EXTENDED TO MAY 15, 2020

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

18 Open to Public

Inspection

A	or tr	le 2018 calendar year, or tax year beginning 001 1, 2016 and	enaing o	ON 30, 2013	
В	Check i applicat	C Name of organization		D Employer ident	ification number
	Addr				
	Nam chan	ge Doing business as		13-	3688519
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per
	Final	100 BROADWAY	10TH F	(212) 695-3800
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,411,125.
	Ame retur	NEW TORK, NT 10005	*****	H(a) Is this a group	
	Appli tion	F Name and address of philospal officer. The principal officer.		for subordinat	es? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No
		tempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. (see instructions)
		ite: WWW.HERJUSTICE.ORG		H(c) Group exempt	ion number
	orm c	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1992	M State of legal domicile; NY
	1	Briefly describe the organization's mission or most significant activities: PROVIDE	E FREE LE	GAL HELP TO WOM	EN
če	'	LIVING IN POVERTY IN NYC, AS WELL AS ADDRESS SYSTEMATIC LEGA			
Governance	2	Check this box if the organization discontinued its operations or dispos		than 25% of its net a	ssets.
Ver	3			<u>_</u>	
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
•ర "	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			43
ij	6	Total number of volunteers (estimate if necessary)			
Activities &	_	Total unrelated business revenue from Part VIII, column (C), line 12			a 0.
Ă	1	Net unrelated business taxable income from Form 990-T, line 38			
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		5,120,976	
	9	Program service revenue (Part VIII, line 2g)		0	. 0.
ķ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,495	. 47,502.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-399,298	244,260.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,772,173	4,984,493.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	. 0.	
_s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,440,477	3,448,289.
se		Professional fundraising fees (Part IX, column (A), line 11e)		55,000	. 80,000.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,303,324	1,344,203.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	i i	4,798,801	4,872,492.
	19	Revenue less expenses. Subtract line 18 from line 12		-26,628	. 112,001.
or			Вед	inning of Current Year	End of Year
t Assets or of Balances	20	Total assets (Part X, line 16)		4,933,545	5,359,060.
ASS	21	Total liabilities (Part X, line 26)		385,368	. 604,468.
Set	22	Net assets or fund balances. Subtract line 21 from line 20		4,548,177	4,754,592.
Pa	rt II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer l	nas any knowledge.	· · · · · · · · · · · · · · · · · · ·
		A Any I		1/3	0 20
Sigr	1	Signature of officer '		Date 1	
Here	9	AMY BARASCH, ESQ, PRESIDENT/EXECUTIVE DIRECTOR			
		Type or print name and title	· .		F-31 DTIN
		Print/Type preparer's name Preparer's signature	_	ate Check	PTIN
Paid		JAMES J. REILLY	JAN		oyed P00183769
Prep	arer	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LIP		Firm's EIN ▶	13-3628255
Use	Only	Firm's address ONE BATTERY PARK PLAZA, 7TH FL.			0 664 8888
		NEW YORK, NY 10004		Phone no.21	2-661-7777
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

For	m 990 (2018) HER JUSTICE INC.	13-3688519	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AT HER JUSTICE WE TRAIN AND MENTOR VOLUNTEER LAWYERS TO PROVIDE FREE		
	LEGAL HELP TO WOMEN LIVING IN POVERTY IN NEW YORK CITY, AS WELL AS		***************************************
	ADDRESS SYSTEMIC LEGAL BARRIERS OUR CLIENTS FACE IN THE COURTS. SINCE		
	CRITICAL LEGAL ASSISTANCE THAT HELPS THEM ACHIEVE SAFETY,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ve	s X No
	If "Yes," describe these new services on Schedule O.		.3110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	\[\v_e\]	s X No
•	If "Yes," describe these changes on Schedule O.		.3
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expense	e
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	s, the total expenses,	anu
4a	2 004 454	o ¢	1
	SINCE 1993, HER JUSTICE HAS ENSURED THAT WOMEN RECEIVE CRITICAL LEGAL	= φ	
	SERVICES THAT HELP THEM ACHIEVE SAFETY, SELF-SUFFICIENCY AND STABILITY.		***************************************
	WE OFFER A FULL RANGE OF FREE LEGAL SERVICES INFORMATION, ADVICE,		***************************************
	DRAFTING COURT DOCUMENTS AND FULL REPRESENTATION IN FAMILY, DIVORCE		***************************************
	AND IMMIGRATION MATTERS TO ADDRESS THE VITAL NEEDS OF NEW YORK CITY		***************************************
	WOMEN AND CHILDREN, EXPECIALLY SUVIVORS OF INTIMATE PARTNER VIOLENCE		
	AND IMMIGRANTS ISOLATED BY LANGUAGE AND CULTURE. WHAT MAKES HER JUSTICE		·····
	INIQUE IS OUR "PRO BONO FIRST" MODEL. WE SPECIALIZED IN OFFERING PRO		
	BONO ASSISTANCE BY CONNECTING VOLUNTEER LAWYERS FROM OVER 80 PREMIER		
	FIRMS WITH WOMEN LIVING IN POVERY WHO DESPERATELY NEED A LAWYER. HER		
	JUSTICE TRAINS AND MENTORS THE VOLUNTEERS ATTORNEYS TO PROVIDE		
	ESSENTIAL LEGAL ASSISTANCE TO IMPOVERISHED WOMEN AND CHILDREN LIVING IN		
 4b			
40	(Code:) (Expenses \$	·\$)
10			`
1 C	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			
d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
е	Total program service expenses 3,901,154.		

Form 990 (2018) HER JUSTICE INC. Part IV Checklist of Required Schedules

			Yes	s No
1	granded to the control of the private foundation;			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	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	ļ	X
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	<u> </u>	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	<u> </u>	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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	1000000		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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			
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
9	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	····
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
·0~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
1	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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		X

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For	m 990 (2018) HER JUSTICE INC. 13-3	688519		Page
P	art IV Checklist of Required Schedules (continued)			1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		+	+
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	-823185254	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1215,05
_	instructions for applicable filing thresholds, conditions, and exceptions):		46.04563	77
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C				Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	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		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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1 1		Х
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule O	38	Х	
· ai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	ensemble of contains a response of note to any line in this rait v		T	<u> </u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	22	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		30.11
	(gambling) winnings to prize winners?	1c	Х	120917833
	12-31-18		990 (2	2018\
		. 3,,,,	. 12	,

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	Form 990 (2018) HER JUSTICE INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)	688519	ı	ſ	⊃ag
	(continued)				week to
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	TN
	filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the agreement of the content of the conten			1000	
	b If at least one is reported on line 2a, did the agreement of the properties it. St.	43			l
			2b	Х	H
	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 decided.	·····	-		+
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes." has it filed a Form 200 T for this.		-	X	1882
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	····	3a	X	
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	إ	3b		
		- 1.			
	b If "Yes," enter the name of the foreign country:	4	la	156	X
	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.				
	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it 				
		5	a		X
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	b		X
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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.	50	c		
	any contributions that were not tax deductible as charitable contributions.		-		
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6	<u>a</u>	_	Х
	were not tax deductible?			T	
	7 Organizations that may receive deductible contributions under section 170(c).	. 6b	,		
	a Did the organization receive a payment in excess of \$75 made portly as a section 170(c).				
	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of the value of the goods. 	r? 7a	X		
	b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of topsible a services.				
	o , a said mod dispose of tall gible personal property for which it was a said and the said and		+	+	
		7c		- -	X
		. 7e	+	1997 30	X
			+-	1 2	
			+-	+-	
8		. 7g	+-		
·		7h	a wasa	200	election.
9	The state of the s		1 300	100	100
	appropriate organizations maintaining donor advised funds	8	1 100000	- 1 Jane	
	a Did the sponsoring organization make any taxable distributions under a city of a sec	2000	1898		
	Bid the sponsoring organization make a distribution to a donor, donor, advisor, an indicate the sponsoring organization make a distribution to a donor, donor, donor, advisor, and advisor, advisor, and advisor, and advisor, and advisor, and advisor, and advisor, advisor, and advisor,	9a	<u> </u>		
10		9b	<u> </u>	\bot	_
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12				
	The public use of slub facility	_			
11		4 1			
a	and the most for thembers of snareholders				
b		4 1			
	and of received from them.)				
12a					
b	The same of tax exempt interest received or coorded dominant	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	is the organization licensed to issue qualified health plans in more than				01
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is	13a			_
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified to a state of the states in which the	750		4874154	
	organization is licensed to issue qualified health plans				
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand				
14a					
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these	14a		Х	1
	rest income from 720 to report these payments? If the income in the income income in the income in t	14b	\dashv		-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ITU	-+		•
	i i i i i i i i i i i i i i i i i i i	15		v	
16	If "Yes," see instructions and file Form 4720, Schedule N.	15		X	ı
-	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	46	925000	· ·	1
Translation of the latest of t	If "Yes," complete Form 4720, Schedule O.	16		X	ı

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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 24 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? Х 2 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? Х 14 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 Х 15a **b** Other officers or key employees of the organization 15b 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? Х 16a 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 AL, CT, MA, NJ, NY, SC 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. X Another's website X Upon request X Own website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 N. NAGOURNEY/HER JUSTICE, INC. - (212) 695-3800

100 BROADWAY, NO. 10TH F, NEW YORK, NY 10005

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	(de	o not c	Pos	sitio		000	Reportable	Reportable	Estimated
	hours per	box	x, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	-	icer ar	nd a c	direct	or/trus	stee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dir	l e			ated		organization	(W-2/1099-MISC)	from the
	related	trustee or o	trustee		es.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	lional		ploy	t con				and related
	line)	Individual	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY BARASCH, ESQ.	60.00	一	Ī		-	1 0	<u> </u>			
PRESIDENT/EXECUTIVE DIRECTOR		х		х				207,498.	0.	14,586.
(2) PATRICIA FERRARI	3.00		m			T			-	
VICE CHAIR		х		х				0.	0.	0.
(3) STEVEN ZELIN	3.00									
VICE CHAIR		х		х				0.	0.	0.
(4) KIM KOOPERSMITH, ESQ.	3.00									
VICE CHAIR		х		х				0.	0.	0.
(5) IVAN R. LEHON CFA, CFE	3.00									
TREASURER		х		х				0.	0.	0.
(6) DAVID N. KOSCHIK, ESQ.	3.00									
SECRETARY		х		х				0.	0.	0.
(7) MATTHEW A. FELDMAN, ESQ.	3.00									
DIRECTOR		х						0.	0.	0.
(8) JEFFREY A. BRODSKY	3.00									
DIRECTOR		х						0.	0.	0.
(9) ERIC ROSOF, ESQ.	3.00									
DIRECTOR		x		ļ				0.	0.	0.
(10) KEVIN J. LAVIN	3.00									
DIRECTOR		x						0.	0.	0.
(11) LEE S. ATTANASIO, ESQ.	3.00									
DIRECTOR		х						0.	0.	0.
(12) PAUL M. BASTA, ESQ.	3.00									
DIRECTOR		х				ļ		0.	0.	0.
(13) DREW S. FINE, ESQ.	3.00									
DIRECTOR		Х						0.	0.	0.
(14) NICOLE GREENBLATT	3.00									
DIRECTOR		х						0.	0.	0.
(15) BRUCE H. MENDELSOHN	3.00									
DIRECTOR		х						0.	0.	0.
(16) DAVID J. GREENWALD, ESQ.	3.00									
DIRECTOR		х						0.	0.	0.
(17) ROOPESH K. SHAH	3.00				I	T				
DIRECTOR		х						0.	0.	0.
832007 12-31-18										Form 990 (0010)

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Form 990 (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ghe	st C	ompensated Employee	s (continued)	
(A)		(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week		k, unle icer ar					compensation	compensation	amount of
	(list any		Π	T		Γ	Τ	from the	from related organizations	other compensation
	hours for	director				-		organization	(W-2/1099-MISC)	from the
	related	I ≒	trustee			nsate		(W-2/1099-MISC)	,	organization
	organizations		nal tri		oyee	ombio				and related
	below line)	Individual	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(18) MARY SINGH	3.00	┢	=	-	×	T 0	<u></u>		7117777	
DIRECTOR		Х						0.	0.	0.
(19) ELIZABETH ABRAMS	3.00									
DIRECTOR		Х	ļ			ļ	_	0.	0.	0.
(20) KELLEY CORNISH	3.00									
DIRECTOR		X						0.	0.	0.
(21) KENNETH ZIMAN	3.00								•	
DIRECTOR COLDWINDER	3 00	X						0.	0.	0.
(22) EDWARD GOLDTHORPE DIRECTOR	3.00	х						0.	0.	0.
(23) PAUL LEAKE	3.00								· · · · · · · · · · · · · · · · · · ·	
DIRECTOR		x						0.	0.	0.
(24) GARY T. HOLTZER	3.00									
DIRECTOR		х						0.	0.	0.
(25) ELIZABETH MARINGER	3.00									
DIRECTOR		Х						0.	0.	0.
(26) CATHERINE V. CURRY	60.00									
DIR. INSTITUTIONAL GIVING		L				Х		127,421.	0.	3,973.
1b Sub-total								334,919.	0.	18,559.
c Total from continuation sheets to Part VII								491,719. 826,638.	0.	48,846. 67,405.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no								<u> </u>		67,405.
Total number of individuals (including but no compensation from the organization	of minited to the	056	115161	ı au	ove) VVI I	516	ceived more triair \$100,0	ooo oi reportable	6
compensation from the organization		-	-							Yes No
3 Did the organization list any former officer,	director, or tru	stee	, key	/ em	ploy	yee,	or h	nighest compensated em	ployee on	
line 1a? If "Yes," complete Schedule J for st	ıch individual									3 X
4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsat	ion	and	oth	er compensation from th		
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	te S	che	dule	J fo	or such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fro	om a	any i	unre	late	d organization or individ	ual for services	
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ch p	ersc	on				5 X
Section B. Independent Contractors							- db	at vacaived may than fr	100,000 of company	tion from
1 Complete this table for your five highest cor the organization. Report compensation for t	-									uon nom
(A)	ne calendar ye	ai c	IIII	y vvi	110	1 4416	T	(B)	July 2	(C)
Name and business	address	NOI	IE.					Description of se	ervices C	compensation
							_			
							\dashv			
							-			
							\top	**************************************		
2 Total number of independent contractors (in	-	t lim	ited	to tl			ed a	above) who received mo	re than	
\$100,000 of compensation from the organiz	The second secon	n.c	······································		0		********			- 000
SEE PART VII, SECTION A CONTINU	ATION SHEET	Ľδ								Form 990 (2018)

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Form 990 HER JUSTICE INC 13-3688519

Form 990 HER JUSTICE	INC.			GENERALISM	14 (4 × 140)	7/N/20-516094	de de la company		13-3688	519
Part VII Section A. Officers, Directors, T	rustees, Key Eı	npl	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	ge Position s (check all that apply)			oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) GABRIELLA RICHMAN ASSOCIATE DIR. LEGAL SERVICES	60.00					х		111,499.	0.	16,30
28) NANCY NAGOURNEY DIR. OF FINANCE & OPERATIONS	60.00					x		124,266.	0.	15,63
29) EMILY MEAD IRECTOR OF DEVELOPMENT	60.00					x		129,674.	0.	
30) HAMRA AHMAD	60.00				ļ	_	<u> </u>	129,074.	0.1	13,72
DIRECTOR OF LEGAL SERVICES	00.00					х		126,280.	0.	3,18
										W
										
······································										
			1							
				-	_				:	
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			T							
		\dashv	+		1	\dashv				
								BANGAN PANCAN AND TO AN PORTO SERVICE AND INCIDENCE AND AN AREA OF A SERVICE AND AN AREA OF A SERVICE AND AN A	and decided the suppose of the suppo	
otal to Part VII, Section A, line 1c		*****			*****	*****		491,719.		48,84

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues c Fundraising events 2,184,846. 1c d Related organizations 1,406,508 e Government grants (contributions) f All other contributions, gifts, grants, and 1,589,897 similar amounts not included above 66,556 Q Noncash contributions included in lines 1a-1f: \$ 5,181,251, h Total. Add lines 1a-1f Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 54,125. 54,125. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,946,233 assets other than inventory **b** Less: cost or other basis 1,952,856. and sales expenses c Gain or (loss) -6,623. -6,623. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 2,184,846. of contributions reported on line 1c). See 184,175 Part IV, line 18 473,776 b Less: direct expenses -289,601, -289.601. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 45.341. 45.341 900009 b d All other revenue 45,341. e Total. Add lines 11a-11d 4,984,493. -196.758, Total revenue. See instructions

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Form **990** (2018)

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 (**D)** Fundraising (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, Management and 7b, 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 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 222,084, 174,452. 30,852. 16,780. 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) 2,657,909 2.087.841 369.245 200.823. Other salaries and wages Pension plan accruals and contributions (include 56,579 10,006 72,027, 5,442. section 401(k) and 403(b) employer contributions) 208,332 265,216 36,845 20,039. Other employee benefits 9 231,053 181,496 32,099 17,458. Payroll taxes 10 Fees for services (non-employees): 11 Management Legal 18,425 18,425 Accounting 75,850. 75,850. Lobbying 80,000. Professional fundraising services. See Part IV, line 17 80,000. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 35,550. 35,550. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 173,503 156,153. 17,350 13 Office expenses 4,475. 89.508. 80.558. 4.475. 14 Information technology Royalties 15 613,201 681,335, 34.067. 34,067. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 45,203 40,683. 4,520 22 Depreciation, depletion, and amortization 34,970 3,886 38,856, 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 118,867. 95,094. 23,773. MARKETING EXPENSES 6,711. LEGAL RESOURCES & TRAIN 67,106. 60,395. С d e All other expenses 568,481. 4,872,492. 3,901,154. 402,857. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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Form 990 (2018)
Part X | Balance Sheet

L		Check if Schedule O contains a response or not	e to any	line in this Part X			
		Officer in deficiency of contains a response of floor	e to any	TIME III WIIST ALL X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			550.	1	402.
	2	Savings and temporary cash investments			2,144,373.	2	2,186,865.
	3	Pledges and grants receivable, net		3	439,791.	3	693,919.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqualit	ied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			And the second s
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,336.	9	2,336.
	10a	Land, buildings, and equipment: cost or other		l i			
		basis. Complete Part VI of Schedule D	10a	446,508.			
	b	Less: accumulated depreciation	10b	367,604.	111,019.	10c	78,904.
	11	Investments - publicly traded securities			2,084,381.	11	2,243,813.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14	Ĺ	
	15	Other assets. See Part IV, line 11			151,095.	15	152,821.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34	1)	4,933,545.	16	5,359,060.
	17	Accounts payable and accrued expenses			385,368.	17	604,468.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	f Schedule D		21	
S.	22	Loans and other payables to current and former		1 83			
Ĭ		key employees, highest compensated employees	s, and di	isqualified persons.		13/2/23	
Liabilities						22	
	23	Secured mortgages and notes payable to unrela-				23	
	24	Unsecured notes and loans payable to unrelated		[24	
	25	Other liabilities (including federal income tax, pay		ı			
		parties, and other liabilities not included on lines	-	·			
		Schedule D			385,368.	25	604,468.
	26	Total liabilities. Add lines 17 through 25			303,300.	26	004,400.
		Organizations that follow SFAS 117 (ASC 958)		here X and			
Ses	07	complete lines 27 through 29, and lines 33 and		,	4,533,177.	27	4,664,592.
anc	27	Unrestricted net assets Temporarily restricted net assets		i i	15,000.	28	90,000.
Bal	28				20,000.	29	
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS		abook hora		25	
Fu			oc 900),	Check here			
Net Assets or Fund Balances	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds			2 min 2 min 8	30	A N. S. S. C.
set	30	Paid-in or capital surplus, or land, building, or equ	fund		31		
As	31 32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances			4,548,177.	33	4,754,592.
	34	Total liabilities and net assets/fund balances			4,933,545.	34	5,359,060.
		, o.aabilitioo aria riot abboto/raria balariood	*************			opposite de la constante de la	***************************************

Form **990** (2018)

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

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 in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

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Form 990 (2018)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number HER JUSTICE INC. 13-3688519 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **f** Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (i) Name of supported (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	A TOTAL CANCEL CONTRACTOR AND AN ANY ANALYSIS OF THE PARTY OF THE PART					
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,767,122.	4,690,587.	5,180,346.	5,120,976.	5,214,751.	24,973,782.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,767,122.	4,690,587.	5,180,346.	5,120,976.	5,214,751.	24,973,782.
5	The portion of total contributions						
Ī	by each person (other than a						
	governmental unit or publicly	100					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						71,478.
6	Public support. Subtract line 5 from line 4.	100			and the second second		24,902,304.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,767,122.	4,690,587.	5,180,346.	5,120,976.	5,214,751.	24,973,782.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	42,448.	43,850.	37,562.	48,313.	54,125.	226,298.
9	Net income from unrelated business						
	activities, whether or not the	İ					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	34,856.	33,750.	45,000.	41,500.	45,341.	200,447.
11	Total support. Add lines 7 through 10						25,400,527.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for			fourth, or fifth tax	vear as a section		
	organization, check this box and stop	J			t your do a bootion	00.(0)(0)	
Sec	ction C. Computation of Public		entage				
14	Public support percentage for 2018 (lin	ne 6, column (f) div	ided by line 11, col	umn (f))		14	98.04 %
15	Public support percentage from 2017	Schedule A, Part II	, line 14			15	97.93 %
	33 1/3% support test - 2018. If the o					ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	rted organization				X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qualit	fies as a publicly su	upported organizati	on			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	_					•
	meets the "facts-and-circumstances" t		•	•	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circu						
18	Private foundation. If the organization		= -	-	-		>
				and the second s		dule A (Form 990 d	or 990-FZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	relow, please com	piete i ait ii.)	CHARLES AND	WESTONIA POPULATION DE STANSON DE SENTENCE PER SENTENCE PER SENTENCE PER SENTENCE PER SENTENCE PER SENTENCE PE								
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total						
	Gifts, grants, contributions, and					1							
	membership fees received. (Do not												
	include any "unusual grants.")												
2	Gross receipts from admissions,												
	merchandise sold or services per- formed, or facilities furnished in												
	any activity that is related to the												
	organization's tax-exempt purpose												
3	Gross receipts from activities that												
	are not an unrelated trade or bus-												
	iness under section 513												
4	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
5	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
6	Total. Add lines 1 through 5												
78	Amounts included on lines 1, 2, and												
	3 received from disqualified persons												
t) 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		***************************************			MATERIAL AND ADDRESS OF THE PARTY OF THE PAR							
	Add lines 7a and 7b												
	Public support. (Subtract line 7c from line 6.)						A CONTRACT CAMPAGE AND A CONTRACT CONTR						
		(-) 0014	(I-) 004 F	(.) 0010	/:N 0047	T ()0040 T	10 T : 1						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total						
	Amounts from line 6												
102	dividends, payments received on												
	securities loans, rents, royalties, and income from similar sources												
h	Unrelated business taxable income		·····										
L	(less section 511 taxes) from businesses												
	annuised often lune 00 1075												
_	Add lines 10a and 10b												
	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 loss from the sale of capital												
13	assets (Explain in Part VI.)					***************************************							
	First five years. If the Form 990 is for	the organization's	first second third	I fourth or fifth tax	v vear as a section	501(c)(3) organization	\n						
•	check this box and stop here	the organization s	mot, occorra, ume	i, ioditii, or iiitii ta	c your as a scotion	1 00 1 (c)(o) organizatio	лі, Б П						
Sec	tion C. Computation of Public	Support Per	centage										
	Public support percentage for 2018 (lir	***************************************		olumn (f))		15	%						
						16	%						
<u></u>	16 Public support percentage from 2017 Schedule A, Part III, line 15												
sec	tion D. Computation of Invest	tment income	rercentage										
		***************************************		ne 13, column (f))		17	%						
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lir			17	% %						
17 18		18 (line 10c, colum 2017 Schedule A, F	nn (f), divided by lir Part III, line 17			18	%						
17 18 19a	Investment income percentage for 20 Investment income percentage from 2	18 (line 10c, colum 2017 Schedule A, F organization did no	nn (f), divided by line art III, line 17 ot check the box o	n line 14, and line	 15 is more than 3	18 3 1/3%, and line 17 is	%						
17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the contract of the support tests in the contract of the support tests in the support test in the support tests in the support test in the suppo	18 (line 10c, colum 017 Schedule A, F organization did no d stop here. The o	nn (f), divided by lin Part III, line 17 ot check the box o organization qualifi	n line 14, and line ies as a publicly su	15 is more than 3 pported organizat	18 3 1/3%, and line 17 is ion	% s not ▶						
17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the omore than 33 1/3%, check this box and	18 (line 10c, colum 017 Schedule A, Forganization did no d stop here. The corganization did no	nn (f), divided by line of the	n line 14, and line ies as a publicly su line 14 or line 19a,	15 is more than 3: pported organizat and line 16 is mo	18 3 1/3%, and line 17 is ion	% s not ▶						

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Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
District Section 1		
1		
2 3a		
Sa	n ordeni	
3b		
3c		
4a		
4b	1 No.	
4c		
5a		
5b	1. PU 100-100	27 (40.00 40.0)
5c	-	
6		
7		
8		
9a		
9b		
9c		
10a		
106		

	dule A (FORTH 990 OF 990-EZ) 2018	THE RESERVE THE PERSONNELS.	NAME OF TAXABLE PARTY.	<u> Adalaminanian</u>
Pa	t IV Supporting Organizations _(continued)		V	NI-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	11c		
Coo	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1.7.20
	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 directors or trustees were allocated among the supported	1		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	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,			
	·	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
<u> </u>	don or type it each term and or game and		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		!
Sec	tion D. All Type III Supporting Organizations			
			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	Victoria	
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		NAME	لنسا
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	20-01-01-00/4	200000000
3	By reason of the relationship described in (2), 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		0.000	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institute)	ructions)		Nia
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	N. C. (1970)	napod.orii
	that these activities constituted substantially all of its activities.		558785A	363
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	21 S. 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	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	2b		
	activities but for the organization's involvement.	_ LU	100 miles 100 miles	3550
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		

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Schedule A (Form 990 or 990-EZ) 2018

P	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in P	art VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must c	omplete Sed	ctions A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		· · · · · · · · · · · · · · · · · · ·
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		***************************************
	Discount claimed for blockage or other	7.575.005.00		
	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrated	Type III supporting organi	zation (see
	instructions)	, 3	,, , , ,	

Schedule A (Form 990 or 990-EZ) 2018

Page 7

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	·		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
	From 2016		And the second s	
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,	Service Co.		
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j		Control of the Control of the	
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 HER JUSTICE INC.	13-3688519	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 iline 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	and 2; Part IV, Section Section B, line 1e; Pa	n C.
			·
<u></u>		***************************************	
<u> </u>			
		1000000	
			William Commence of the Commen

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nar	me of organization			Emp	loyer identification number
	HER JUSTIC				13-3688519
P	art I-A Complete if the or	ganization is exempt unde	r section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures		> \$	
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		
	a Was a correction made?				
	f "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c), e	except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for sec	ction 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures				
	line 17b			> \$	
4	Did the filing organization file Form				
5	Enter the names, addresses and er	nployer identification number (EIN)	of all section 527 polit	tical organizations to which	the filing organization
	made payments. For each organiza	tion listed, enter the amount paid	from the filing organiza	ation's funds. Also enter the	amount of political
	contributions received that were pr	omptly and directly delivered to a	separate political orgar	nization, such as a separate	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	le information in Part I\	J.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

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Part II-A Complete if the or section 501(h)).	ganization is exer	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ection under
A Check ▶ ☐ if the filing organi: expenses, and sh	zation belongs to an affi are of excess lobbying o zation checked box A ar	expenditures).		group member's name	e, address, EIN,
Lin	nits on Lobbying Expe nditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in					
b Total lobbying expenditures to in				75,850.	
c Total lobbying expenditures (add				75,850.	
d Other exempt purpose expenditu				4,796,642.	
e Total exempt purpose expenditur				4,872,492.	
f Lobbying nontaxable amount. En				393,625.	
If the amount on line 1e, column (a)		bying nontaxable amo	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,00		0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,		O plus 10% of the exce			
Over \$1,500,000 but not over \$17 Over \$17,000,000		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (e	nter 25% of line 1f			98,406.	
h Subtract line 1g from line 1a. If ze	,			0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than ze	******	ne 1i, did the organizat		- •	
reporting section 4911 tax for this					Yes No
(Some organizations t	4-Year Ave	raging Period Under S	Section 501(h) ave to complete all of		
	Lobbying Expen	ditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	375,489.	370,244.	389,940.	393,625.	1,529,298.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,293,947.
c Total lobbying expenditures	45,000.	30,250.	6,050.	75,850.	157,150.
d Grassroots nontaxable amount	93,872.	92,561.	97,485.	98,406.	382,324.
e Grassroots ceiling amount			,		JUZ, JZ4.
(150% of line 2d, column (e))					573,486.
f Grassroots lobbying expenditures		; [†]			

Schedule C (Form 990 or 990-EZ) 2018

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a) T	(b)	
of the lobbying activity.	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state, or	12	15,870 (2,000)		
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:		1.00		
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		·
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1990	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	ction	
301(c)(o).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
• • • • • • • • • • • • • • • • • • • •				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)(2 3 5), or sec		3, is
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c)(t "No," OR	2 3 5), or sec (b) Part		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year on 501(c)(l "No," OR cal	2 3 3 5), or sec (b) Part 1 2a 2b 2c 3 4 5	III-A, line	3, is
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SCHEDULE D

(Form 990)

1

3

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

11 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		1 2010
ment of the Treasury		Attach to Form 990.		Open to Public Inspection
e of the organizati		90 for instructions and the latest information		
e or the organization	HER JUSTICE INC.		Em	ployer identification number 13-3688519
t I Organiza		d Funds or Other Similar Funds or A	CCOLI	
	n answered "Yes" on Form 990, Part IV, line		oooui	Complete ii trie
Organization	Tallswered Tes Off Offi 990, Fait IV, like	(a) Donor advised funds	(b) Fur	nds and other accounts
Total number at en	nd of year	(2) 2010, 421100	(2)	and other decounts
	f contributions to (during year)			
	f grants from (during year)			
	end of year			
		vriting that the assets held in donor advised fur	, do	
•		exclusive legal control?		Yes No
		dvisors in writing that grant funds can be used		tesNo
		donor advisor, or for any other purpose confer	•	
impermissible priva		donor advisor, or for any other purpose conten	my	Yes No
		anization answered "Yes" on Form 990, Part IV	/ line 7	
	ervation easements held by the organizatio		, 11110 7.	
	of land for public use (e.g., recreation or ed		v impor	tant land area
	natural habitat	Preservation of a certified h	•	
	of open space	Treservation of a certified in	iiotorio s	structure
	' '	ed conservation contribution in the form of a co	nearvat	ion easement on the last
day of the tax year.		sa conservation contribution in the form of a ce	// ISGI VAI	Held at the End of the Tax Year
	· ·		2a	Held at the Life of the Tax Tear
			2b	
-	•	cture included in (a)	2c	
		ter 7/25/06, and not on a historic structure		
listed in the Nationa	` ' '		2d	
		ased, extinguished, or terminated by the organ		during the tax
vear 🕨		gaising, or torring at a by the organ		

_	impermissible private benefit?		Yes	No			
Pa	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 7.		Parties and Control of the Control o			
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or education)						
	Protection of natural habitat Preservation of a certified history	oric structu	re				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation ea	sement on the	last			
	day of the tax year.	Held a	t the End of the	Tax Year			
а	Total number of conservation easements	2a					
b		2b					
С	Number of conservation easements on a certified historic structure included in (a)	2c	77 7 				
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
		2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	tion during	the tax				
	year ▶						
4	Number of states where property subject to conservation easement is located ▶						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	,					
	violations, and enforcement of the conservation easements it holds?		Yes	No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements of	during the yea	r			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents durin	g 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			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement		=				
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	zation's acc	counting for				
Dai	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim	ilar Assa		Militario de la company de la			
r _a		ıllar Asse	ets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b			•			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public text of the fortest	olic service,	provide, in Pa	rt XIII,			
	the text of the footnote to its financial statements that describes these items.						
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan		•				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service	e, provide tr	ne following an	nounts			
	relating to these items:	• •					
	(i) Revenue included on Form 990, Part VIII, line 1						
2	(ii) Assets included in Form 990, Part X	▶ \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide following amounts required to be reported under SEAS 116 (ASC 058) relating to these items.	vide					
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	• •					
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	▶ \$ ▶ \$					
A STATE OF THE PARTY OF	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	- Control Control Control	do D /Form of	20/ 0040			
	10-29-18	Schedi	ile D (Form 99	10) 2018			
02001	10-24-10						

Sch	edule D (Form 990) 2018 HER JUSTICE	INC.				1:	3-36885	19	Page 2
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, c	r Other	Similar A	ssets	(continu	Jed)
3	Using the organization's acquisition, accession								
	(check all that apply):		·	_	_				
а	[]	d	Loan or exc	change progr	ams				
b	Scholarly research	е		3-1-3					
c		_							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizati	on's exem	nt nurnose ir	Part XIII	1	
5	During the year, did the organization solicit or		-	-			r ar An	•	
J	to be sold to raise funds rather than to be ma				or sirrilar e	200010		es .	☐ No
Pa	rt IV Escrow and Custodial Arrang				"Yes" on F	-orm 990 Pa			
	reported an amount on Form 990, Part		to ii tilo organizatio	anomorou	100 0111	01111 000, 1 0	,	0, 0,	
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other as	sets not in	ıcluded			······
Iu	on Form 990, Part X?		•					'es	No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fell	owing table:	****************			. — '	62	NO
D	ii res, explain the anangement in Fait Alli a	ind complete the follo	owing table.				Λ.		
_	Danissias halausa						Al	nount	
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo		•		•	y?	[] Y	'es	No No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part	IV, line 10).			
	<u> </u>	(a) Current year	(b) Prior year	(c) Two yea		d) Three years			ears back
1a	Beginning of year balance	2,331,004.	2,283,939.	1,96	9,078.	2,167,	261.	2,2	23,366.
b	Contributions	90,000.		210	0,000.	5,	000.		
С	Net investment earnings, gains, and losses	135,315.	87,065.	109	9,861.	-26,	019.		6,669.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	15,000.	40,000.		5,000.	177,3	164.		62,774.
f	Administrative expenses								·
g	End of year balance	2,541,319.	2,331,004.	2,283	3,939.	1,969,0	78.	2,1	67,261.
2	Provide the estimated percentage of the curre	nt vear end balance) held as:				······································	
a	Board designated or quasi-endowment	99.65	%	,					
	Permanent endowment	%							
	Temporarily restricted endowment	.35 %							
·	The percentages on lines 2a, 2b, and 2c shoul								
22	Are there endowment funds not in the possess		on that are hold an	d administar	od for the	organization			
Ja		sion of the organizati	on that are new an	u aumminster	eu ioi tiie	organization		[v	and Na
	by:						٦		es No
	(i) unrelated organizations							Ba(i)	X
								a(ii)	- ^-
b	If "Yes" on line 3a(ii), are the related organization						L	3b	
4 Dar	Describe in Part XIII the intended uses of the or tVI Land, Buildings, and Equipme		ment funds.	egypestania, johannasia asia	<u>ngganunaaaaaan</u> 74765aa			***************************************	
rai			Dest N/ Per 44 - O	000	Deat V. Ba	- 10			
	Complete if the organization answered						T		
	Description of property	(a) Cost or oth	, , ,	1		cumulated	(d)	Book v	alue /
		basis (investme	ent) basis (otner)	depr	eciation	_		
	Land	•					1		
	Buildings								
С	Leasehold improvements						<u> </u>		
d	Equipment			446,508.		367,604.		•	78,904.
	Other	i							
	And discontact and a second second						1		78 904

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method (of valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		A 100 CONTRACTOR STATE OF STAT	
-	F	44 0 5 00	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990	J. Part X, line 13. f valuation: Cost or end-of-year market value
	(b) Dook value	(C) Method 0	r valuation. Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)		<u>- </u>	
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col (b) must equal Form 000 Port V and (D) line 10.)	A	744 VAND (1998)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	. 11d Co. Form 000	N. David V. Bara 4.5
	Description	e i id. See Form 990	(b) Book value
(1)	, destription		(b) Book value
(2)			
(3)			
(4)			
(5)		***************************************	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		>
Part X Other Liabilities.	10.1		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See For	m 990 Part X line 25
(a) Description of liability	Troini ooo, rare iv, iiro	(b) Book value	11 330, 1 at X, iiie 23.
(1) Federal income taxes		(-,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line 2	25.)		
			14、1000年代,1980年的,1980年代,1980年代,1980年代,1980年代,1980年代,1980年代,1980年代,1980年代,1980年的
Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under F			

Schedule D (Form 990) 2018

Par	† XI Reconciliation of Revenue per Audited Financial Statements With Revenue per ReComplete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total revenue, gains, and other support per audited financial statements	1 1	47,667,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a 94,414.		
b	Donated services and use of facilities 2b 42,115,089.	1 1	
c	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d 473,776.	1	
	Add lines 2a through 2d	2e	42,683,279.
3	Subtract line 2e from line 1	3	4,984,493.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,984,493.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	47,461,357.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 42,115,089.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 473,776.		
е	Add lines 2a through 2d	2e	42,588,865.
3	Subtract line 2e from line 1	3	4,872,492.
	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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.	5	4,872,492.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	; Part X, lir	ne 2; Part XI,
PART	XI, LINE 2D - OTHER ADJUSTMENTS:		
SPECI	TAL EVENT 473,776.		
PART	XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECI	AL EVENT 473,776.		•
PART	X - LINE 4		
DURIN	IG THE 2009 FISCAL YEAR, THE BOARD OF DIRECTORS AUTHORIZED THE		
ESTAE	BLISHMENT OF A SUBSTAINABILITY FUND. THE FUND IS TO BE USED TO ENSURE		
THE L	ONG-TERM SUSTAINABILITY OF HER JUSTICE.		
OURIN	G 2013 FISCAL YEAR, THE BOARD OF DIRECTORS AUTHORIZED THE		
ESTAE	LISHMENT OF A BANQUEST FUND. THE FUND IS TO BE USED TO SUPPORT		

Schedule D (Form 990) 2018 HER JUSTICE INC.	13-3688519	Page 5
Part XIII Supplemental Information (continued)		
DEVELOPMENT AND MARKETING INITIATIVES.		
TEMPORARILY RESTRICTED NET ASSETS CONSIST OF EXPENDABLE GRANTS AND		
CONTRIBUTIONS WHICH ARE RESTRICTED BY THE DONOR OR PERTAIN TO FUTURE		
PERIODS. WHEN THE TIME RESTRICTION ENDS OR THE PURPOSE OF THE RESTRICTION		
IS ACCOMPLISHED, TEMPORARY RESTRICTED NET ASSETS WILL BE RECLASSIFIED TO		
10 Mooding of the County and the County of t		
UNRESTRICTED NET ASSETS AND REPORTED IN THE STATEMENT OF ACTIVITIES AS NET	***************************************	
ASSETS RELEASED FROM RESTRICTION.		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization					Employer ide	entification number			
HER JUSTICE INC.					13-36885	13-3688519			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not									
required to complete this part.									
1 Indicate whether the organization rai	sed funds through any of the following	ng acti	vities.	Check all that apply.					
a X Mail solicitations e X Solicitation of non-government grants									
b X Internet and email solicitations f X Solicitation of government grants									
c Phone solicitations g X Special fundraising events									
d In-person solicitations									
2 a Did the organization have a written	or oral agreement with any individual	l (includ	ding o	fficers, directors, trus	tees, or				
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?									
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be									
compensated at least \$5,000 by the	organization.								
	T	T		T					
(i) Name and address of individual	CO A - History	(III) fundi	Did raiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	have c	ustody atrol of	from activity	fundraiser	to (or retained by) organization			
		contrib	utions?		listed in col. (i)	0.gaa.			
CMI EVENT PLANNING &		Yes	No						
FUNDRAISING, INC - 1325 6TH	FUNDRAISING	ļ	Х	2,134,010.	80,000.	2,054,010.			
VALUE 1.000		<u> </u>	<u> </u>						
		ļ							
		ļ							

		ll							
Total				2,134,010.	80,000.	2,054,010.			
3 List all states in which the organization	n is registered or licensed to colicit o	ontribu	tions						
or licensing.	This registered of licensed to solicit of	OHEHDE	1110115	or rias been notified	it is exempt from reg	istration			
					· · · · · · · · · · · · · · · · · · ·				
	4								
			•						

	Marie 100 100 100 100 100 100 100 100 100 10								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

Page 2

	art	of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			BENEFIT	FALL PARTY		(add col. (a) through col. (c))
<u>a</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	2,134,010.	235,011.		2,369,021.
	2	Less: Contributions	1,983,335.	201,511.	- To to the second to the Medical Control of the Second Se	2,184,846.
	3	Gross income (line 1 minus line 2)	150,675.	33,500.		184,175.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	35,000.			35,000.
irect E	7	Food and beverages	236,489.	29,140.		265,629.
	8	Entertainment		26,917.		26,917.
	9	Other direct expenses		60,423.		146,230.
	10		- 1 1 / 1		, >	473,776.
	11	Net income summary. Subtract line 10 from li				-289,601.
Pá	irt I		answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% [No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization conduc				
		ne organization licensed to conduct gaming action," explain:				Yes No
		e any of the organization's gaming licenses reves, " explain:			ar?	Yes No

2000	10.5	00.40			Sahadala O.F	
ع∠∪8;	2 10-0	JO- 10			Scheaule G (For	m 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 HER JUSTICE INC.	3-3688519	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	•	
	to administer charitable gaming?	Y	es No
13	Indicate the percentage of gaming activity conducted in:	. — .	
	The organization's facility	13a	ç
b	An outside facility	13b	ç
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [100]	
	Name		
	Address		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Nama N		
	Name		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	votain the state gaming linears 0	Ye	s No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	16	.5 [] 140
	organization's own exempt activities during the tax year > \$		
Par		ort III. linoo	0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	arin, mes	9, 90, 100,
	100, 100, 10, and 110, as applicable. The provide any additional information. Oce monactions.		
SCHE	DULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: CMI EVENT PLANNING & FUNDRAISING, INC		
/ - \			
(1)	ADDRESS OF FUNDRAISER: 1325 6TH AVENUE, 27TH FLOOR, NEW YORK, NY 10019		·····

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Schedule G (Form 990 or 990-EZ) HER JUSTICE INC. Part IV Supplemental Information (continued)	13-3688519	Page 4
Part IV Supplemental Information (continued)		
		,
		······································

Schedule G (Form 990 or 990-EZ)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

HER JUSTICE INC.

Questions Regarding Compensation

Employer identification number 13-3688519

			Yes	No
1 a	in the contract of the contrac			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ausaukinin.
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		90,00	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		***************************************
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	***************************************	
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			70 (A)
	and any strained the personal and provide the approached another for each form in the architecture.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	70 THE REAL PROPERTY.		SECTION :
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Ž.	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1933		
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2018

13-3688519

HER JUSTICE INC. Schedule J (Form 990) 2018

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Do not list any individuals that aren't listed on Form 990, Part VII.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(J)(B)	in column (B) reported as deferred on prior Form 990
(1) AMY BARASCH, ESQ.	€	207,498.	0	0	6 752	7 834	*00 000	
PRESIDENT/EXECUTIVE DIRECTOR	<u> </u>	0	0.	0		#00'/	442,084.	0
	ε							•0
	(ii)							
	(i)							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	(iii)							
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	(ii)							
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	Ξ							
	<u>(ii)</u>							
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	Ξ							
	Ξ							
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Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection

13-3688519 Types of Property Part I (a) (b) (d) Number of Noncash contribution Method of determining Check if contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 X 66,556. FAIR MARKET VALUE 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts Other > 25 26 Other 27 Other > 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes." describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

HER JUSTICE INC.	12-2000213
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
BOUNDARIES. HER JUSTICE PROVIDES LEGAL ASSISTANCE THAT HELPS WOMEN	
ACHIEVE STABILITY.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SELF-SUFFICIENCY AND STABILITY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
NEW YORK CITY. HER JUSTICE IDENTIFIES WOMEN WITH CASES THAT WOULD	
RESULT IN SERIOUS INJUSTICE WITHOUT LEGAL HELP. HER JUSTICE MATCHES THE	
BEST LEGAL SERVICES TO EACH CLIENT AND BRINGS THE POWER OF THE LEGAL	
PROFESSION TO THOSE WHO NEED IT MOST, EMPOWERING LOW-INCOME WOMEN AND	
CHILDREN TO AVOID HOMELESSNESS AND OVERCOME POVERTY AND ABUSE, LAST	
YEAR, HER JUSTICE PROVIDED ESSENTIAL LEGAL ASSISTANCE TO ALMOST 8, 000	
WOMEN AND CHILDREN. EVERY DOLLAR DONATED TO HER JUSTICE DELIVERS \$6	
WORTH OF LEGAL SERVICES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR, BOARDS CHAIR AND BOARD TREASURE RECEIVE A DRAFT	
COPY OF THE FORM 990 FOR REVIEW. ONCE THEY HAVE REVIEWED THE DOCUMENT AND	
HAVE SIGNED OFF THE FINAL COPY, THAT DRAFT IS FORWARDED TO THE REMAINING	
BOARD MEMBER VIA EMAIL. CONFIRMATION OF DELIVERY IS RETURNED TO THE COMPANY	
AND THE MEMBERS ARE GIVEN AND OPPORTUNITY TO AK QUESTIONS AND MAKE EDITS.	
ONCE THEDEADLINE FOR EDITS HAVE PASSED, THE FORM 990 IS SIGNED AND FILED	
WITH THE INTERNAL REVENUE SERVICE.	

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

Schedule O (Form 990 or 990-EZ) (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 13-3688519 HER JUSTICE INC. File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for 100 BROADWAY, 10TH FLOOR, NO. 10TH F filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10005 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Application Code Code is For Is For Form 990 or Form 990-EZ Form 990-T (corporation) 01 80 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 06 Form 990-T (trust other than above) JUSTICE, INC. 100 BROADWAY, 10TH FL, N. NAGOURNEY/HER ullet The books are in the care of llot NEW - YORK, NY 10005 Telephone No. ► 212-695-3800 Fax No. If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year _____, and ending JUN 30, 2019 ► X tax year beginning JUL 1, 2018

any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and
estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

___ Change in accounting period

Form 8868 (Rev. 1-2019)

instructions.

Initial return

Final return