For Paperwork Reduction Act Notice, see the separate instructions.

CHANGE OF ACCOUNTING PERIOD Return of Organization Exempt From Income Tax 990 OMB No. 1545-0047 2020 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. Open to Public Inspection Department of the Treasury Internal Rovenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 01/01/21, and ending 09/30/21C Name of organization Check if applicable: D Employer identification number Address change Child Justice Inc Doing business as 46-2493549 Name change ember and street (or P.O. box if mail is not delivered to street address) Initial return 8720 Georgia Avenue, Ste #703 301-283-1762 Final return/ terminated City or lown, state or province, country, and ZIP or foreign postal code Silver Spring MD 20910 815,402 G Gross receipts\$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates Yes X No Application pending Eileen King 8720 Georgia Avenue, Ste #703 H(b) Are all subordinates included? Silver Spring 20910 if "No." attach a list. See instructions Tax-exempt status: 4947(s)(1) or X 501(c)(3) 501(c) (Websito: ▶ www.child-justice.org H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 2012 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) R 7aTotal unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 1,083,056 812,292 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **2,618** 1,969 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,521 1,14112 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ,087,195 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 893,606 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,778 0 N NAMES OF THE 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 309,879 232,420 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 203,485 931,794 19 Revenue less expenses. Subtract line 18 from line 12 -116,290 -116,392 Beginning of Current Year End of Year 20 Total assets (Part X, fine 16) 777,142 660,750 21 Total liabilities (Part X, line 26)22 Net assets or fund balances. Subtract line 21 from line 20 364,661 364,661 412,481 296,089 Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Eileen King Executive Director Type or print name and title Print/Type preparer's name Precarer's signature Check Paid Robert First, CPA 08/15/22 self-employed P01233202 Preparer PC, Farmer & First CPA's 05-0519103 Firm's name Firm's EIN Use Only State St 6 401-247-1040 Warren, RI 02885-3120 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form 990 (2020)

<u>cm 990 (2020) Cl</u>					46-2493549		Page 2
Partilli Stat	ement	of Program	n Service A	complishments			(E)
Briefly describe	CK II S	crieduje O c	<u>contains a res</u>	ponse or note to ar	y line in this Part III		X
See Sched	ius oi Iule		ssion:				
~ r.n			••••••	*****************	•••••	••••••	•••••••
					•••••		
							••••••
Did the organiz	ation un	dertake any siç	prificent program	services during the yea	r which were not listed o	n the	
prior Form 990	ог 980-	EZ?	•••••		••••••••••	*******	. Yes 🗓 No
If "Yes," descrit	be these	new services	on Schedule O.				
	etion ce	ase conducting), or make signifi	cant changes in how it	conducts, any program		
					••••••••••	•••••	. 🔲 Yes 🗓 No
If "Yes," describ				homente for each of the s	hree largest program sen	•	
expenses Sed	ion 501	one program s (cV3) and 501/	civica sconincia	i est to their tot estation of a	wee largest program sen the amount of grants an	rces, as measured by	y
the total expens	ses. and	l nevenue, if an	cy(4) organization v. for each more	is are required to report ism service reported.	the smount of grants en	d shocations to other	8,
			At ion comit broß.				
a (Code:) (Exp	enses \$	829,643	Including grants of	***************************************) (Revenue \$	
See Sched	lule				••••••		
• • • • • • • • • • • • • • • • • • • •	•••••				•••••		
					••••••		
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	•••••••			••••••		•••••
					••••••		
					••••••		
					••••••		

	• • • • • • • • •	*****************	••••••	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	••••••
b (Code:) (Exp	enses \$		including grants of\$) (Revenue \$	
					•••••		

***************************************	•••••	• • • • • • • • • • • • • • • • • • • •	•••••		*********		••••••
• • • • • • • • • • • • • • • • • • • •	•••••		•••••		•••••		••••••

					•••••		
					•••••		

				***************************************	•••••	••••	• • • • • • • • • • • • • • • • • • • •
(Code:) (Exp	enses \$		including grants of\$) (Revenue \$	
N/A	•••••		••••••				
• • • • • • • • • • • • • • • • • • • •	•••••		*************		•••••		
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••		•••••		
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		•••••	***************************************	
• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			•••••	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••	•••••
• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	•••••
	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	••••••
•••••••	*******	• • • • • • • • • • • • • • • • • • • •	••••••	*****************	••••••	••••••	****************
******************			•••••••		• • • • • • • • • • • • • • • • • • • •		
			• • • • • • • • • • • • • • • • • • • •	*****************			
d Other program s	ervices	(Describe on S	•				
(Expenses \$			including grant) (Revenue \$)
le Total program si	ervice e	xpenses 🕨	829	. 643			

	artive Checklist of Required Schedules			
1	to the executation deposits of the continuous states are seen as a second state of the second states are seen as a second state of the second states are seen as a second state of the second states are seen as a second state of the second states are second states a	_	Yes	No
•	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	۱	ı
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	1	X	٠.,
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
-	candidates for public office? if "Yes," complete Schedule C, Part !	١.		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		_	 △
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes."			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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," than complete Schedule D, Parts VI,	蘿蔔		
	VII, VIII, IX, or X as applicable.	靈		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 167 if "Yes," complete Schedule D, Part IX	11d		X
9	the digenization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	_	X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 1	- 1	
_	Schedule D, Parts XI and XII	12a	_	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization enswered "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	_	X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
0	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		- 1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
42	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other essistance to or		- [
16	for any foreign organization? If "Yes," complete Schedule F, Perts II and IV Did the organization report on Pert IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	X
••	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	امدا	1	•
17		16		X
••	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-+	X
	Part VIII from 1c and Roy # Two * complete Orbestide C. Dock #	40	1	x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	\dashv	<u> </u>
	the description report intre dain \$15,000 or gross recome from garring activities on Part VIII, time 987	4.		X
20a	" "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	\dashv	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	+	
		1		X
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		

#R	artivi Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other essistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	⊢	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	l	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes." complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	\vdash	├
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C				
	to defeace any try cycles of temporal t	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	ᆫ	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		l	ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1	ĺ	
	if "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	I	Ì	ł
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	1.		1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1		l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	l		
	persons? If "Yes," complete Schedule L, Pert III	27	19/0035	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	虁	쬁	
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):	22.7	3.50	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV	28a	<u> </u>	x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	\vdash	X
C		1	\vdash	
•	"Yes," complete Schedule L, Pert IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "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			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Pert I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	I I		l
	controlled entity within the meaning of section 512(b)(13)? If Yes,* complete Schedule R, Part V, line 2	35b	-	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		•
	related organization? If "Yes," complete Schedule R, Pert V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	X	l
L P	19? Note: All Form 990 filers are required to complete Schedule O. ittiva Statements Regarding Other IRS Filings and Tax Compliance	1 40	-65	
Harris	Check if Schedule O contains a response or note to any line in this Part V			П
	ATTENDED TO ANTIQUE A ANTIQUE A LANGUING AL LINE AND THE ATTENDED ATTENDED AT LINE AND THE ATTENDED ATTENDED AT LINE AND A STATE ATTENDED A		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	羅羅	湖麓	群維
Ь	Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		魕	攤
	reportable gaming (gambling) winnings to prize winners?	1c		
DAA		Form	990	(2020)

Form 990 (2020) Child Justice Inc 46-2493549 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? **3**a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8888-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the ornanization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(e). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? R Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders **11a** b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **12**a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in fieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance Issuers. is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?...... **14a** b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? ... If "Yes." see instructions and file Form 4720, Schedule N. is the organization an educational institution subject to the section 4968 excise tax on net investment income? if "Yes." complete Form 4720, Schedule O.

990 (2020)

	1980 (2020) Child Justice Inc 46-2493549					age 6
P	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below,	and f	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on	Schedule (). Sea	instr	ructio
	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	ta l	5	ARTIC	期時	用翼
•	if there are material differences in voting rights among members of the governing body, or	Ť		攤	文	
	if the governing body delegated broad authority to an executive committee or similar					
	committee, exciain on Schedule O.			III	车	
	• •	16	5		翻	
þ	Enter the number of voting members included on line 1s, above, who are independent	10		翻翻	攤	KI KI
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			315584	芸芸芸	
	any other officer, director, trustee, or key employee?	•••••		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.		
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		×
6	Did the organization have members or stockholders?			8		X
7 a	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		X
ь	***************************************	•••••	•••••			
-	stockholders, or persons other than the governing body?			7b	1	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the		he the follow		经间槽	
a	The governing body?	, you	Oy 010 10001	8a	X	SEATON OF
-	Each committee with authority to act on behalf of the governing body?	•••••	•••••	8b	Ŷ	_
Ъ	Each commune with authority to act on benefit of the governing body?	• • • • • •	•••••	- 00	-	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			1 9		X
36C	tion B. Policies (This Section B requests information about policies not required by the	inter	nai Reven	ue C		
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			l		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		•••••	10b	\Box	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filling t	he form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				題	挺链
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise i	o conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
-	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?	• • • • • •	•••••	13	X	
14		• • • • • • •	•••••	14		X
	Did the organization have a written document retention and destruction policy?	• • • • • •	•••••	****	KOME	WEST THE
15	Did the process for determining compensation of the following persons include a review and approval by	_		鑺		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ony		開選		翻題
8	The organization's CEO, Executive Director, or top management official		•••••	15a		X
b	Other officers or key employees of the organization		•••••	15b	·	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			翻網	推路	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					超誤
	with a taxable entity during the year?			16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			翻		
	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 ▶ DC,MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 501(c)			•••••
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,				
	Own website 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	Interes	t notice and			
9			~ puny, 6110			
	financial statements available to the public during the tax year.					
20 	State the name, address, and telephone number of the person who possesses the organization's books and	ecord				
	e Organization 8720 Georgia Avenue	^	224	200	.4*	160
<u> S</u> i	lver Spring MD 2091	<u>U</u>	301	<u>-26.</u>	<u>э-т</u>	102

Form 890 (2020) Child Ju	stice In	<u>yc</u>	4		-	4		46-249	3549	Page
Part VII Compensation of Independent Co	or Unicers,	Dir	ect	ors,	Tr	ust	662	, Key Employees, F	lighest Compensat	ed Employees, and
		2 2	nacı	ດດກ	22	or n	ote	to any line in this Pa	art VII	
								st Compensated Employ		
1a Complete this table for all personganization's tax year.										18
List all of the organization's of compensation. Enter -0- in column List all of the organization's of List the organization's five of who received reportable compensation and any related organization and any related organization.	s (D), (E), and (current key em urrent highest (dion (Box 5 of 1	(F) ii Dioy	f no 868,	com if er	pen: 1y. E	satio See !	n wa Instri	es paid. Actions for definition of "ke	v employee."	
List all of the organization's f	ormer officers,	key	em	ayok	108,	end	high	est compensated employ	ses who received more ti	en
\$100,000 of reportable compensa List all of the organization's to organization, more than \$10,000 of See Instructions for the order in with the check this box if neither the order.	former director freportable cor sich to tist the p	nper erso	tru: isati ns e	etee on fi bove	sth: rom 3.	et re the	orga	ed, in the capacity as a fo nization and any related (organizations.	
(A)	(8)	T	10:0			uzot			_	
Name and title	Average	l		Poi	C) Žion			(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week					then is bot		compensation from the	compensation from related	of other compensation
	(Est any	OC.	icer s			octrus		organization (W-2/1099-AUSC)	organizations (W-2/1099-A(ISC)	from the organization and
	raksted organizations bollow dotted line)	Individual trustae or director	Institutional tr	Officer	Key employee	Highest comp employee	Former	(ive idea mate)	(1.2.500 1)	related organizations
	_	8	trustoe			compensated				
(1) Daniel R Campos		Г								
Chair	1.00 0.00	x		x				L	0	
(2) Cynthia McCann,	Esq 1.00									
Secretary	0.00	X		x				<u></u>	0	
(3) Steven Schneeba	um, Esq 1.00									
Treasurer	0.00	X		X					0	
(4) Anne Hoyer	1.00									
Vice Chair	0.00	x		x		l		o	o	(
(5) Brandon Thomas	1.00									
Board member	0.00	x		١.	i		Ι,	o	o	•
(8)										
* *************************************	••••••									
(7)					_		_			
••••••	••••••									
(8)										
(9)			\vdash	\vdash	-	$\vdash \dashv$	Н			<u> </u>
•										
(10)						Н				
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		,			H	li			

Form 990 (2020)

(11)

DAA

Form 990 (2020)

Form 990 (2020) Child Justice Inc

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512-514 (A) Total revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d B Government grants (contributions) 490,017 1e f All other contributions, gifts, grants, and similar amounts not included above 322,275 1f g Noncash contributions included in lines 1a-11 ... 19 h Total. Add lines 1a-1f > Business Cod Service f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 1,969 1,969 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a b Less: rental expens 6b C Rental inc. or (loss) 60 d Net rental income or (loss)
7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code AND THE PERSON NAMED IN 1,141 1,141 11a Misc Income d All other revenue 1,141 经付款的比较级 e Total. Add lines 11a-11d 1,969 1,141 12 Total revenue. See instructions 815,402

Form 980 (2020) Child Justice Inc

	if(EIXS Statement of Functional Explain 501(c)(3) and 501(c)(4) organizations must be	omplete ell columns. All (complete column (A).	-
Do	Check if Schedule O contains a response include amounts reported on lines 6b,	nse or note to any line in (A) Total expenses	(B)	(9)	(D) Fundabiling
	Bb, 9b, and 10b of Part VIII.	Total exponses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments, See Part IV, Ine 21				
2	Grants and other assistance to domestic	i			
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and foreign	1			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		1		
_	trustees, and key employees		_		
8					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	404 FOR		20 007	16 702
7	Other salaries and wages	626,527	570,937	38,807	16,783
8	Pension plan accruals and contributions (include	İ			
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,710	26,400	1,746	564
10	Payroli taxes	44,137	39,805	3,251	1,081
11	Fees for services (nonemployees):	į	1	1	
а					
b	Legal				
C	Accounting	6,142		6,142	
d			ichnifficanoppy mad profil by conductive angles of \$	Proposition of the Control of the Co	
8	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, Est line 11g expenses on Schedule O.)				
	Advertising and promotion	10 000		E 477	102
13	Office expenses	12,993	7,633	5,177	183
14	Information technology	11,129	2,188	8,941	
15	Royaliles	20 215	06 154	2 257	1,904
16	Occupancy	30,315	26,154	2,257 68	1,304
17	Travel	3,451	3,383	00	
18	Payments of travel or entertainment expenses		1		
40	for any federal, state, or local public officials	2 552	2,393	1,159	
19	Conferences, conventions, and meetings	3,552	2,393	1,133	
20	Interest		———		
21	Payments to affiliates		 -	1,427	
22	Depreciation, depletion, and amortization	1,427	4 654		
23	Insurance	4,675	1,251	3,424	
24					
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	AND THE PROPERTY IN		THE STATE OF THE PARTY OF THE P	
8	Litigation support svc	132,464	132,464		
þ	Professional services	9,148	9,148	0 177	133
C	Telephone & communication	7,628	5,318	2,177 4,349	133
ď	Payroll & 401K processing	4,349	2 550	2,448	130
96	All other expenses	5,147	2,569	81,373	20,778
<u>25</u> 26	Total functional expenses, Add lines 1 through 24e	931,794	829,643	OT'212	20,110
~ 0	organization reported in column (B) joint costs		İ	ĺ	
	from a combined educational campaign and				
	fundraising solicitation. Check here		į	1	
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2020)

	ant)	X# Balance Sheet Check if Schedule O contains a response or not	a fo o	w line in this Port Y			
_		Silver of the second of the	<u> </u>	ly and my and t cat A	(A) Beginning of year	<u> </u>	(B) End of year
_	1	Cash—non-interest-bearing			97,531	1	32,566
	2	Savings and temporary cash investments	•••••	********************	394,747		344,747
	3	Pledges and grants receivable, net	248,500	3	248,500		
	4	Accounts receivable, net	•••••	••••••		4	
	5	Accounts receivable, net Loans and other receivables from any current or format	er offir	ser, director.		76	FINANCIA PARAMETERS
	l	trustee, key employee, creator or founder, substential	contril	outor, or 35%			
	l	controlled entity or family member of any of these pers	COMPAGNOSTICAL SECTION OF THE SECTIO	6			
	6	Loans and other receivables from other disqualified pe	ensons	(as defined			
2	l	under section 4958(f)(1)), and persons described in se	ection	4958(c)(3VB)	TANAN TANAN	8	EHEROMANAMORESHIKATORES
Assets	7					7	
₹	8	inventories for sale or use				B	
	9	Prepaid expenses and deferred charges	•••••		15,901	9	15,901
	10a	LERU, DUBOROS, AND GOVERNANT COST OF OTHER				Dig	
		basis. Complete Part VI of Schedule D	10a	19,209			
	Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3.559	17,077	10c	15,650
	177	invesiments—cubiciv traded securities				11	
	12	uivesumentscitier securities. See Part IV. line 11				12	
	13	Investments-program-related. See Part IV, line 11	•••••			13	
	I 14	Intancible assats				14	
	15	Other assets. See Part IV, line 11	•••••		3,386		3,386
_	16	Total assets. Accimos i miocon 15 (must edus) ing :	777,142	16	660,750		
	17	Accounts payable and accrued expenses		259,854	17	259,854	
	18	Grants payable		18			
	19	Deferred revenue	• • • • • •			19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Sct	redule D		21	
8	22	Loans and other payables to any current or former office	cer, di	rector,		血脏	
Liabilities		trustee, key employee, creator or founder, substantial of	contrib	utor, or 35%		耱	
E P	ŀ	controlled entity or family member of any of these personal	ons			22	CINCOPPE PERSONAL MANAGEMENT CONTROL
	23	Secured mortgages and notes payable to unrelated this	nd par	tes		23	
	24		parties		103,300	24	103,300
	25		to rela	ated third			
		parties, and other liabilities not included on lines 17-24	. С оп	plete Part X			
		of Schedule D		·	1,507	25	1,507
_	28	Total Cabilities. Add Ilnes 17 through 25		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	364,661	26	364,661
92		Organizations that follow FASB ASC 958, check her	re X			拉拉	
ĕ		and complete lines 27, 28, 32, and 33.	_	i			
[월	27	Net assets without donor restrictions			207,019	27	175,910
81	28	Net assets with donor restrictions			205,462	28	120,179
Ş.		Organizations that do not follow FASB ASC 958, ch		油性			
<u>.</u>		and complete lines 29 through 33.				鐅	
Assets or Fund Balances	29	Capital stock or trust principal, or current funds		L		29	
8	30	Paid-in of capital surplus, or land, building, or equipmen	nt func	j		30	
₹	31	Retained earnings, endowment, accumulated income, o	or athe	er funds		31	
ž	32	Total net assets or fund balances			412,481		296,089
i	<u>33</u>	Total liabilities and net assets/fund belances			777,142	33	660,750

Form 990 (2020)

Reconcillation of Net Assets Check if Schedule O Contains a response or note to any line in this Part XI	Fam	1 990 (2020) Child Justice Inc 46-2493549			Pe	ge 12
Chack 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) 2 Total expenses (must equal Part V, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from fine 1 3 -116,392 4 Net assets or fund betances at beginning of year (must equal Part X, tine 32, column (A)) 4 412,481 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund betances (explain on Schedule O) 9 Investment expenses 10 Net assets or fund batances et end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 296,089 FRAIKXII Financial Statements and Reporting 11 Accounting method used to prepare the Form 990: Cash X Acorual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 16 "Yes," chack a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: 17 "Yes," chack a box below to indicate whether the financial statements for the year were audited on a separate basis. 18 Departs basis Consolidated basis or both: 19 Separate basis Consolidated basis Both consolidated and separate basis 19 Were 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? 10 I "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain thy no Schedule O and desorthe any steps taken to undergo such audits.	Pa	int XII Reconciliation of Net Assets				
1 Total reverue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue lass expenses. Subtract line 2 from line 1 1 3 -116, 392 4 Net assets or fund batances at beginning of year (must equal Part X, line 32, column (A)) 4 4 412, 481 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 9 Prior period adjustments 9 Other changes in not assets or fund batances (explain on Schedule O) 9 Net assets or fund batances at end of year, Combine lines 3 through 9 (must equal Part X, line 32, column (B)) PRINKINI Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 3 Separate basis Consolidated basis Both consolidated and separate basis 5 United the organization standard statements and selection of an independent accountant? 2b X 1 "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of this financial statements and selection of an independent accountant? 3						$\Box\Box$
2 933,794 3 Revenue lose expenses. Subtract line 2 from line 1 3 -116,392 4 Net assets or fund batances at beginning of year (must equal Part X, the 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund batances (explain on Schedule O) 9 Other changes in net assets or fund batances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund batances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	1		1	æ	115,	402
3	2	Total expenses (must equal Part IX, column (A), line 25)	2			
A Net assets or fund batances at beginning of year (must equal Part X, tine 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustme	3	Revenue less expenses, Subtract line 2 from line 1	3	-1	16,	392
Separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolid	4	Net assets or fund batances at beginning of year (must equal Part X, line 32, column (A))	4	4	12,	481
Sonated services and use of facilities 7 Investment expenses 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 8 B Prior period adjustments 8 B B Charles of fund balances (explain on Schedule O) 9 International Statements and Reporting 10 Investment 10 Investme	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 7 8 9 7 7 7 7 7 7 7 7 7	6	Donated services and use of facilities	6			
Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate Sep	7		7			
Some charges in net easets or fund balances (explain on Schedule O) Net assets or fund balances et end of year. Combine lines 3 through 9 (must equal Part X, line) 32, column (8) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Acorusl Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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, or both: Separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: 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 if "Yes," did the organization where 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.	8		8			
32, column (8)) Partixil Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: X Separate basis Consolidated basis, or both: If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. If Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and salection of an independent accountant? 2c 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? If the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization undergo such audits.	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
296,089 296,	10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line				
Check If Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Gash X Accounting Check Other			10	2	96,	089
Check If Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Gash X Accounting Check Other	Pa	TEXIL Financial Statements and Reporting				
If the organization changed its method of accounting from a prior year or checked "Other," exptain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a K 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 Ctrouter A-133? 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						. П
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.					Yes	No
Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	1	Accounting method used to prepare the Form 990: Cash X Account				细觀
Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.					錋	
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: X Separate basis Consolidated basis Both consolidated and separate basis					響響	
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: X Separate basis Consolidated basis Both consolidated and separate basis	2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	AL APPROXITY
reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		4,114,114,114	•••••	100		
X Separate basis Consolidated basis Both consolidated and separate basis		· · · · · · · · · · · · · · · · · · ·				
b Were the organization's financial statements audited by an independent accountant? 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 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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or sudits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b				#3	뫮能	
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 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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or sudits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	ь			1		X
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or sudits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	_		• • • • • •			
Separate basis Consolidated basis Both consolidated and separate basis 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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or sudits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b						器器
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? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or sudits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b						翻数
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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	c				T WHIRE	ELLOIS.
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 CMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	-			20	.	
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 CMB Circular A-133? 5 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		* *************************************	• • • • • •	186		國展
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 CMB Circular A-133? 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.						羅羅
Single Audit Act and CMB Ctrcutar A-133? 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	3a				1	
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,				30		x
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ь		•••••	····· - 	1	
Tradesic Country Committee of the Control of the Co	-			3h		ľ
	_		••••			(3030)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer Identification number Child Justice Inc 46-2493549 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 X 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 331/3% 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). 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. a Type L.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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, lis supported organization(s) (see instructions), You must complete Part IV, Sections A, D, and E. d Type (ii) 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 (Iv) is the organization listed in your governing (vi) Amount of (III) Type of organization (v) Amount of monetan organization (described on lines 1-10 other support (see support (see above (see instructions)) document? Instructions) instructions) No Yes (A) (B) (C) (D)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E2

(E)

Scha	dule A (Form 990 or 990-EZ) 2020 Ch.i	ild Justic	ce Inc		46	-2 <u>493549</u>	Page 2
	ittili Support Schedule for	Organizations	Described in	n Sections 17	70(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi)
	(Complete only if you ch	ecked the box	on line 5, 7, c	or 8 of Part I o	r if the organiz	ation failed to o	lualify under
	Part III. If the organization	on fails to quali	ify under the t	ests listed bel	ow, please con	nplete Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	Older and the state of the stat						
1	Gifts, grants, contributions, and membership fees received. (Do not]			
	include any "unusual grants.")]			
_	*******						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_							
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					ļ	
4	Total. Add lines 1 through 3	·					
5	The portion of total contributions by		A PLANT FOR THE REAL PROPERTY.				
-	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	TELLICACIONE		BUILD HERE	非數級數數	非新和市市内的	
	tion B. Total Support	1 43 41 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5	T V ti at i as i				•
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,					- 1	
	rents, royalties, and income from similar sources						
_							
9	Net income from unrelated business sctivities, whether or not the business	!			ŀ	ľ	
	is regularly carried on	}					
	• • • • • • • • • • • • • • • • • • • •						
10	Other income. Do not include gain or				ļ		
	loss from the sale of capital assets (Explain in Part VI.)	'					
11	Total support. Add lines 7 through 10			斯利的表表的所			
12	Gross receipts from related activities, et					12	
13	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	rear as a section S	01(c)(3)	
	organization, check this box and stop he	ere					▶□
Sec	tion C. Computation of Public	Support Perci	entage				
14	Public support percentage for 2020 (line	6, column (f) divid	ted by line 11, co	olumn (f))		14	<u>"</u>
15	Public support percentage from 2019 Sc	hedule A, Part II,	line 14			15	<u> </u>
16a	33 1/3% support test-2020. If the crgs	anization did not c	heck the box on l	ine 13, and line 1	4 is 33 1/3% or ma	one, check this	. —
	box and stop here. The organization qu	alifies as a public	ly supported orga	ınization			▶ ⊔
b	33 1/3% support test-2019. If the orga	anization did not c	heck a box on [in	e 13 or 16a, and	line 15 is 33 1/3%	or more, check	. —
	this box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization me						
	Part VI how the organization meets the	"facts-and-circums	stances" test. The	organization qua	ilifies as a publicly	supported	, m
	organization			• • • • • • • • • • • • • • • • • • • •			▶□
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	In Part VI how the organization meets the	ne "facts-and-circu	mstances" test. T	he organization o	jualifies as a public	xy supported	, m
	organization			•••••••			▶⊔
18	Private foundation. If the organization				o, check this box a	nd 888	\ _
_	Instructions	·····	••••••	•			<u></u> ▶ ∐
					80	thedule A (Form 99	0 or 990-EZ) 2020

Page 3

Schedula A (Form 990 or 990-EZ) 2020 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 523,281 534.029 924,267 1,083,054 812,292 3,876,923 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 1,521 2,662 1,141 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 534,029 1,084,575 813,433 3,879,585 523,281 924,267 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) 3,879,585 Section B. Total Support (a) 2016 (b) 2017 (c) 2018 Calendar year (or fiscal year beginning in) (d) 2019 (e) 2020 (f) Total Amounts from line 6 1.084,575 534,029 813.433 3,879,585 523,281 924,267 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . 8.977 7,018 2.625 1.969 20,589 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 8<u>,9</u>77 2,625 1,969 20,589 7,018 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,220 1,521 7,049 3,167 1,141 Total support. (Add fines 9, 10c, 11, and 12.) 523,281 544,226 934,452 1,088,721 8
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 9,907,223 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 99.29 % Public support percentage from 2019 Schedule A, Part III, line 15 99.32 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 1%_ 18 Investment income percentage from 2019 Schedule A, Part III, line 17 1% 19a 33 1/3% support tests-2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2019, if the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation, if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported granizations 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 3h and 3c below.
- b Did the organization confirm that each supported organization qualified under section 601(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- e 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tex year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Sa 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.
- 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
	出		
	1	12000	THE WATE
	HEEP:	1152181318	HIDSHA
			i torbili
	2	Marian Dia sa	THE THE PARTY OF
	3a	i	<u> </u>
		推翻	
	137		
	3b		Transfer States
	No.	ALTESTI	
		ARMANIE.	PERMIT
ł	3c	with the King	ENG PARTON
	لتلفضف	BEST OF	REES
Į	48	**********	14 (Sept Cont. 11.1.2
- 1	报纸		
		X X X	
ſ	4b	1	
Ì	1777.188		
ı			海科科
ŀ		21216H	
ŀ	4c	-Segrentiti	**************************************
	澗跳		相關
Į	部群		
I			
	6a		
ŀ	485		
ŀ	er Herry	CHEST COL	1000
ŀ	<u>5b</u>	-	
ŀ	5c	Madel to	phile to the
ſ			
		東東	
	腦		
1	6		
		原類	
ľ	7	··· Pittick	عدستستاد
ŀ	-	436	
į.		स्रकाटा	शास्त्राकृतस
Ļ	8	tentroles	SECRETALE.
	世		
	9a		
Ī			
ľ	9b		
ŀ		######################################	
ľ		HOTELPEET.	ani i Girif
ŀ	9c	: 514-24-22	#1.441 m2
ı į		MOH	MARKET !
Ļ	10a	Street Paris	greason-si
Į.	知識		
	10b		
Foπ	980	or 990-	EZ) 2020

Sched	the A (Form 990 or 990-EZ) 2020 Child Justice Inc	46-2493549	Page 5
Pa	tilV: Supporting Organizations (continued)		
b c	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b 11c below, the governing body of a supported organization? A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c detail in Part VI. Ion B. Type I Supporting Organizations	11a 11b	
3661	ion B. Type I Supporting Organizations	l van	1 110
2	Did the governing body, members of the governing body, officers acting in their official capacity, or members supported organizations have the power to regularly appoint or elect at least a majority of the organizations, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more organization, describe how the powers to appoint and/or remove officers, directors, or trustees were all supported organizations and what conditions or restrictions, if any, applied to such powers during the tax point and/or remove officers, or trustees were all supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.	anization's officers, panization(s) then one supported cocated among the px year.	No STATE OF THE PROPERTY OF TH
Sect	ion C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how our or management of the supporting organization was vested in the same persons that controlled or manathe supported organization(s).	trol lotte	No
Sect	on D. All Type III Supporting Organizations		
1 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously pro Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp	e prior tex s of the vided?	No
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Par the organization maintained a close and continuous working relationship with the supported organization. By reason of the relationship described in line 2, above, did the organization's supported organizations 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	t VI how 2 n(s). 2 have 2	
Secti	supported organizations played in this regard. on 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	vear (see Instructions).	
a	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.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a govern		
2	Activities Test, Answer lines 2a and 2b below.	Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purpos the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identit those supported organizations and explain how these activities directly furthered their exempt purpohow the organization was responsive to those supported organizations, and how the organization detentiated substantially all of its activities.	fy Isos,	
b	Did the activities described in line 2s, above, constitute activities that, but for the organization's involver one or more of the organization's supported organization(s) would have been engaged in? If "Yes," expl Part VI the reasons for the organization's position that its supported organization(s) would have engage these activities but for the organization's involvement.	ain in	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this re-		

Schedule A (Form 990 or 990-EZ) 2020 Child Justice Inc		<u>46-2493</u>	549 Page 6			
#Rartiv# Type III Non-Functionally Integrated 509(a)(3) Supporting						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	n Nov.	. 20, 1970 (explein in Part	Ví). See			
instructions. All other Type III non-functionally integrated supporting organizations	s must	complete Sections A throu				
Section A – Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1 Net short-term capital gain	1					
2 Recoverles 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	i					
gross income or for management, conservation, or maintenance of property	1					
held for production of income (see instructions)	В					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see	数					
instructions for short tax year or assets held for part of year):	無語					
a Average monthly value of securities	18					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use essets	1c		•			
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors	142					
(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	And the Committee in the Committee of th				
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1					
2 Enter 0.85 of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	新建筑的沿岸里				
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-functionally integra			ion			
(see instructions).			· •			

Schedule A (Form 990 or 990-EZ) 2020

Part V Type (II	Non-Functionally Integrated 509(a	113) Supporting Organ	lizations (continued)	<u> </u>
Section D - Distribution	18			Current Year
1 Amounts paid to s	reported organizations to accomplish exempt	purposes		
	erform activity that directly furthers exempt pu	rposes of supported		1
	cess of Income from activity			
	nses paid to accomplish exempt purposes o	of supported organizations		<u></u>
	xquire exempt-use assets amounts (prior IRS approval required—provi	Ido dolofio in Dort VA		
	(describe in Part VI). See instructions.	uo uomis ili Palt VI)		
	ibutions. Add lines 1 through 6.			
	ntive supported organizations to which the o	rganization is responsive		
	Part VI). See Instructions.			}
	tt for 2020 from Section C, line 6			
10 Line 8 amount divid	led by line 9 amount			
		(1)	(II)	(III)
Section E - Distribution	Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Stringer of the second	Pre-2020	Amount for 2020
	t for 2020 from Section C, line 6		即可的門伯對例於	Language of the first of the second of the s
	f any, for years prior to 2020 required-explain in Part VI). See			
instructions.	required-explain in Part VI). See			
	carryover, if any, to 2020	55 C 2012 C 001 C 15		Stall district on the
	ounyord, a uny, to 2020		erage a sterretist	
b From 2016			四、公司主公公共2011年	
		TOTAL VINCE		
d 5 0040	******************			語でも同るない
e From 2019		多数对于2000年的19	of manual colors	
f Total of lines 3a th	rough 3e		高中共和央的研究	THE REAL PROPERTY.
g Applied to underdis	tributions of prior years	经验证证据证明的		
h Applied to 2020 dis	tributable amount	中国企业中国	新生产,水流流移 复	
	5 not applied (see instructions)	<u>-</u>		
	t lines 3g, 3h, and 3i from line 3f.	STANCE CONTRACTOR OF STANCE CO		
4 Distributions for 20:	20 from			
Section D, line 7:	<u> </u>		<u>क्रिल्लिली स्थानिक स्थित</u>	OF MERCHANISMS
b Applied to underdis	tributions of prior years			SEPENDENCE OF THE SHOP THE
	t lines 4a and 4b from line 4.	ledater black organizati bades		
	tributions for years prior to 2020, if	Signification of the second	an enter commente and commenters	
	3g and 4a from line 2. For result			
	explain in Part VI. See instructions.			
	tributions for 2020 Subtract lines 3h			
•	For result greater than zero, explain in			•
Part VI. See Instruc	- · · · · · · · · · · · · · · · · · · ·		ASSESSED FOR THE	
7 Excess distributio	ns carryover to 2021. Add lines 3j			
and 4c.	<u> </u>			
8 Breakdown of line 7	:	- HERDER ARTISTER		THAT CHAPTER
a Excess from 2016		**************************************		
b Excess from 2017.	***************************************			
c Excess from 2018 .				
d Excess from 2019 .				
e Excess from 2020		14. Charle le chimin 4. 11 大品中		(Form 990 or 990-EZ) 20

DAA

Schedule A (For	m 990 or 990-EZ Supplemen	2020 Chi	ld Justice	Inc.	uired by Part II lis	46-2493549 ne 10; Part II, line 17a	Pege 8 or 17b: Part
Name of the	III, line 12; I B. lines 1 a	Part IV, Section of 2: Part IV.	on A, lines 1, 2, 3 Section C. line 1	3b, 3c, 4b, 4c, 5a 1: Part IV. Section	a, 6, 9a, 9b, 9c, 1 n D. lines 2 and 3	ia, 11b, and 11c; Part : Part IV. Section E. lin	IV, Section les 1c, 2a, 2b,
	3a, and 3b; lines 2, 5, a	Part V, line 1 and 6. Also co	; Part V, Section mplete this part	B, line 1e; Part for any additions	V, Section D, lines at information. (Se	s 5, 6, and 8; and Part e instructions.)	V, Section E,
Part I	II, Line	12 - Ot	her Income	Detail			•••••
Miscel	laneous	income	••••••	\$	7,049		•••••
• • • • • • • • • • • • • • • • • • • •	•••••	•••••	••••				•••••
• • • • • • • • • • • • • • • • • • • •	•••••	•••••	•••••				•••••
• • • • • • • • • • • • • • • • • • • •	•••••	••••••	•••••	•••••	•••••••	•••••	
• • • • • • • • • • • • • • • • • • • •		••••••	•••••		••••••		•••••
• • • • • • • • • • • • • • • • • • • •	•••••••	•••••••	•••••				•••••
• • • • • • • • • • • • • • • • • • • •	•••••••	••••••	•••••				
• • • • • • • • • • • • • • • • • • • •	••••••	•••••	••••••		•••••••	•••••	,
• • • • • • • • • • • • • • • • • • • •	•••••••	••••••••	•••••		••••••		,
•	•••••••	• • • • • • • • • • • • • • • • • • • •	••••••		••••••••	•••••	
• • • • • • • • • • • • • • • • • • • •	•••••	••••••	• • • • • • • • • • • • • • • • • • • •		••••••	•••••	
• • • • • • • • • • • • • • • • • • • •	***************	•••••••	• • • • • • • • • • • • • • • • • • • •		••••••	•••••	
						•••••	
* **************	•••••	•••••••	•••••••			•••••	••••••
						•••••	
						•••••	
• • • • • • • • • • • • • • • • • • • •	*************	••••••••••	•••••••••••			•••••	***********
• • • • • • • • • • • • • • • • • • • •	**************	•	•••••••••		••••••••	••••••	••••••
* ******	••••••	•••••••••••••••••	••••••		••••••••	••••••	•••••
		•	•••••••••	,		•••••••	
• ••••••							•••••
• ••••••	•••••	••••••	*******************			•••••	•••••
• •••••	•••••	•••••	•••••		***************************************		•••••
• ••••••	•••••	•••••	••••••				•••••

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Tressury Internal Revenue Service

Supplemental Financial Statements Complete if the organization enswered "Yes" on Form 980, 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.

2020

OMB No. 1545-0047

Name	of the ong	entection		Employer i	dentification number
c	hild	Justice Inc		45-24	93549
	art 1	Organizations Maintaining Donor Advised F	unds or Other Similar Funds		
1		Complete if the organization answered "Yes" of		U. 7.000	w.,,,,,
	-	· · · · · · · · · · · · · · · · · · ·	(a) Donor edvised funds	(2)	Funds and other accounts
1	Total nu	mber at end of year			
2	Aggrega	ate value of contributions to (during year)			
3	Aggrega	ale value of grants from (during year)			
4	Aggrega	ate value at end of year			
5	Dld the	organization inform all donors and donor advisors in writing	that the assets held in donor advised		
	funds a	re the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the	organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	j	
	only for	charitable purposes and not for the benefit of the donor or o	tonor advisor, or for any other purpose		
	conferri	ng impermissible private benefit?			Yes No
		Conservation Easements. Complete if the organization answered "Yes" of			
1	Purpose	e(s) of conservation easements held by the organization (ch	ock all that apply).		
	Pre	servation of land for public use (for example, recreation or e	ducation Preservation of a historical	y important	land area
		ection of natural habitat	Preservation of a certified i		
		servation of open space			
2		te lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	con <u>servatio</u>	n
		nt on the last day of the tax year.			eld at the End of the Tax Yes
8	Total nu	mber of conservation easements	***************************************	2a	
b	Total ac	reage restricted by conservation easements		! 2b	
C	Number	of conservation easements on a certified historic structure	included in (a)	. 2c	
d	Number	of conservation easements included in (c) acquired after 7/	25/06, and not on a	1 1	
	historic	structure listed in the National Register	********************************	<u>2d</u>	
3	Krimbet	of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	enization du	uing the
	tax year	>			
4		of states where property subject to conservation easement			
5	Does th	e organization have a written policy regarding the periodic r	nonitoring, inspection, handling of		
	violation	s, and enforcement of the conservation easements it holds'	[}]		Yes No
6	Staff an	d volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing conservat	ion easeme	ents during the year
					
7	Amount	of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	esements o	luring the year
	▶\$	***************************************			
8		ch conservation easement reported on line 2(d) above salid			
_	and sec	tion 170(h)(4)(B)(ii)?	•••••		Yes No
9		KIII, describe how the organization reports conservation easi			_
		sheet, and include, if applicable, the text of the footnote to	the organization's financial statements t	hat describe	es the
49.02		tion's accounting for conservation easements.	A 191-AV - 1 TO	0111	
# 25	rt Wi	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or	t, Historical Treasures, or Oth n Form 990. Part IV. line 8.	ter Simil	ar Assets.
1a	If the on	ganization elected, as permitted under FASB ASC 958, not		atance she	et works
		storical treasures, or other similar assets held for public ext			
		provide in Part XIII the text of the footnote to its financial str		•	
b		ganization elected, as permitted under FASB ASC 958, to re		ce sheet w	orks of
	ert, histo	rical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheran	ce of public	service,
		the following amounts relating to these items:		•	
	(i) Reve	enue included on Form 990, Part Vill, line 1		▶ :	\$
	(II) Asse	enue Included on Form 990, Part VIII, line 1 tis included in Form 990, Part X		▶ :	\$
2	If the on	ganization received or held works of art, historical treasures,	or other similar assets for financial gair	ı, provide ti	19
	following	amounts required to be reported under FASB ASC 958 reli	ating to these items:		
a	Revenue	Included on Form 990, Part VIII, line 1		> :	5
<u>b</u>	Assets In	nctuded in Form 990, Part X		> !	
For I	aperwo	x Reduction Act Notice, see the Instructions for Form 9	50.	1	Schedule D (Form 990) 2020

Sch	edule D (Form 990) 2020 Child Ju	<u>stice Inc</u>			46-249	3549	Page 2
	art III Organizations Maintaini	ng Collections	of Art, Histori	cal Treasu	res, or Othe	er Similar As	sets (continued)
3	Using the organization's acquisition, accercollection items (check all that apply):	ssion, and other reco	ords, check any of	the following	that make sign	dificant use of its	
а	Public exhibition	aП	Loan or exchange	e program			
b	Scholarly research		Other				
C	Preservation for future generations		***************************************	*************	••••••	•••••	
	Provide a description of the organization's	collections and exp	tain how they furti	ner the organiz	ration's exemp	t purpose in Part	
	XIII.						
5	During the year, did the organization solid	it or receive donation	ns of art, historica	treesures, cr	other similar		
	assets to be sold to raise funds rather that	in to be maintained a	as part of the orga	nization's colle	ection?		Yes No
P	art IV Escrow and Custodial	Arrangements.					
	Complete if the organizati 990, Part X, line 21.	on answered "Ye	es" on Form 99	30, Part IV,	line 9, or re	ported an am	ount on Form
1a	is the organization an egent, trustee, cust	odian or other intem	nedlary for contrib	utions or other	assets not	·	·
	included on Form 980, Part X? If "Yes," explain the arrangement in Part 3						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part 3	(III and complete the	following table:	•••••	*************		
							Amount
C	Beginning balance	••••				1c	
d	Additions during the year	• • • • • • • • • • • • • • • • • • • •				1d	
9	Distributions during the year	• • • • • • • • • • • • • • • • • • • •				10	
f	Ending balance					16	
28	Did the organization include an amount or	n Form 980, Part X, I	line 21, for escrow	or custodial e	secount liability	7	Yes No
<u>b</u>	if "Yes," explain the arrangement in Part)	(III. Check here if the	explanation has	been provided	on Part XIII		
:P	it Vi Endowment Funds.						
	Complete if the organizati	on answered "Ye	es" on Form 99	0, Part IV.			
	<u> </u>	(e) Current yeer	(ts) Prior year	(c) Two y	ears back (c	d) Throe years back	(e) Four years back
1a	Beginning of year balance			l			
þ	Contributions						
C	Net investment earnings, gains, and						
	losses						l
d	Grants or scholarships						
0	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
8	End of year balance						
2		urrent year end bala	nce (line 19, colur	nn (a)) heid as	:		
a	Board designated or quasi-endowment ▶	%					
þ	Permanent endowment ► %						
C	Term endowment ▶ %						
_	The percentages on lines 2a, 2b, and 2c s						
3a	Are there endowment funds not in the pos	session of the organ	dzation that are he	eld and admini	stered for the		
	organization by:						Yes No
	(i) Unrelated organizations	•••••			•••••		3a(i)
_	(ii) Related organizations						3a(fi)
	if "Yes" on line 3e(ii), are the related organ			e R?			3b
	Describe in Part XIII the intended uses of		idowment funds.				
	it VI Land, Buildings, and Eq						
	Complete if the organization						
	Description of property	(a) Cost or other b		or other basis	(c) Accum		(d) Book value
4-	·	(Investment)		other)	deprecia		
	Land				1416年制	TINESHELIERI)	
	Buildings	-			 		
	Leasehold improvements			10 000		3 550	1E CEA
	Equipment			19,209	 	3,559	15,650
	Other Add lines 1a through 1e. (Column (d) must	d count Commons	lad V ooksaa (2)	E 40-1	<u> </u>		1E CEA
. viii	wa was ta uutugn 18. (Column (d) Mul	a equal romi 990, P	खा ८, COLUTIN (8),	ыпе 1UC.)			<u> 15,650</u>

DAA

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 Child Justice Inc		46-249354		Page 4
P	Reconciliation of Revenue per Audited Financial State	ements With	Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990	0, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	26			
d e	Other (Describe in Part XIII.)	20]	· · · · · ·		
3	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •		3	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	1,0			
b	Other (Describe in Part XIII.)	46			
C	And those as one as			40	
_6	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	Reconciliation of Expenses per Audited Financial State	ements Wit	n Expenses p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990	D. Part IV. lin	e 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				-
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
a	Other (Describe in Part XIII.)	_2d			
8	Add lines 2a through 2d			20	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
D	Other (Describe in Part XIII.)	4b i			
	Add lines 4e and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	
ED.	TIXIII Supplemental Information.	***************************************		5	
	to the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	et N/ Prop 1h cr	nd 2h: Bort V. Fra	A: Port Y	ino
2: Pa	it XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	rito, mies 10 ei Vida anv addilier	na zo, rent v, mio nal information	4, Fait 24,	us ru
	·	•			
• • • • • •	***************************************			•••••	
• • • • • •	***************************************	•••••	••••••	**********	••••••

• • • • • • • • • • • • • • • • • • • •	***************************************	••••••		**********	

	***************************************		*****************	**********	•••••••
••••					
		•••••			

• • • • • •	***************************************			•••••	
•••••	***************************************	•••••			
••••			••••••		
•••••	•••••••••••••••••••••••••••••••••••••••	•••••			
••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••
••••	***************************************	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••

NCHILDJ\$\$49 08/15/2022 6:19 PM

Schedule D (Form 990) 2020	Child	Justice	Inc		46-24	93549	Page 5
Part XIII	Supplemen	tal Infon	Justice mation <i>(conti</i> r	rued)				
	•••••	• • • • • • • • • • • • •		****************	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	••••••	•••••		• • • • • • • • • • • • • • • • • • • •
	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	************	••••••	•••••		
• • • • • • • • • • • • • • • • • • • •		•	***************		••••••	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	•••••••	•••••••	•••••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	•••••••	•••••	••••••	•••••••	•••••	•••••		
* ************		• • • • • • • • • • • • • • • • • • • •	••••••	******	•••••		• • • • • • • • • • • • • • • • • • • •	
	•••••••	• • • • • • • • • • • • • • • • • • • •	***************	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	••••	
• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	*************	•••••		
• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	•••••	••••••	•••••••		••••	•••••
• ••••••	**************	••••••	************	• • • • • • • • • • • • • • • • • • • •	••••••••	•••••		••••••
	***************************************	• • • • • • • • • • • • • • • • • • • •	***************	• • • • • • • • • • • • • • • • • • • •	**************	••••••		••••••
	•••••		•••••		•••••			
		***********	*************		****************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************
• •••••	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	************	••••••		
• • • • • • • • • • • • • • • • • • • •	•••••		•••••		***************************************	•••••		•••••
	******************		•••••		***************			
• • • • • • • • • • • • • • • • • • • •	***************	••••••	*************	• • • • • • • • • • • • • • • • • • • •	***************		••••••	••••••
• •••••••	••••••	•••••	•••••••	•••••••	•••••••		•••••	•••••
• • • • • • • • • • • • • • • • • • • •	•••••	•••••	• • • • • • • • • • • • • • • • • • • •		••••••		• • • • • • • • • • • • • • • • • • • •	

	•••••	•••••	••••••		**********			•••••
• • • • • • • • • • • • • • • • • • • •	••••••	******	•••••	••••••	••••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••
• ••••••	•••••	•••••	•••••	•••••	••••••		• • • • • • • • • • • • • • • • • • • •	•••••
• ••••••	•••••	••••			•••••			
• ••••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	*****************		•••••

SCHEDULE O (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 980 or 980-EZ.

➤ Go to www.lrs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Coen to Public inspection

OMB No. 1545-0047

Employer Identification number

Child Justice Inc	46-2493549
Form 990 - Organization's Mission or Most	Significant Activities
The mission of Child Justice, Inc. is to	protect and advocate for children
who have been abused or witnessed domestic	violence, to support them and
their protective parents, and to promote	change through community outreach
education and policy recommendations. Chil	d Justice provides free legal
assistance for eligible protective parents	in cases of child abuse and/or
domestic violence when alleged abusers are	e fighting for unsafe access or
sole legal or physical custody of their c	hildren.
Form 990 - Organization's Mission	
. The mission of Child Justice, Inc. is to	protect and advocate for children
who have been abused or witnessed domestic	violence, to support them and
their protective parents, and to promote	change through community outreach,
education and policy recommendations. Chil	d Justice provides free legal
assistance for eligible protective parents	in cases of child abuse and/or
domestic violence when alleged abusers are	fighting for unsafe access or
sole legal or physical custody of their cl	nildren.
Form 990, Part III, Line 4a - First Accomp	olishment
Incorporated in September 2012 and opening	for business in April 2013,
Child Justice was founded to provide legal	assistance in cases of child
abuse and/or domestic violence when allege	d abusers are fighting for unsafe
access or sole legal or physical custody of	of their children. We do not
charge for our services.	
Child Justice's Vision is a future in which	h every child's right to safety,

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Employer Identification number Name of the organization 46-2493549 Child Justice Inc dignity and self-hood is honored and protected. Child Justice provides free legal services to non-offending parents in child custody and access cases to protect children after exposure to family violence, physical/sexual abuse, substance addictions or neglect. Legal services are provided directly by Child Justice attorneys and from the generosity of numerous partners from corporate law firms and private law practices. In the five years of our work so far we have substantially increased our capacity for direct representation of non-offending protective parents (usually mothers) and developed successful litigation practices for handling these long, challenging, and heartbreaking cases. We also accompany our clients to court: this support is crucial to their feeling heard and understood. In Maryland, 49% of legal cases are family law disputes and 89% of the parties are unrepresented. Unrepresented parties are unlikely to do well in court, especially in long, complex cases which address a parent's reasonable concerns about the safety of their child or children due to suspected, indicated or criminally adjudicated child abuser and/or domestic violence. In every one of our cases, we see the same scenario: civil protection orders and even convictions of child abuse and/or domestic violence are often not enough for judges to view the child's safety as the paramount goal in child custody and access orders and order long-term protection for children and their non-abusive parents who may also have been victims of family violence. Educating the courts is part of our legal representation - and this includes appeals as well as submitted amicus curiae briefs in selected appellate cases. Most of our cases are highly complex and lengthy, often lasting several Page 1 of 2

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
Child Justice Inc	46-2493549
years with many court dates, depositions, as well proceedings.	l as other legal
Form 990, Part VI, Line 11b - Organization's Proc The tax return is prepared and forward to each bo its review and approval.	
Form 990, Part VI, Line 12c - Enforcement of Con	flicts Policy
Each board member must disclose to the full board	d when a conflict of
interest arises with them and the Organization	
Form 990, Part VI, Line 19 - Governing Documents Are available upon request	Disclosure Explanation
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
· ····································	
• • • • • • • • • • • • • • • • • • • •	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
••••••	
••••••	
•••••••••••••••••••••••••••••••••••••••	Page 2 of 2

Form **990**

Two Year Comparison Report

For catendar year 2020, or tax year beginning 01/01/21 , ending 09/30/21

2019.8 2020

Nan	ne			i axpayı	er (dentification Number
c	hild Justice Inc			46-2	493549
			2019	2020	Differences
	1. Contributions, gifts, grants	1,	124,197	322,275	198,078
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	800,070	490,017	-310,053
9	4. Program service revenue	4.			
Ē	5. Investment income	5.	7,018	1,969	-5,049
>	6. Proceeds from tax exempt bonds	6.			
8	7. Net gain or (loss) from sale of assets other than inventory	7.			
_	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	3,167	1,141	-2,026
	12. Total revenue. Add lines 1 through 11	12.	934,452	815,402	-119,050
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
8	15. Compensation of officers, directors, trustees, etc.	15.	166,238		-166,238
ø	16. Salaries, other compensation, and employee benefits	16.	482,546	699,374	216,828
9	17. Professional fundraising fees	17.			
S.	18. Other professional fees	18.	8,991	6,142	
	19. Occupancy, rent, utilities, and maintenance	19.	32,812	30,315	
	20. Depreciation and Depletion	20.	229	1,427	1,198
	21. Other expenses	21.	298,592		
	22. Total expenses. Add lines 13 through 21	22.	989,408		
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-54,956		
	24. Total exempt revenue	24.	934,452	815,402	-119,050
	25. Total unrelated revenue	25.			
줥	26. Total excludable revenue	26.	10,185		
룓	27. Total assets	27.	545,953	660,750	
Information	28. Total liabilities	28.	17,182	364,661	
5	29. Retained earnings	29.	528,771	296,089	-232,682
룓	30. Number of voting members of governing body	30,	4	5	
	31. Number of independent voting members of governing body	31.	4	5	
	32. Number of employees	32.	8	11	MD A COLUMN TO THE SECOND
	33. Number of volunteers	33.	1	1	

Form 990		Tax	Return History			2020
child Just	ice Inc			_		er Identification Numbe 2493549
	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants			534,029	924,267	812,292	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment Income			8,977	7,018	1,969	
Functaising revenue (income/loss)			-9,761			
Garning revenue (income/loss)						
Other revenue			1,220	3,167	1,141	
Total revenue			534,465	934,452	815,402	
Grants and sincer emounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			153,750	166,238		
Other compensation			280,424	482,546	699,374	
Professional fees			6,776	8,991	6,142	
Occupancy costs			16,777	32,812	30,315	
Depreciation and depletion				229	1,427	
Other expenses			185,880	298,592	194,536	
Total expenses			643,607	989,408	931,794	
Excess or (Deficit)			109,142	-54,956	-116,392	
Total exempt revenue			534,465	934,452	815,402	
Total unrelated revenue						
Total excludable revenue			10,197	10,185	3,110	
Total Assets			602,684	545,953	660,750	
Total Liabilities			18,957	17,182	364,661	
Net Fund Balances			583,727	528,771	296,089	

NCHILDJ3549 Child Justice Inc 8/15/2022 8:19 PM **Federal Statements** 46-2493549 FYE: 9/30/2021 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after US
Business Code Code 6/30/75 Obs (\$ or %) Amount 1,969 14 1,969 Total

Federal S	tatements		8/15/2022 8:19 PM
Form 990. Part IX. Line 2	24e - All Other Expenses	i	
Total Expenses	Program Service	Management & General	Fund Raising
\$ 1,941 1,643 1,350 138	\$ 776 368 1,350	\$ 1,165 1,275	\$ 130
\$ <u>75</u> \$ <u>5,147</u>	\$ 2,569	\$ 2,448	\$ 130
	Form 990. Part IX. Line 2 Total Expenses \$ 1,941 1,643 1,350 138 75	Total Program Service \$ 1,941 \$ 776 1,643 368 1,350 1,350 138 75 75	Form 990. Part IX. Line 24e - All Other Expenses Total Program Service General \$ 1,941 \$ 776 \$ 1,165 1,643 368 1,275 1,350 1,350 138 75 75

NCHILDJ3549 Child Justice Inc 46-2493549 FYE: 9/30/2021	Federal Statements	8/15/2022 8:19 PM
	Schedule A. Part III. Line 1(e)	
Government Grants Grants & Contributions Total	Description	Amount \$ 490,017 322,275 \$ 812,292
	Schedule A. Part III. Line 2(e)	
Misc Income Annual event - Heroes Total	Description	Amount \$ 1,141 \$ 1,141
	Schedule A. Part III. Line 10a(e)	
Total	Description	Amount \$ 1,969 \$ 1,969