EXTENDED TO MAY 16, 2022

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.

Department of the Treasury Internal Revenue Service

Α	For the	e 2020 calendar year, or tax year beginning J	UL 1, 2020	nd ending	JUN 30, 202	21	
	Check if applicabl	C Name of organization			D Employ	er identifi	cation number
	Addre chang						
	Name chang				13-	3688519	
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	e E Telepho	ne numbe	r
	Final return	100 BROADWAY	mvorou to otroot addroos,	10TH F	- I	695-38	
	termin		ZIP or foreign postal code	I	G Gross rece	ipts\$	6,501,074.
	Ameno return		3 1		H(a) Is this	a group re	eturn
	Applic tion	F Name and address of principal officer: Aut 1	BARASCH, ESQ			bordinates	
	pendir	SAME AS C ABOVE			H(b) Are all s	ubordinates ir	ncluded? Yes No
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)	(1) or 52	7 If "No,	," attach a	list. See instructions
J	Websi	te: > WWW.HERJUSTICE.ORG			H(c) Group	exemptio	n number
			ssociation Other >	L Yea	r of formation:	1992 N	M State of legal domicile: NY
P	_	Summary					
4	1	Briefly describe the organization's mission or most	significant activities: PROV	IDE FREE I	LEGAL HELP	TO WOME	N
Governance		LIVING IN POVERTY IN NYC, AS WELL AS	ADDRESS SYSTEMATIC L	EGAL			
rna	2	Check this box if the organization disco	ntinued its operations or dis	posed of mor	e than 25% of	its net ass	sets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	25
		Number of independent voting members of the go	verning body (Part VI, line 1	o)		4	24
es 2	5	Total number of individuals employed in calendar y					40
Activities &	6	Total number of volunteers (estimate if necessary)					2000
Act	7 a	Total unrelated business revenue from Part VIII, co				l l	0.
_	<u></u>	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
				_	Prior Ye		Current Year
ē	8				5,1	25,155.	6,259,212.
en.	9					0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				71,721.	90,839.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8d				19,349.	-79,599.
_		Total revenue - add lines 8 through 11 (must equal			5,2	16,225.	6,270,452.
	1	Grants and similar amounts paid (Part IX, column (0.	0.
	1	Benefits paid to or for members (Part IX, column (3 3	94,258.	3,624,359.
es	15	Salaries, other compensation, employee benefits (3,3	0.	3,624,339.
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.	0.
Ä	1 D	Total fundraising expenses (Part IX, column (D), lin			1 7	50,147.	1,358,790.
	''	Other expenses (Part IX, column (A), lines 11a-11d Total expenses. Add lines 13-17 (must equal Part I				44,405.	4,983,149.
		Revenue less expenses. Subtract line 18 from line			•	71,820.	1,287,303.
		nevertue less expenses. Subtract line 16 from line	12		eginning of Cur		End of Year
Net Assets or	20	Total assets (Part X, line 16)		ا ا		29,393.	7,259,921.
Asse	21	Total liabilities (Part X, line 26)				86,157.	821,001.
Net.	22	Net assets or fund balances. Subtract line 21 from	line 20			43,236.	6,438,920.
	art II	Signature Block			,		, ,
Unc	der pena	lties of perjury, I declare that I have examined this return	, including accompanying sche	lules and staten	nents, and to the	e best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office				-	
						_	
Sig	ın	Signature of officer			Dat	е	
He		.					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Pai	d	ALEXANDER LAZZARUOLO	Alexander Lazz	aruolo	2/7/2022	self-employ	red P01775353
Pre	parer	Firm's name CONDON O'MEARA MCGINTY 8			Firn	n's EIN 🛌	13-3628255
Use	Only	Firm's address ONE BATTERY PARK PLAZA,	7TH FL.				
_		NEW YORK, NY 10004			Pho	one no.212	-661-7777 ——
Ma	v the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$ 3,996,338. Total program service expenses ▶

Form **990** (2020)

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Form 990 (2020) | Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		х
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		-
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2020) Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-3/		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2020)

(gambling) winnings to prize winners?

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Form 990 (2020) HER JUSTICE INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.	Х	
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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
10-	Did the exemination have level charters branches as efficience	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, CT, MA, NJ, NY, SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	THE BRUGINGS NO THER RINEW YORK NV 10005			

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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.

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

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

(A) Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY BARASCH, ESQ.	60.00	1							_	
PRESIDENT/EXECUTIVE DIRECTOR		Х		Х				203,672.	0.	17,127.
(2) HAMRA AHMAD	60.00	4								
DIRECTOR OF LEGAL SERVICES						Х		132,946.	0.	4,055.
(3) NANCY NAGOURNEY	60.00	4								
DIR. OF FINANCE & OPERATIONS						Х		111,837.	0.	17,561.
(4) DEVON PROVEN	40.00	4						405 200		
DIR. OF DEVELOPMENT	60.00					Х		107,308.	0.	20,333.
(5) ANNA MARIA DIAMANTI	60.00	-						110 501	_	10 001
DIR. OF FAMILY AND MATRIMONIAL	60.00					Х		112,791.	0.	10,221.
(6) CATHERINE V. CURRY	60.00	1				,,		100 252	_	2 202
DIR. INSTITUTIONAL RELATIONS	2.00					Х		109,353.	0.	3,392.
(7) PATRICIA FERRARI	3.00	١,,		,,					_	_
CHAIR (8) STEVEN ZELIN	3 00	Х		Х				0.	0.	0.
VICE CHAIR	3.00	x		х				0.	,	
(9) KIM KOOPERSMITH, ESQ.	3.00	^		^				0.	0.	0.
VICE CHAIR	3.00	x		х				0.	0.	_
(10) IVAN R. LEHON CFA, CFE	3.00	^		^				0.	٠.	0.
TREASURER	3.00	x		х				0.	0.	_
(11) DREW S. FINE, ESQ.	3.00	^		^				0.	0.	0.
SECRETARY	3.00	x		x				0.	0.	0.
(12) BRIAN FOX	3.00			A				· · · · · · · · · · · · · · · · · · ·	0.	· ·
DIRECTOR	3.00	x						0.	0.	0.
(13) ELENA MILLERMAN	3.00	1						0.	· ·	<u>·</u>
DIRECTOR	3,00	x						0.	0.	0.
(14) KEVIN J. LAVIN	3.00	 							••	<u>.</u>
DIRECTOR		x						0.	0.	0.
(15) LEE S. ATTANASIO, ESQ.	3.00	 -							•	
DIRECTOR		x						0.	0.	0.
(16) PAUL M. BASTA, ESQ.	3.00									
DIRECTOR		х						0.	0.	0.
(17) NICOLE GREENBLATT	3.00									
DIRECTOR		х						0.	0.	0.
						-				Form 990 (2020)

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HER JUSTICE INC 13-3688519

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees.	and	d Hi	ghe	st C	ompensated Employee	es (continued)				aye C
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) sition more erson		one n an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	D)	fr org an	ipensa rom th janizat d relat anizati	e ion ed
(18) BRUCE H. MENDELSOHN	3.00							_					
DIRECTOR (19) FAITH GRAY, ESQ.	3.00	Х			-	1		0.		0.			0.
DIRECTOR	3.00	x						0.		0.			0.
(20) ROOPESH K. SHAH	3.00	123				1		· ·		••			
DIRECTOR		x						0.		0.			0.
(21) JENNIFER L. RODBURG, ESQ.	3.00	 								- •			
DIRECTOR		x						0.		0.			0.
(22) ELIZABETH ABRAMS	3.00												
DIRECTOR		х						0.		0.	1		0.
(23) KELLEY CORNISH	3.00												
DIRECTOR		х						0.		0.			0.
(24) KENNETH ZIMAN	3.00												
DIRECTOR		Х						0.		0.			0.
(25) EDWARD GOLDTHORPE	3.00	_											
DIRECTOR		Х						0.		0.			0.
(26) PAUL LEAKE	3.00	┨								•	1		•
DIRECTOR		Х						0.		0.		7.0	0.
1b Subtotal								777,907.		0.		12,	689.
c Total from continuation sheets to Part \								777,907.		0.		72	689.
d Total (add lines 1b and 1c)							o re	· ·	000 of reportable	••		,,,	
compensation from the organization	not inflited to ti	1030	iisto	a a	30 V C	<i>)</i>	10 10	cerved more than \$100,	ood of reportable				(
componed for norman conganization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	loye	e, o	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the	sum of reportab	le co	mpe	ensa	ation	anc	oth	ner compensation from t	he organization				
and related organizations greater than \$1	50,000? If "Yes	," co	mpl	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsati	on f	rom	any	unr	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." co	mplete Schedul	e J f	or su	ıch ,	pers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest o	=	-							· · · · · · · · · · · · · · · · · · ·	ensa	tion fro	om	
the organization. Report compensation fo	r the calendar y	ear e	endir	ng w	/ith d	or w	tnın T		ear.			<u> </u>	
(A) Name and busines	s address	NO	NE					(B) Description of s	services	C)) Compe		n
2 Total number of independent contractors	(including but n	ot lir	mitor	d +0	thos	so lic	tod.	abova) who received me	oro than				

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 HER JUSTICE INC. 13-3688519

Form 990 HER JUSTICE :	INC.								13-36885	519
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) GARY T. HOLTZER DIRECTOR	3.00	Х						0.	0.	0.
(28) ELIZABETH VICENS	3.00									
DIRECTOR (29) MONICA ARORA	3.00	Х						0.	0.	0
DIRECTOR	3.00	х						0.	0.	0.
						_				
	<u>I</u>	<u> </u>	L	<u> </u>	<u> </u>		<u> </u>			
Total to Part VII, Section A, line 1c										

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Form 990 (2020) HER JUSTICE
Part VIII Statement of Revenue

			Check if Schedule O contains a	resnonse d	or note to any lin	e in this Part VIII			
			Cricci ii Geriedale o contains a	гозропас с	or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									360110113 3 12 - 3 14
nts	1		Federated campaigns	1a					
ira Ou			Membership dues	1b					
s, (Am			Fundraising events	1c	3,059,335.				
Sift Iar		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e	1,369,412.				
ion		f	All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	1,830,465.				
ÖĘ		q	Noncash contributions included in lines 1a-1f	1g \$	91,198.				
Sor		_	Total. Add lines 1a-1f		•	6,259,212.			
					Business Code				
•	2	2							
ij									
er, ne		b							_
n S		C							
arai Be		d							
Program Service Revenue		е							
₽			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider						
			other similar amounts)			66,815.			66,815.
	4		Income from investment of tax-exem	pt bond pr	roceeds				
	5		Royalties						
			(i)) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (loss)		>				
			` '	ecurities	(ii) Other				
	-			49,597.					
		h	Less: cost or other basis	,					
Φ				25,573.					
Revenue		_		24,024.					
eve						24,024.			24,024.
ت R			Net gain or (loss)		·····	24,024.			24,024.
ther	8	а	Gross income from fundraising events (n						
ŏ			including \$ 3,059,335.	.					
			contributions reported on line 1c). Se		0				
			Part IV, line 18		0.				
			Less: direct expenses		105,049.				
			Net income or (loss) from fundraising			-105,049.			-105,049.
	9	а	Gross income from gaming activities	. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming act	tivities	>				
	10	а	Gross sales of inventory, less returns	,					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv		>				
			• •		Business Code				
snc	11	а	OTHER INCOME		900099	25,450.			25,450.
Miscellaneous Revenue		b				,			,
ella Ver		C							
Sce			All other revenue						
Ξ					.	25,450.			
	12	-	Total Add lines 11a-11d			6,270,452.	0.	0.	11,240.
	14		Total revenue. See instructions		 _	5,2,0,192.	<u> </u>	<u> </u>	

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Form 990 (2020) | 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 respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	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				
	Compensation of current officers, directors,	249,983.	195,002.	32,511.	22 471
	trustees, and key employees	240,000.	133,002.	32,311.	22,470
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,749,883.	2,145,081.	357,627.	247,175
	Other salaries and wages	2,749,863.	2,145,081.	337,027.	247,173
	Pension plan accruals and contributions (include	51 605	40 325	6 723	1 61.
	section 401(k) and 403(b) employer contributions)	51,695. 326,397.	40,325. 254,612.	6,723.	4,647
	Other employee benefits			· · ·	
	Payroll taxes	246,401.	192,208.	32,045.	22,148
	Fees for services (nonemployees):				
	Management				
	Legal	10.000		10.000	
	Accounting	18,800.	60.050	18,800.	
	Lobbying	60,250.	60,250.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	106,265.	61,202.	30,000.	15,063
	Advertising and promotion				
	Office expenses	137,978.	124,180.	12,680.	1,118
4	Information technology	151,881.	136,693.	7,594.	7,594
	Royalties				
16	Occupancy	712,874.	641,586.	35,644.	35,644
7	Travel				
I8	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,909.	50,318.	5,591.	
3	Insurance	41,970.	37,773.	4,197.	
1	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	LEGAL RESOURCES & TRAIN	53,032.	47,729.	5,303.	
b	FUNDRAISING EXPENSES	11,792.	2,948.	1,179.	7,665
c I	MARKETING EXPENSES	8,039.	6,431.		1,608
d		-			
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,983,149.	3,996,338.	592,342.	394,469
	Joint costs. Complete this line only if the organization	-	-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020) Part X Balance Sheet

² ar	t X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			400.	1	40
	2	Savings and temporary cash investments			2,297,969.	2	3,238,68
	3	Pledges and grants receivable, net			802,670.	3	1,104,44
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
2	7	Notes and loans receivable, net				7	
Assers	8	Inventories for sale or use				8	
₹	9	Dona aid assessment and defense delegance			2,336.	9	2,33
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	485,624.			
	b	Less: accumulated depreciation	. 10b	453,326.	44,006.	10c	32,29
	11	Investments - publicly traded securities		2,326,483.	11	2,724,75	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	155,529.	15	157,00		
	16	Total assets. Add lines 1 through 15 (must ea		1	5,629,393.	16	7,259,92
	17	Accounts payable and accrued expenses		172,892.	17	207,73	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet		21			
, l	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the				22	
֡֡֡֞֡֞֡֡֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third i		613,265.	24	613,26
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D				25	
	26	Takal Balanda a Aslal Basas 47 Nasas ala OF			786,157.	26	821,00
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
se		and complete lines 27, 28, 32, and 33.					
au au	27	Net assets without donor restrictions			4,843,236.	27	6,438,92
gal	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC					
고		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ds			29	
Ser	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,843,236.	32	6,438,92
-	33	Total liabilities and net assets/fund balances			5,629,393.	33	7,259,92

Form 990 (2020) HER JUSTICE INC. 13-3688519 Page **12**

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,270,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,983,	149.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,287,	303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,843,	236.
5	Net unrealized gains (losses) on investments	5		308,	381.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	6	,438,	920.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?				
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

2020

Open to Public Inspection

Name of the organization **Employer identification number** HER JUSTICE INC. 13-3688519 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12g. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5,180,346.	5,120,976.	5,214,751.	5,125,155.	6,259,212.	26,900,440.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	5,180,346.	5,120,976.	5,214,751.	5,125,155.	6,259,212.	26,900,440.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						26,900,440.	
Sec	ction B. Total Support			_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	5,180,346.	5,120,976.	5,214,751.	5,125,155.	6,259,212.	26,900,440.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	37,562.	48,313.	54,125.	72,463.	66,815.	279,278.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	45,000.	41,500.	45,341.	19,349.	25,450.	176,640.	
11	Total support. Add lines 7 through 10						27,356,358.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi							
14						14	98.33 %	
15	Public support percentage from 2019					15	98.12 %	
16a	33 1/3% support test - 2020. If the o							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2019. If the o				ine 15 is 33 1/3%	or more, check this	s box	
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatior	n qualifies as a pub	licly supported or	ganization		▶∟	
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or	
	more, and if the organization meets the		•					
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	16b, 17a, or 17b,		nd see instructions		

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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

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

Se	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	ļ						
	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	ļ						
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-	ļ						
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to	ļ						
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to	ļ						
	the organization without charge	ļ						
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				•			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,	ļ						
	and income from similar sources	ļ						
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
(Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on	ļ						
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,	
	check this box and stop here						>	
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%	
	Public support percentage from 2019					16	%	
Se	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%	
	Investment income percentage from							
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>	
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization		
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions		

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
40		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 governmental entity (see instru	ıction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		i

Sche	dule A (Form 990 or 990-EZ) 2020 HER JUSTICE INC.	13-3688519	Page 6				
Pai		g Orgai	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (options			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Y	'ear		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting orga	anization (see			

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets	., .	4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.	, criac actano n	6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which to	the organization is responsive		
	(provide details in Part VI). See instructions.	J	8	
9	Distributable amount for 2020 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of orga	301(c)(4), (3), 01 (6) 019a1112a1	ions. Complete Fait III.		Emp	loyer identification number
Name or orga	HER JUSTICE	Emp	13-3688519		
Part I-A		anization is exempt und	er section 501(c)	or is a section 527 or	
 Provide Political 	a description of the organiz	ation's direct and indirect politic ures gn activities	al campaign activities ir	n Part IV. ►\$	
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax ne amount of any excise tax ganization incurred a section	incurred by the organization unc incurred by organization manage n 4955 tax, did it file Form 4720	ler section 4955 ers under section 4955 for this year?	▶ \$ ▶ \$	Yes No
Part I-C		anization is exempt und	er section 501(c),	except section 501(c	e)(3).
2 Enter th	ne amount directly expended ne amount of the filing organ	by the filing organization for se- ization's funds contributed to ot	ction 527 exempt functi her organizations for se	ion activities	
3 Total ex	cempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,		
5 Enter the made purcontribution	ne names, addresses and em ayments. For each organiza ations received that were pro	nployer identification number (Ellition listed, enter the amount paid omptly and directly delivered to additional space is needed, proving the space is needed, proving the space is needed.	N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to which ation's funds. Also enter the anization, such as a separat	n the filing organization e amount of political
	(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) 2020

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Ochedule O (1 01111 330 01 330 EZ) 2020	HER GODITCH INC.			13 3	rage z
Part II-A Complete if the org section 501(h)).	janization is exei	npt under sectior	1501(c)(3) and file	d Form 5768 (ele	ction under
A Check if the filing organiza	ation belongs to an aff	iliated group (and list in expenditures).	Part IV each affiliated	group member's name	e, address, EIN,
B Check ▶ ☐ if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ		1 / 12 1 1 1 1 1 1		60,250.	
c Total lobbying expenditures (add li	-	• • • • •		60,250.	
d Other exempt purpose expenditure				5,027,948.	
e Total exempt purpose expenditure				5,088,198.	
f _Lobbying nontaxable amount. Ento				404,410.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17.		00 plus 5% of the exces			
Over \$17,000,000	\$1,000	•			
	1 4.,555	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			101,103.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	a ar loop ontor O			0.	
j If there is an amount other than ze	,				
reporting section 4911 tax for this		,		Г	Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations t		i01(h) election do not l rate instructions for lir	•	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	389,940.	393,625.	396,572.	404,410.	1,584,547.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,376,821.
c Total lobbying expenditures	6,050.	75,850.	60,050.	60,250.	202,200.
d Grassroots nontaxable amount	97,485.	98,406.	99,143.	101,103.	396,137.
e Grassroots ceiling amount (150% of line 2d, column (e))					594,206.
• Graceroote labbuing expanditures					

Schedule C (Form 990 or 990-EZ) 2020

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	(a)		(b)	
of the lobbying activity.				•	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912			-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dar	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	 n 501(c)(5	il or	202	tion	
rai	501(c)(6).	11 30 1(0)(3	,, Oi	360	lion	
					Yes	No
1	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?		[2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th			3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				II-A, IINE	3, IS
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	iai				
_	. , , , ,			22		
	Current year			2a 2b		
	Carryover from last year			2c		
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		" Г	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the			3		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (See instructions)		··· ├	5		
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list). Part II.	Δ lines	s 1 ar	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	1100, 1 010117	ν, πιον	5 i ai	14 2 (000	
1113616	iotions), and rairing, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

HER JUSTICE INC 13-3688519

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		•
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic 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 conser	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	l balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A	,	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

032051 12-01-20

Par	rt III │ Organizations Maintaining Co	ollections of Art	<u>, Historical Trea</u>	asures, or Othe	r Simila	<u>r Assets</u>	(continu	ed)		
3	Using the organization's acquisition, accession	n, and other records	, check any of the fo	ollowing that make s	significant	use of its	•			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research e Other									
С										
4	Provide a description of the organization's col	llections and explain	how they further the	e organization's exe	mpt purpo	se in Part	XIII.			
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other simila	r assets		_			
	to be sold to raise funds rather than to be ma						Yes	No		
Par	t IV Escrow and Custodial Arrang		te if the organizatior	n answered "Yes" or	n Form 990), Part IV, I	ine 9, or			
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	or other assets not	included	_	_			
	on Form 990, Part X?					L	Yes	No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
						ļ	Amount			
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo				•	L	Yes	No No		
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	Tt V Endowment Funds. Complete if									
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back									
b	200 005 200 405 245 205 400 004									
C										
	d Grants or scholarships									
е	e Other expenditures for facilities									
_	and programs		90,000.	15,000.		40,000.	5,000.			
f	Administrative expenses	3,162,264.	2 522 000	2 5/1 210	2 2	21 004	. 2,283,939.			
g	End of year balance		2,533,989.	2,541,319.	2,3	31,004.	2,2	03,333.		
2	Provide the estimated percentage of the curre	•		neid as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶	% 6								
С	The percentages on lines 2a, 2b, and 2c shou	-								
20	Are there endowment funds not in the posses	•	ion that are hold an	d administered for t	ho oraaniz	otion				
Sa	by:	sion of the organizat	ion that are neld and	u auministereu ior t	ne organiz	alion	[v	es No		
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	Х		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part X	, line 10.					
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulate	ed	(d) Book	value		
		basis (investm		1 ' '	epreciation					
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I		485,624.	453,	326.		32,298.		
	Other									
	Add lines 1a through 1e (Column (d) must on		column (P) line 10	lo)				32,298.		

Schedule D (Form 990) 2020

- Description of acquirit :t		11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	ot-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Farma 000 David IV line	11. Cas Farra 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
	(b) DOOK Value	(c) Method of Valuation. Cost of end	oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
• •			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form 550, Fart X, line 15.	(b) Book value
(1)	1		(,,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)	•	
Column (Column (b) must equal i omi 930, i art X. col. (b) line	13.,		
Part X Other Liabilities.			
	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
Complete if the organization answered "Yes" (on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

13-3688519

 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			-	
2 Amounts included on line 1 but not on Form 990 Part VIII line 12:			1	47,370,138.
· · · · · · · · · · · · · · · · · · ·				
a Net unrealized gains (losses) on investments		308,381.		
b Donated services and use of facilities		40,686,256.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	105,049.		
e Add lines 2a through 2d			2e	41,099,686.
3 Subtract line 2e from line 1			3	6,270,452.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial State	monte With	Evnoncos por B	5 cturn	6,270,452.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1		Expenses per n	etuiii.	
Total expenses and losses per audited financial statements			1	45,774,454.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	40,686,256.		
b Prior year adjustments		, ,		
c Other losses	····			
d Other (Describe in Part XIII.)		105,049.		
e Add lines 2a through 2d		·	2e	40,791,305.
3 Subtract line 2e from line 1			3	4,983,149.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,983,149.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b a	and 2b; Part V, line 4;	Part X, lir	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inform	ation.		
PART V, LINE 4:				
THE ORGANIZATION RECOGNIZES ALL UNCONDITIONAL GRANTS AND CONTRI	DIIMTONG AG			
THE ORGANIZATION RECOGNIZES ALL UNCONDITIONAL GRANTS AND CONTRI	BUITONS AS			
	TONS THAT			
SUPPORT ON THE STATEMENT OF ACTIVITIES. ANY GRANTS OR CONTRIBUT				
SUPPORT ON THE STATEMENT OF ACTIVITIES. ANY GRANTS OR CONTRIBUT				
SUPPORT ON THE STATEMENT OF ACTIVITIES. ANY GRANTS OR CONTRIBUT ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANT				
	TS OR			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRAN	TS OR			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRAN	TS OR			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS.	TS OR			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS A	TS OR			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS.	TS OR ARE TIES.			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS ARE REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS. OPERATING NET ASSETS ARE USED TO ACCOUNT FOR THE GENERAL ACTIVITY	TS OR ARE TIES.			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS. REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS. OPERATING NET ASSETS ARE USED TO ACCOUNT FOR THE GENERAL ACTIVITY DURING THE 2013 FISCAL YEAR, THE BOARD OF DIRECTORS AUTHORIZED	TS OR ARE TIES.			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS ARE REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS. OPERATING NET ASSETS ARE USED TO ACCOUNT FOR THE GENERAL ACTIVITY DURING THE 2013 FISCAL YEAR, THE BOARD OF DIRECTORS AUTHORIZED OF STABLISHMENT OF A SUSTAINABILITY FUND. THE FUND IS TO BE USED OF STABLISHMENT OF A SUSTAINABILITY FUND.	TS OR ARE TIES. THE TO ENSURE			
ARE WITHOUT DONOR RESTRICTIONS ARE RECOGNIZED AS SUCH. ANY GRANGE CONTRIBUTIONS THAT ARE RESTRICTED OR PERTAIN TO FUTURE PERIODS ARE REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS. OPERATING NET ASSETS ARE USED TO ACCOUNT FOR THE GENERAL ACTIVITY DURING THE 2013 FISCAL YEAR, THE BOARD OF DIRECTORS AUTHORIZED OF THE SUSTAINABILITY FUND. THE FUND IS TO BE USED OF THE SUSTAINABILITY.	TS OR ARE TIES. THE TO ENSURE			

IYO00W_1

10080202 152490 IYO00W

SCHEDULE G

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

HER JUSTIC	E INC.				13-368851	9
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
				(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization		ontrib	▶ utions	or has been notified	it is exempt from re	gistration
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2020

		le G (Form 990 or 990-EZ) 2020 HER JUSTIC				-3688519 Page 2
Pa	ırt I					
		of fundraising event contributions and gr			<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			VIRTUAL EVENT			(add col. (a) through col. (c))
4)			(event type)	(event type)	(total number)	Col. (c))
Revenue	1	Gross receipts	3,059,335.			3,059,335.
_	2	Less: Contributions	3,059,335.			3,059,335.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
v	5	Noncash prizes				
seuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	6,001.			6,001.
	8	Entertainment				
	9	Other direct expenses				99,048.
	10	Direct expense summary. Add lines 4 through				105,049.
	11	Net income summary. Subtract line 10 from I			_	-105,049.
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		Γ	T	
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c))
Вè		Cross revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct		Rent/facility costs				
	5	Other direct expenses				
	_	O a lot all cost oxponess	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
	_					
		ter the state(s) in which the organization condu		-1-10		
		the organization licensed to conduct gaming a				Yes No
I.	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	vear?	Yes No
		Yes," explain:				
0330	22 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 HER JUSTICE INC.	13-3688519	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$	t	
С	If "Yes," enter name and address of the third party:		
	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		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	· · · · · · · · · · · · · · · · · · ·		

Schedule G Form 990 or 990-E7 HER JUNETICE TINC. Page 4 Part IV Supplemental Information gootenued Page 4 Page 4	Schedule G	G (Form 990 or 990-EZ)	HER JUSTICE INC.		13-3688519	Page 4
	Part IV	Supplemental Info	rmation (continued)			
			,			

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number HER JUSTICE INC. 13-3688519 Part I Questions Regarding Compensation

			V	NI.
			Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	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			
	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,			
	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 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 Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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		х
b		4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
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		х
b	Any related organization?	6b		Х
	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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) AMY BARASCH, ESQ.	(i)	203,672.	0.	0.	6,259.	10,868.	220,799.	0.
PRESIDENT/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

HER JUSTICE INC.

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

Employer identification number 13-3688519

Fai	LI	Types	of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of denotes the contribution of the	etermin	_	s
1	Art -	Works of	art							
2			treasures							
3			interests							
4			olications							
5			ousehold goods							
6			r vehicles							
7			nes							
8			perty							
9			blicly traded	Х	9	91,198	.FAIR MARKET VALU	Έ		
10			osely held stock							
11			rtnership, LLC, or							
		tinterests								
12	Secu	urities - Mis	scellaneous							
13			ervation contribution -							
	Histo	oric structi	ures							
14	Qua	lified cons	ervation contribution - Other							
15	Real	estate - R	esidential							
16			ommercial							
17			ther							
18										
19			/							
20			dical supplies							
21										
22			acts							
23			imens							
24			artifacts							
25		er 🕨	(
26	Othe	er 🕨	()							
27	Othe	er 🕨	()							
28	Othe	er 🕨	(
29	Num	nber of For	ms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for w	vhich the c	organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
									Yes	No
30a	Duri	ng the yea	r, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	igh 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?							30a		X
b	b If "Yes," describe the arrangement in Part II.									
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31	Х		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	cont	ributions?						32a		X
b	If "Y	es," descr	ibe in Part II.							
33	If the	e organiza	tion didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is che	ecked,			
	desc	cribe in Pa	rt II.							
LHA	Fo	r Paperw	ork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule I	И (Forr	n 990)	2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020
Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** HER JUSTICE INC. 13-3688519 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: CRITICAL LEGAL ASSISTANCE THAT HELPS THEM ACHIEVE SAFETY SELF-SUFFICIENCY, AND STABILITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 OVER 6,900 WOMEN AND THEIR CHILDREN. EVERY DOLLAR DONATED TO HER JUSTICE DELIVERS \$8 WORTH OF LEGAL SERVICES TO OUR CLIENTS AT NO COST TO THEM FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR, BOARDS CHAIR AND BOARD TREASURER 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

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

AND THE MEMBERS ARE GIVEN AND OPPORTUNITY TO ASK QUESTIONS AND MAKE EDITS.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HER JUSTICE INC.	13-3688519							
ONCE THE DEADLINE FOR EDITS HAVE PASSED, THE FORM 990 IS SIGNED AND FILED								
WITH THE INTERNAL REVENUE SERVICE.								
FORM 990, PART VI, SECTION B, LINE 12C:								
EACH YEAR THE CONFLICT OF INTEREST STATEMENTS ARE SENT TO EACH BOARD MEMBER								
FOR REVIEW. EACH BOARD MEMBER IS REQUIRED TO SIGN THE STATEMENT AND								
DISCLOSE ANY POTENTIAL CONFLICT, IF APPLICABLE.								
FORM 990, PART VI, SECTION B, LINE 15A:								
THE PROCESS BY WHICH THE COMPESATION COMMITTEE FULFILLS ITS PURPOSE IN								
ASSISTING THE OVERSIGHT OF THE HER JUSTICE'S MANAGEMENT COMPENSATION								
POLICIES AND PRACTICES IS AS FOLLOWS:								
1. THE COMMITTEE MEETS AT LEAST TWICE A YEAR TO REVIEW THE COMPESATION								
PACKAGE FOR THE EXECUTIVE DIRECTOR.								
2. THE SENIOR DIRECTOR, FINANCE AND OPERATIONS WILL PROVIDE TO THE								
COMMITTEE, PRIOR TO THE MEETING, VARIOUS COMPARATIVE COMPESATION MATERIALS								
INCLUDING BUT NOT LIMITED TO:								
A. SALARY SURVEYS;								
B. EMPLOYEES COMPENSATION, DISCLOSED IN FORM 990, FROM COMPARABLE								
ORGANIZATIONS;								
C. JOB POSTINGS AND SALARY REQUIREMENTS POSTED FOR SIMILAR POSITIONS.								
3. THE COMMITTEE WILL KEEP NOTES OF ALL MEETINGS AND DECISIONS.								
FORM 990, PART VI, SECTION C, LINE 19:								
HER JUSTICE MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,								
AND FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE, ON OTHER WEBSITES AND	AND FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE, ON OTHER WEBSITES AND							
UPON REQUEST.								