 2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Socti	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	o inet	ructio	ne)
a	☐ The organization satisfied the Activities Test. Complete line 2 below.	, 11130	luctic	J113 ₎ .
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions'	١	
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	<i>Juon3</i>	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	, , and a support of a support			

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

3b

3

Schedul	e A (Form 990) 2023 Women's Justice Initiative Inc		30-068	1223	Page 6
Part	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying				•
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section		•
Secti	on A - Adjusted Net Income		(A) Prior Year	' '	rrent Year
			(71) 1 1101 1 001	(op	tional)
1_	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Cooti	on B - Minimum Asset Amount		(A) Drier Veer	(B) Cu	rrent Year
Secti	ON B - Millimum Asset Amount		(A) Prior Year	(op	tional)
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			
Secti	on C - Distributable Amount			Curre	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			

emergency temporary reduction (see instructions). ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Income tax imposed in prior year

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

Schedule A (Form 990) 2023 EEA

5

6

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (contin	ued)	
Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required)	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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		/i\	(ii)		(iii)

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 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 D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	of the or	ganization			Employer identification number
Wome	n's J	ustice Initiative Inc			30-0681223
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds or Ac	counts
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 6.	
		· · · · · · · · · · · · · · · · · · ·		r advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in	writing that the asse	ts held in donor advised	1
		are the organization's property, subject to the organization	-		
6		ne organization inform all grantees, donors, and donor a			
		or charitable purposes and not for the benefit of the dor	-	-	
		rring impermissible private benefit?			
Par		Conservation Easements			
		Complete if the organization answered "Yes" of	n Form 990, Part	IV, line 7.	
1	Purpo	ose(s) of conservation easements held by the organization			
		eservation of land for public use (for example, recreation		· -	historically important land area
	_	otection of natural habitat	,		certified historic structure
	=	eservation of open space			
2	_	ete lines 2a through 2d if the organization held a qualit	ied conservation co	ntribution in the form of	a conservation
_		ment on the last day of the tax year.			Held at the End of the Tax Year
а		number of conservation easements			
b		acreage restricted by conservation easements			
C		per of conservation easements on a certified historic str			
d		per of conservation easements included on line 2c, acq			
-		nistoric structure listed in the National Register	-		2d
3		per of conservation easements modified, transferred, re			
Ū	tax ye		icasca, extinguisito	a, or terrimated by the t	organization daining the
4	-	per of states where property subject to conservation ea	sement is located		
5		the organization have a written policy regarding the pe	_	enection handling of	
J		ions, and enforcement of the conservation easements in	_	-	
6		and volunteer hours devoted to monitoring, inspecting, h			
Ū	Otan	and volunteer flours devoted to monitoring, inspecting, i	iarianing of violations	s, and emoreing conserv	ration casements during the year
7	Δmoι	 Int of expenses incurred in monitoring, inspecting, hand	ling of violations an	d enforcing conservatio	n easements during the year
•	AIIIOC	ant of expenses incurred in monitoring, inspecting, name	iiig oi violations, an	a chlording conscivatio	in easements during the year
8	Does	each conservation easement reported on line 2d abov	e satisfy the require	ments of section 170(h)	(4)(B)(i)
Ū		ection 170(h)(4)(B)(ii)?			
9		rt XIII, describe how the organization reports conservat			
3		and include, if applicable, the text of the footnote to the			
		ization's accounting for conservation easements	organizations ilita	iciai statements that des	scribes the
Par		Organizations Maintaining Collections	of Art Historic	al Treasures or (Other Similar Assets
	• •••	Complete if the organization answered "Yes" of			7.000.0
1a	If the	organization elected, as permitted under FASB ASC 9			d halance sheet works
		historical treasures, or other similar assets held for pu			
		ce, provide in Part XIII the text of the footnote to its fina			•
b		organization elected, as permitted under FASB ASC 9			
J		storical treasures, or other similar assets held for public			
		de the following amounts relating to these items:	oanibilion, Education	n, or researer in fullile	rance of public service,
	•	evenue included on Form 990, Part VIII, line 1			¢
		ssets included in Form 990, Part X			
2		organization received or held works of art, historical tre			
2		-			yairi, provide trie
_		ing amounts required to be reported under FASB ASC	=		¢
a		nue included on Form 990, Part VIII, line 1			
b	ASSET	5 IIIGOOGO III FOIIII 990. FAIL A			π.

Par	t III Organizations Maintaining Co	ollections of Art, Hi	storical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, accession,	and other records, check	any of the following that n	nake significant use of its	
	collection items (check all that apply):				
а	☐ Public exhibition	d	Loan or exchange p	rogram	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection	ctions and explain how the	ey further the organizatior	n's exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or re	ceive donations of art, his	storical treasures, or other	similar	
	assets to be sold to raise funds rather than to be	e maintained as part of th	e organization's collectior	1?	. 🗌 Yes 🗌 No
Par	t IV Escrow and Custodial Arrang	ements			
	Complete if the organization and 990, Part X, line 21.	swered "Yes" on Fo	rm 990, Part IV, line	9, or reported an am	ount on Form
1a	Is the organization an agent, trustee, custodian of	or other intermediary for o	ontributions or other asse	ts not	
··u	included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XIII and				105 _ 10
-	ii 100, oxpain tio arangomontii attixiii an	a complete the following t	abio.	Am	ount
С	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Form				
b	If "Yes," explain the arrangement in Part XIII. Cl				
Par					
	Complete if the organization and	swered "Yes" on Fo	rm 990. Part IV. line	10.	
			Prior year (c) Two years		(e) Four years back
1a	Beginning of year balance	(0)	(-, ,	(4)	(-,
b	Contributions				
C	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g g	End of year balance				
2	Provide the estimated percentage of the current	vear end balance (line 10	r column (a)) held as:		
a	Board designated or quasi-endowment	,	y, column (a)) mora acr		
b	Permanent endowment %				
C	Term endowment %				
	The percentages on lines 2a, 2b, and 2c should	egual 100%.			
3a	Are there endowment funds not in the possession		t are held and administere	ed for the	
	organization by:				Yes No
	(i) Unrelated organizations?				. 3a(i)
	(ii) Related organizations?				``
b	If "Yes" on line 3a(ii), are the related organization				` '
4	Describe in Part XIII the intended uses of the or	•			
	t VI Land, Buildings, and Equipme				
	Complete if the organization and		rm 990, Part IV. line	11a. See Form 990	Part X. line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	I Eucheria	(investment)	(other)	depreciation	.,
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		83,265	15,937	67,328
e	Other				
	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, line	10c, column (B)		67,328

Women's buscice	IIIICIACIVE I	110		30-0001223 rage
Part VII Investments - Other Securities Complete if the organization answered	d "Yes" on Forn	n 990 Part	IV line 11h See Fo	orm 990 Part X line 12
(a) Description of security or category	1 163 OIII OII	(b) Book valu		e) Method of valuation:
(including name of security)				or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))			
Part VIII Investments - Program Related				
Complete if the organization answered	d "Yes" on Forn	n 990, Part	IV, line 11c. See Fo	orm 990, Part X, line 13.
(a) Description of investment		(b) Book valu		c) Method of valuation: or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)	2))			
Part IX Other Assets	///			
Complete if the organization answered	d "Yes" on Forn	n 990, Part	IV, line 11d. See Fo	orm 990, Part X, line 15.
•	escription	·	·	(b) Book value
(1)				
(2)				
(3)				
_ (4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)))			
Part X Other Liabilities	,			
Complete if the organization answered	d "Yes" on Forn	n 990, Part	IV, line 11e or 11f.	See Form 990, Part X,
line 25.				
1. (a) Description of liability (1) Federal income taxes	(b) Book va	liue		
(2) Everance Payable	1	00 117		
(3Employee Benefits Payable		08,117 14,584		
(4)		-1,JUI		
(5)				
(6)				
(7)				
(8)				

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

122,701

Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . .

Part	• • • • • • • • • • • • • • • • • • •	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,341,758
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities		
С.	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
e	Add lines 2a through 2d	2e	1 241 750
3	Subtract line 2e from line 1	3	1,341,758
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	_	
b	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,341,758
Part			
ı art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	oci itetui	••
1	Total expenses and losses per audited financial statements	1	999,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	3337337
– a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	999,557
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	999,557
:; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

30-0681223

Department of the Treasury Internal Revenue Service

Women's Justice Initiative Inc

Name of the organization Employer identification number

Par	General Information of Form 990, Part IV, line		Outside the U	Inited States. Complete if	the organization answered	'Yes" on
1	For grantmakers. Does the org		tain records to s	ubstantiate the amount of its	grants and	
	other assistance, the grantees' e				-	
	award the grants or assistance?					Yes X No
2	For grantmakers. Describe in Foutside the United States.	Part V the orga	nization's proced	lures for monitoring the use o	f its grants and other assistance	
3	Activities per Region. (The follow	ving Part I, line	3 table can be du	iplicated 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 (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	entral America and					
(1)	the Caribbean	2	35	Program services	Legal and advocacy	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17) 3a	Subtotal	2	35			
b	Total from continuation sheets to Part I		35			
С		2	35			

Schedule F	Form 990) 2023	Women's	Justice Initia	ative Inc				30-0681223	Page 2
Part II								ation answered "Yes" o	on Form 990,
						oe duplicated if add		eded.	
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)
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 E						country, recognized as a			
		-	-			I(c)(3) equivalency letter		• • • • • • • • • • • • • • • • • • • •	
	total numbe	i oi otiloi oigailizatioi					· · · · · · · · · · · · · · ·		

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 can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (h) Method of valuation (d) Amount of (e) Manner of (f) Amount of (g) Description 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)(18)

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 the 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 the 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 the 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 the 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 the 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 the instructions for Form 5713; don't file with Form 990)	Yes	x	No

Schedule F (Form 990) 2023 EEA

Schedule F (Form 990) 2023 Page **5**

Part V	Supplemental 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) 2023

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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 the Finance Committee, then shared with 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 Executive Director and 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 Executive Director and Director of Human Resources, and reviewed 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 financial statements are available to the public on its website. The organization's governing documents and policies are available to the public upon request.

Statement of Program Service Accomplishments 2023 PG01 Name(s) as shown on return Women's Justice Initiative Inc 30-0681223

Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$127867

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 over 250 individuals.