PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change PREGNANCY JUSTICE, INC. Name 52-2282183 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 212-255-9252 575 8TH AVE, FL 7 4,042,885. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10018 H(a) Is this a group return return
Application
pending F Name and address of principal officer: SARAH BURNS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: PREGNANCYJUSTICEUS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 2000 M State of legal domicile: NY Association Part I Summary Briefly describe the organization's mission or most significant activities: PREGNANCY JUSTICE FIGHTS Activities & Governance PROTECT PREGNANT PEOPLE'S RIGHTS BY DEFENDING THOSE WHO HAVE BEEN if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** $3,074,\overline{877}$ 2,502,774. Contributions and grants (Part VIII, line 1h) 4,311. $3,\overline{144.}$ Program service revenue (Part VIII, line 2g) 160,013. 361,346. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,750. -54,744. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,242,951. 2,812,520. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,150. 706. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,992,837. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,760,245. 120,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,247,368. 1,374,969. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,008,763. 3,488,512. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 234,188. -675,992. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 8,739,812. 8,305,337. Total assets (Part X, line 16) $\overline{2,307,143}$ 2,144,561 21 Total liabilities (Part X, line 26) 三年 6,432,669. 6,160,776 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Lourdes Rivera Signature of officer Date Sign LOURDES A. RIVERA, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 10/17/24 P00543254 EVA MRUK self-employed Paid EVA MRUK Firm's name PKF O'CONNOR DAVIES ADVISORY, Firm's EIN 87-3231666 Preparer 245 PARK AVENUE, 12TH FLOOR Use Only Firm's address Phone no. 212-286-2600 NEW YORK, NY 10167 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PREGNANCY JUSTICE FIGHTS TO PROTECT PREGNANT PEOPLE'S RIGHTS BY
	DEFENDING THOSE WHO HAVE BEEN CRIMINALIZED OR WHO FACE OTHER RIGHTS
	VIOLATIONS BECAUSE OF PREGNANCY, FOCUSING ON THOSE MOST LIKELY TO BE
	TARGETED FOR STATE CONTROL BASED ON PREGNANCY: PEOPLE WHO ARE POOR, OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,171,116including grants of \$206) (Revenue \$
	LEGAL/ADVOCACY:
	LEGAL DEFENSE
	PREGNANCY JUSTICE WORKS DIRECTLY AS CO-COUNSEL OR CONSULTING COUNSEL ON
	NUMEROUS CASES TO DEFEND THE RIGHTS OF PREGNANT PEOPLE, AND BUILDS
	COALITIONS WITH DEFENSE LAWYERS, SOCIAL WORKERS, ACTIVISTS, ADVOCATES,
	AND PEOPLE WORKING IN THE MEDICAL AND PUBLIC HEALTH FIELDS. PREGNANCY
	JUSTICE CHALLENGES PROSECUTIONS AND OTHER RIGHTS VIOLATIONS THAT
	DEHUMANIZE PREGNANT PEOPLE, THAT INVENT SEPARATE LEGAL RIGHTS FOR
	FERTILIZED EGGS, EMBRYOS, AND FETUSES, AND THAT EXPAND THE WAR ON DRUGS
	TO HARM PREGNANT PEOPLE AND UNDERMINE THEIR RIGHTS.
	10 IMMI I ILOUANI I DOI DE IMB ONDERLINE INDIN RECIEDO
4b	(Code:) (Expenses \$
710	PUBLIC EDUCATION:
	PREGNANCY JUSTICE USES A VARIETY OF STRATEGIES TO EDUCATE THE PUBLIC,
	POLICYMAKERS, ADVOCATES, AND ACTIVISTS ABOUT MYTHS AND MISINFORMATION
	RELATING TO PREGNANCY, ABORTION, PREGNANCY LOSS, LABOR, BIRTH AND
	SUBSTANCE USE BY PREGNANT PEOPLE. PREGNANCY JUSTICE CHALLENGES
	DESTRUCTIVE AND DEHUMANIZING STEREOTYPES ABOUT PREGNANT PEOPLE AND
	ADVOCATES FOR EVIDENCE-BASED, HUMANE POLICIES THAT ENSURE PREGNANT
	PEOPLE ARE TREATED WITH DIGNITY AND THAT THEIR FAMILIES ARE NOT TORN
	APART.
	111111111111111111111111111111111111111
40	(Code:) (Expenses \$ 437 , 297 • including grants of \$ 0 •) (Revenue \$ 0 •)
40	ORGANIZING:
	011011111111111111111111111111111111111
	PREGNANCY JUSTICE ORGANIZES AT BOTH THE LOCAL AND NATIONAL LEVELS.
	PREGNANCY JUSTICE HELPS TO SUPPORT AND ENCOURAGE GRASSROOTS PARTNERS,
	SUPPORTS STATE-BASED COALITIONS, AND PRESENTS AT CONFERENCES AND
	CONTINUING EDUCATION PROGRAMS THAT INSPIRE EFFECTIVE ADVOCACY AND
	ACTIVISM. PREGNANCY JUSTICE ALSO WORKS AT THE NATIONAL LEVEL TO
	MOBILIZE MEDICAL AND HEALTH EXPERTS, ORGANIZATIONS, AND ACADEMICS TO
	SPEAK OUT AGAINST PUNITIVE AND COUNTERPRODUCTIVE POLICIES.
	STEWN OUT WOWING! LONILIAE WAN COOMIEWAKODOCIIAE LOPICIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,532,082.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "You " complete Schoolule I. Porte I and II.	21	1	l x

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Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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	00		v
24	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Colorado N. Dort II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	<i>1</i> \	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	4 12-21-23	Form	990	(2023)

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PREGNANCY JUSTICE, INC. 52-2282183 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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 Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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? 7g 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? 8 9 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 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 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 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

17

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	9								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
_	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		x						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5								
	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00								
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	l							
	(This Section B requests miormation about policies not required by the internal Revenue Code.)		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104								
		10b								
115	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	25							
·		12c	х							
40	on Schedule O how this was done	13	X							
13	Did the organization have a written whistleblower policy?		21	х						
14	Did the organization have a written document retention and destruction policy?	14								
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v							
	The organization's CEO, Executive Director, or top management official	15a	X	v						
b	Other officers or key employees of the organization	15b		X						
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<u> </u>	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 NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	DANA G. SUSSMAN, JD - 212-255-9252									
	575 8TH AVE, FL 7, NEW YORK, NY 10018									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	(C Posi heck i	ition		one i an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DANA G. SUSSMAN, JD, ACTING ED THRU SEPT 2023/DEPUTY ED SEPT 2023	40.00			х				218,040.	0.	44,708.
(2) ZENOVIA EARLE	40.00									
MEDIA & COMMUNICATIONS DIRECTOR						Х		144,049.	0.	28,771.
(3) LYNN M. PALTROW, JD	40.00									
EXECUTIVE DIRECTOR THRU MAY 2023				Х				137,122.	0.	6,900.
(4) SAMANTHA LEE	40.00									
SENIOR STAFF ATTORNEY						X		105,932.	0.	24,496.
(5) DAMARIS WILLIAMS	40.00	1								
CONTROLLER						X		107,104.	0.	22,196.
(6) LOURDES A. RIVERA	40.00	-								4= 000
PRESIDENT AS OF SEPT 2023				X				72,142.	0.	15,022.
(7) SARAH BURNS, JD	5.00								•	•
BOARD PRESIDENT	F 00	Х		Х				0.	0.	0.
(8) NANCY R. ARIES, PHD SECRETARY	5.00	. ,		х				0.	0.	•
	5.00	Х		Λ				0.	0.	0.
(9) HYTHAM M. IMSEIS, MD TREASURER	3.00	Х		Х				0.	0.	0
(10) KHIARA M. BRIDGES, JD, PHD	1.00	Λ		Λ				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) JULIE EHRLICH	1.00	Δ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(12) CARL L. HART, PHD	1.00							•	•	•
DIRECTOR		Х						0.	0.	0.
(13) CARMELYN P. MALALIS	2.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(14) RIA TABACCO MAR	2.00							-	-	
DIRECTOR		Х						0.	0.	0.
(15) JENNIFER L. MORGAN, PHD	1.00									
DIRECTOR THRU OCT 2023		Х						0.	0.	0.
(16) KAREN SAUVIGNE	1.00									
DIRECTOR		Х						0.	0.	0.

	Section A. Officers, Directors, Trus		JIOY	ees,			gnes	ı	ompensated Employee	s (continued)			
	(A)	(B)			_ (0				(D)	(E)		(F)	
	Name and title	Average	(do		Posi heck r		l than c	ne	Reportable	Reportable		Estimat	ed
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	ו ו	amount	
		week (list any			u a u		1711 431	cc)	from	from related		othe	
		hours for	directo				_		the organization	organizations (W-2/1099-MIS		compens from th	
		related	e 0 r (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	o,	organiza	
		organizations	truste	al tru:		yee	эш рег		1099-NEC)	,		and rela	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer				organizat	ions
		line)	lndi	Insti	Officer	Key	High emp	Former					
		1									+		
											+		
									784,389.		_	142 0	0.2
1b	Subtotal								784,389.		0.	142,0	0.
۲ د	Total from continuation sheets to Part V Total (add lines 1b and 1c)								784,389.			142,0	
2	Total number of individuals (including but i										<u> </u>	,	,,,,
	compensation from the organization						,						5
											_	Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for	such individual									L	3	X
4	For any individual listed on line 1a, is the s	•		•					·	•		77	
_	and related organizations greater than \$15	,		•								4 X	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor					•			•			5	Х
Sec	ction B. Independent Contractors	•											
1	Complete this table for your five highest countries the organization. Report compensation for										ensatio	n from	
	(A)	trie Caleridai ye	sai e	nun	ig w	itire) WII		(B)	5ai.		(C)	
	Name and business	address							Description of s	ervices	Cor	mpensatio	on
TH	E DEVELOPMENT CONSULTI	NG GROUP	L	LC	,	21	5						
EA	ST 95TH STREET, SUITE	34E, NEW	Y	OR:	ĸ,	N	Y		GRANT WRITING	3		120,0	00.
	NONPROFIT PROFESSIONALS ADVISORY GROUP												
LL	LLC, 9450 SW GEMINI DR, PMB 46636,							_	RECRUITING			113,3	38.
								\dashv					
	Total number of independent contractors (including but n	ot lin	nitor	1 to 1	thos	o lic	hed	above) who received mo	ore than			

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
SΩ	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c	147,755.				
ffs, r A		d Related organizations 1d	, -				
nia G		e Government grants (contributions)					
Sir		f All other contributions, gifts, grants, and					
uti Je		similar amounts not included above 1f	2,355,019.				
ə		g Noncash contributions included in lines 1a-1f					
on Pud		h Total. Add lines 1a-1f		2,502,774.			
<u> </u>		Totali / Ida iii lee Ta Ti	Business Code	, , ,			
	2 :	a LECTURE AND PANEL FEES	900099	3,144.	3,144.		
Şi				. , = = - •	, , = = = •		
Ser							
z S							
gra Re		d e					
Program Service Revenue		f All other program service revenue					
		g Total. Add lines 2a-2f		3,144.			
	3	Investment income (including dividends, interes		-,			
	Ŭ	other similar amounts)	·	144,680.			144,680.
	4	Income from investment of tax-exempt bond pro		===,			
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6 :	a Gross rents 6a 45,864.	()				
		b Less: rental expenses 6b 45,864.					
		c Rental income or (loss) 6c 0.					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,322,557.					
		b Less: cost or other basis					
<u>e</u>		and sales expenses 7b 1,105,891.					
enn		C Gain or (loss) 7c 216,666.					
her Revenue		d Net gain or (loss)		216,666.			216,666.
er F		a Gross income from fundraising events (not		,			,
g		including \$ 147,755. of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	ı	b Less: direct expenses 8b	78,610.				
		c Net income or (loss) from fundraising events	·	-78,610.			-78,610.
		a Gross income from gaming activities. See					
	- '	Part IV, line 19 9a					
	1	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a	1,408.				
	ı	b Less: cost of goods sold 10b	0.				
		c Net income or (loss) from sales of inventory		1,408.	1,408.		
			Business Code				
sno	11 :	a REIMBURSEMENT/REFUND	900099	19,345.			19,345.
ane Due	ı	other revenue	900099	3,113.			3,113.
Miscellaneous Revenue	(c					
lisc Be	(d All other revenue					
2		e Total. Add lines 11a-11d		22,458.			
	12	Total revenue. See instructions		2,812,520.	4,552.	0.	305,194.

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Pa	Part IX Statement of Functional Expenses										
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).							
	Check if Schedule O contains a respon	se or note to any line in			X						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	706.	706.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	493,934.	341,208.	72,005.	80,721.						
6	trustees, and key employees	433,334.	341,200.	12,003.	00,721.						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	1,020,811.	772,654.	142,472.	105,685.						
8	Pension plan accruals and contributions (include		,								
-	section 401(k) and 403(b) employer contributions)	45,176.	33,094.	6,683.	5,399.						
9	Other employee benefits	291,259.	218,804.	39,868.	32,587.						
10	Payroll taxes	141,657.	104,512.	19,974.	17,171.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	96,244.	52,436.	43,808.							
С	Accounting	46,700.		46,700.							
	Lobbying	14,410.	14,410.								
е	Professional fundraising services. See Part IV, line 17	120,000.		00 100	120,000.						
f	Investment management fees	28,120.		28,120.							
g	Other. (If line 11g amount exceeds 10% of line 25,	EE2 62E	471 224	24 125	E7 176						
40	column (A), amount, list line 11g expenses on Sch O.)	552,625. 8,702.	471,324. 3,412.	24,125. 5,255.	57,176. 35.						
12	Advertising and promotion	31,445.	16,088.	13,299.	2,058.						
13 14	Office expenses	116,284.	102,861.	9,835.	3,588.						
15	Information technology Royalties	110,204.	102,001.	3,033.	3,300.						
16	Occupancy	240,596.	216,536.	12,030.	12,030.						
17	Travel	41,937.	33,296.	5,198.	3,443.						
18	Payments of travel or entertainment expenses	•		,	<u>, </u>						
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	11,242.	8,215.	2,160.	867.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	83,487.	75,138.	4,175.	4,174.						
23	Insurance	33,063.	29,757.	1,653.	1,653.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A),										
_	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	41,446.	22,118.	13,104.	6,224.						
a	STAFF DEVELOPMENT	16,010.	7,259.	7,976.	775.						
b c	EQUIPMENT EXPENSES	8,844.	6,525.	1,247.	1,072.						
d	OTHER DIRECT OPERATING	3,814.	1,729.	1,900.	185.						
	All other expenses	3,014.	1,140•	1,5000	100.						
25	Total functional expenses. Add lines 1 through 24e	3,488,512.	2,532,082.	501,587.	454,843.						
26	Joint costs. Complete this line only if the organization	,,	, , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,						
-	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					_ 000 ()						

Form **990** (2023)

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or not	e to any	line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			17,468.	1	17,148.	
	2	Savings and temporary cash investments			528,514.	2	648,480.	
	3	Pledges and grants receivable, net			886,698.	3	828,957.	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or	former	officer, director,				
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%				
		controlled entity or family member of any of thes		5				
	6	Loans and other receivables from other disquality	fied per	sons (as defined				
		under section 4958(f)(1)), and persons described				6		
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			20.151	8	44.004	
۷	9				38,164.	9	44,891.	
	10a	Land, buildings, and equipment: cost or other		E40 E00				
		basis. Complete Part VI of Schedule D		719,723.	F02 F00		440.000	
		Less: accumulated depreciation		269,731.	523,589.	10c	449,992. 4,414,650.	
	11	Investments - publicly traded securities			4,593,230.	11	4,414,650.	
	12	Investments - other securities. See Part IV, line 1			12			
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		0 150 140	14	1 001 010		
	15	Other assets. See Part IV, line 11	2,152,149. 8,739,812.	15	1,901,219. 8,305,337.			
\rightarrow	16	Total assets. Add lines 1 through 15 (must equa			262,643.	16 17	297,148.	
	17	Accounts payable and accrued expenses	202,043.	17	237,140.			
	18	Grants payable	0.	19	40,833.			
	19 20		Deferred revenue					
	21	Escrow or custodial account liability. Complete I			3,822.	20 21	3,822.	
	22	Loans and other payables to any current or form			3,022.	21	3,022.	
Liabilities		trustee, key employee, creator or founder, subst						
iliq		controlled entity or family member of any of these				22		
Lia	23	Secured mortgages and notes payable to unrela	-			23		
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24		
	25	Other liabilities (including federal income tax, pa		Г				
		parties, and other liabilities not included on lines						
		of Schedule D		•	2,040,678.	25	1,802,758.	
	26	Total liabilities. Add lines 17 through 25			2,307,143.	26	2,144,561.	
		Organizations that follow FASB ASC 958, che						
Ses		and complete lines 27, 28, 32, and 33.						
auc	27	Net assets without donor restrictions			4,305,566.	27	4,319,033.	
Ba	28	Net assets with donor restrictions		<u></u>	2,127,103.	28	1,841,743.	
pur		Organizations that do not follow FASB ASC 9						
Ę.		and complete lines 29 through 33.	l l					
0 8	29	Capital stock or trust principal, or current funds				29		
sse	30	Paid-in or capital surplus, or land, building, or ed				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			6 400 660	31	6 460 775	
Se	32	Total net assets or fund balances			6,432,669.	32	6,160,776.	
	33	Total liabilities and net assets/fund balances			8,739,812.	33	8,305,337. Form 990 (2023)	

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

<u> FOIII</u>	1990 (2023) TREGNANCI OUDITCE, INC.	J 4	2202	<u> </u>	Pa	age -
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,48	8,5	12.
3	Revenue less expenses. Subtract line 2 from line 1	3		-67	5,9	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	, 43	2,6	69.
5	Net unrealized gains (losses) on investments	5		40	4,0	99.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,16	0,7	76.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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:					
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C) .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PREGNANCY JUSTICE, INC.

Employer identification number 52-2282183

_			MANCI OUDI.					2 2202103
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative		•)(b)(1)(A)(ii	ii).	
4		A medical research organiz					•	the hospital's name.
		city, and state:	1					,
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	vernmental unit describe	ad in
3				nege of university owned	or operat	ca by a gc	verrimental anti-desemble	5 4 III
_		section 170(b)(1)(A)(iv). (C		and the second s		70/1-1/41/41	6.3	
6		A federal, state, or local gov	· ·				• •	
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C	•					
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(x) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con					, ,	,
11		An organization organized a	•	ively to test for public sat	ety See	section 50	09(a)(4).	
12	\Box	An organization organized a	· ·	•	•			nurnoses of one or
12	ш	more publicly supported or	· ·	•	-		•	
			~					DIRECK THE DOX OH
		lines 12a through 12d that				•	, ,	at the c
а	ı <u> </u>		· · · · · · · · · · · · · · · · · · ·			-		
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b) <u> </u>		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.	
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	sfv a distr	ibution red	uirement and an attentiv	/eness
		requirement (see instructi	-		•			
e		Check this box if the orga	·	-				
٠	, L	functionally integrated, or					Type i, Type ii, Type iii	
	Ent	• •	* *	nally integrated supporting	ig organiz	ation.		
f		er the number of supported o		d arganization(a)				
<u> </u>		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	`	organization	(,	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	I capport (cos monacino)	
Tota	al							
								i

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2377813.	2160586.	2218623.	3074877.	2502774.	12334673.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	2377813.	2160586.	2218623.	3074877.	2502774.	12334673.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						4507172.					
6	Public support. Subtract line 5 from line 4.						7827501.					
	tion B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
7	Amounts from line 4	2377813.	2160586.	2218623.	3074877.		12334673.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	206,322.	157,174.	197,947.	190,401.	190,544.	942,388.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)	5,495.	3,123.	13,821.	3,750.	22,458.	48,647.					
11	Total support. Add lines 7 through 10	-	-	-	-	-	13325708.					
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	15,645.					
	First 5 years. If the Form 990 is for th					D1(c)(3)						
	organization, check this box and stop											
Sec	ction C. Computation of Publi	c Support Per	centage									
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	58.74 %					
	Public support percentage from 2022					15	54.76 <u>%</u>					
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X					
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion								
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation					
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization							
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or					
	more, and if the organization meets th											
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·					
						Calaaduda A	(Form 990) 2023					

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		
100		

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Schedule A (Form 990) 2023

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
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-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2023

Fai	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
Ť				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h			
v				
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
_	Excess from 2023			

Schedule A (Form 990) 2023

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

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
REIMBURSEMENT/RE	FUND
2019 AMOUNT: \$	5,495.
2020 AMOUNT: \$	963.
2021 AMOUNT: \$	13,690.
2022 AMOUNT: \$	3,509.
2023 AMOUNT: \$	19,345.
OTHER REVENUE	
2020 AMOUNT: \$	2,160.
2021 AMOUNT: \$	131.
2022 AMOUNT: \$	241.
2023 AMOUNT: \$	3,113.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

PREGNANCY JUSTICE 52-2282183 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

PREGN	ANCY JUSTICE, INC.		52-2282183
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 750,34	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$180,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$150,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$75,00	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PREGNANCY JUSTICE, INC.

52-2282183

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

PREGNANCY JUSTICE, INC.

52-2282183

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26		 	Schedule R (Form 990) (2022)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** PREGNANCY JUSTICE, INC. 52-2282183 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name o		nization	ions. Complete Part III.		[1	Employer identification number
	3		CY JUSTICE, INC.			52-2282183
Part	I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527	7 organization.
2 Pc	olitical	campaign activity expendit	ation's direct and indirect polition ures gn activities			\$
Part	I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1 En	nter the	amount of any excise tax	ncurred by the organization un	der section 4955	-	\$
2 En	nter the	amount of any excise tax	ncurred by organization manag	ers under section 4955		\$
			n 4955 tax, did it file Form 4720			
4a W	as a co	rrection made?				Yes No
b lf '	"Yes,"	describe in Part IV.				
			anization is exempt und			
			by the filing organization for se			\$
			zation's funds contributed to of	•		
						. \$
		•	. Add lines 1 and 2. Enter here a	•		•
			4400 DOL 6 H1: 0			
			1120-POL for this year?			
			nployer identification number (E ion listed, enter the amount pai			
		,	emptly and directly delivered to	0 0		•
		•	additional space is needed, pro			3 3
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	's contributions received and
					1	

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023	PREGNANCY J	JSTICE, INC.	•		282183 Page 2
Part II-A Complete if the org	anization is exem	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	tion belongs to an affil	•	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e	• ,	viciono contr		
Limi	tion checked box A and ts on Lobbying Exper ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (o	rassroots Johnving)		52.	
b Total lobbying expenditures to influ		, ,,		16,443.	
c Total lobbying expenditures (add li				16,495.	
d Other exempt purpose expenditure				2,989,054.	
e Total exempt purpose expenditure				3,005,549.	
f Lobbying nontaxable amount. Enter	`			300,277.	
If the amount on line 1e, column (a) o		oying nontaxable ame			
not over \$500,000,		he amount on line 1e.			
over \$500,000 but not over \$1,000		0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,50		0 plus 10% of the exce			
over \$1,500,000 but not over \$17,0		0 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			75,069.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or l	ne 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations the	hat made a section 50	raging Period Under 01(h) election do not h ite instructions for lin	nave to complete all c	of the five columns be	low.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	261,388.	278,414.	286,430.	300,277.	1,126,509.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,689,764.
c Total lobbying expenditures		1,779.	5,405.	16,495.	23,679.
d Grassroots nontaxable amount	65,347.	69,604.	71,608.	75,069.	281,628.
e Grassroots ceiling amount (150% of line 2d, column (e))					422,442.
f Grassroots lobbying expenditures				52.	52.

Schedule C (Form 990) 2023

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

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1(c)(5), or se	r section Yes 1	mount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
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i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
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b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Cart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
Were substantially all (90% or more) dues received nondeductible by members?	2	1	
	2		T N
	2		+-
			+
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	r vear? 3	3	+
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." 1 Dues, assessments and similar amounts from members			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year			
<i>f</i>	2a	2 a	
	<u>2b</u>	2b	
b Carryover from last year c Total	2b 2c	2b 2c	
b Carryover from last year c Total	2b 2c 3	2b 2c	
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c 3	2b 2c	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 	2b 2c 3	2b 2c 3	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 	2b 2c 3	2b 2c 3 4	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 	2b 2c 3	2b 2c 3 4	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PREGNANCY JUSTICE, INC.

Employer identification number 52-2282183

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

Complete if the organization answered Tes On Form 990, Part IV, line Tra. See Form 990, Part X, line To.									
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
b Buildings									
c Leasehold improvements		444,285.	132,822.	311,463.					
d Equipment		275,438.	136,909.	138,529.					
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))									

Schedule D (Form 990) 2023

	USTICE, INC.	52	-2282183 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valdation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ACCRUED INTEREST			9,587.
(2) SECURITY DEPOSIT			133,230.
(3) RIGHT OF USE ASSET			1,757,702.
(4) OTHER ASSETS			700.
(5)			
(6)			
(8)			
(9)			1 001 010
Total. (Column (b) must equal Form 990, Part X, line 15, co	<i>l. (B))</i>		1,901,219.
Part X Other Liabilities	F 000 B + " '	1411. O F 222 B	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(h) Doole wales
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	17.
(3) LEASE LIABILITY, OPERATING LEASE	1,802,741.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,802,758.

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

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,958,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		404,099. 4,695,871.		
b	Donated services and use of facilities	2b	4,695,871.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	45,864.		
е	Add lines 2a through 2d			2e	5,145,834.
3	Subtract line 2e from line 1			3	2,812,520.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stater	nonto Wit	h Evnanga nar E	5	2,812,520.
Pai			ii Expenses per r	returi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		I . I	0 220 247
1				1	8,230,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	A 605 971		
a	Donated services and use of facilities		4,695,871.		
b	Prior year adjustments	1 _ 1			
C	Other losses		45,864.		
d	Other (Describe in Part XIII.) Add lines 2a through 2d			20	4,741,735.
е 3	•			2e 3	3,488,512.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,400,312.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,488,512.
	t XIII Supplemental Information				, , , , , , , , , , , , , , , , , , , ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ırt IV, lines 1	b and 2b; Part V, line 4	; Part X	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			•	,
PAF	T IV, LINE 2B:				
TEN	ANT SECURITY DEPOSITS HELD IN ACCORDANCE	WITH F	REGULATIONS.		
	_				
PAF	T X, LINE 2:				
PRE	GNANCY JUSTICE RECOGNIZES THE EFFECT OF 1	NCOME	TAX POSITIO	NS (ONLY IF
			~~-		
THO	SE POSITIONS ARE MORE LIKELY THAN NOT OF	BEING	SUSTAINED.	MANA	AGEMENT
				~	
HAS	DETERMINED THAT PREGNANCY JUSTICE HAD NO	UNCE	RTAIN TAX PO	SIT.	LONS THAT
WOT	LD REQUIRE FINANCIAL STATEMENT RECOGNITION	ON OR T	DISCLOSURE.	PREC	GNANCY
		,, -			
אַנוודי	TICE IS NO LONGER SUBJECT TO EXAMINATIONS	S BY TE	IE APPLICARI	Ε Т	AXTNG

PART XI, LINE 2D - OTHER ADJUSTMENTS:

JURISDICTIONS FOR PERIODS PRIOR TO 2020.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
	CY JUSTICE, INC.					52-2282	
required to complete this part	 Complete if the organization answet. 	red "Y	es" on	ı Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or 	ed funds through any of the following e X Solicitat f Solicitat g X Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	☐ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	ıstody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
THE DEVELOPMENT CONSULTING		Yes	No				
GROUP LLC - 215 EAST 95TH	GRANT WRITING		Х	0.		120,000.	-120,000.
						120,000.	-120,000.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is e	exempt from req	gistration
NY							

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
Φ			(event type)	(event type)	(total number)	(0)
Revenue	1	Gross receipts	147,755.			147,755.
	2	Less: Contributions	147,755.			147,755.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	34,858.			34,858.
	8	Entertainment	7.150.			7.150.
		Other direct expenses	7,150. 36,602.			7,150. 36,602.
		Direct expense summary. Add lines 4 through				78,610.
		Net income summary. Subtract line 10 from lin				-78,610.
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
		Volunteer labor Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	rrom line 1, column (d)			<u> </u>
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 PREGNANCY JUSTICE, INC.	52-2282183 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:
Name	
Address	_
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	e amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS	RATCERC.
benefold 6, 11M1 1, LINE 2D, LIBI OF THE HIGHEST THIS TOND	TITOLING.
(I) NAME OF FUNDRAISER: THE DEVELOPMENT CONSULTING GROUP LI	LC
(-)	
(I) ADDRESS OF FUNDRAISER:	
215 EAST 95TH STREET, SUITE 34E, NEW YORK, NY 10128	
PART I, LINE 2B, COLUMN (V):	
THE DEVELOPMENT CONSULTING GROUP LLC WAS RETAINED TO IDENT:	IFY GRANT
OPPORTUNITIES, DRAFTS GRANT APPLICATIONS AND REPORTS, DEVEL	

332083 09-13-23

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

PREGNANCY JUSTICE, INC.

 $Employer\ identification\ number \\ 52-2282183$

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

LHA 332111 11-06-23

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation		C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANA G. SUSSMAN, JD, ACTING ED	(i)	178,040.	40,000.	0.	9,658.	35,050.	262,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZENOVIA EARLE	(i)	144,049.	0.	0.	7,370.	21,401.	172,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
INDIVIDUAL REPORTED ON SCHEDULE J, PART II RECEIVED BOARD APPROVED
DISCRETIONARY PERFORMANCE BONUS IN 2023.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PREGNANCY JUSTICE, INC.

Employer identification number 52-2282183

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CRIMINALIZED OR WHO FACE OTHER RIGHTS VIOLATIONS BECAUSE OF PREGNANCY,

FOCUSING ON THOSE MOST LIKELY TO BE TARGETED FOR STATE CONTROL BASED ON

PREGNANCY: PEOPLE WHO ARE POOR, OF COLOR, AND DRUG-USING. PREGNANCY

JUSTICE DOES THIS THROUGH LEGAL CHANGE; PUBLIC EDUCATION, TRAINING, AND

RESOURCE DEVELOPMENT; POLICY ADVOCACY; AND RESEARCH AND DOCUMENTATION.

IN 2023, PREGNANCY JUSTICE PROVIDED DIRECT REPRESENTATION OR LEGAL ADVOCACY TO 60 PEOPLE FACING PREGNANCY-RELATED CRIMINALIZATION AND LEVERAGED THESE CASES TO MAKE BROADER CHANGE; SHARED RESOURCES REFERRALS, KNOW-YOUR-RIGHTS INFORMATION, OR DIRECT ASSISTANCE TO MORE THAN 200 PEOPLE WHO CONTACTED US FOR HELP; FILED "FRIEND OF THE COURT" DRUG POLICY REFORM LEADERS, BRIEFS ON BEHALF OF MEDICAL EXPERTS, REPRODUCTIVE JUSTICE ADVOCATES THAT BUILT COALITIONS AND LED TO LEGAL VICTORIES INCLUDING AN APPEALS COURT IN OHIO AND THE NEW JERSEY SUPREME COURT; TRAINED MORE THAN 3,000 HEALTHCARE PROVIDERS, CRIMINAL DEFENSE ATTORNEYS, PUBLIC DEFENDERS, PROSECUTORS, SOCIAL WORKERS, POLICYMAKERS AND CHILD WELFARE WORKERS ON THE POWER THEY HAVE TO DISRUPT PREGNANCY CRIMINALIZATION THROUGH WEBINARS, CONFERENCES, AND LECTURES USING PREGNANCY JUSTICE-CREATED TOOLKITS; RECEIVED COVERAGE AND IMPACTED THE NARRATIVE THROUGH LOCAL AND NATIONAL NEWS STORIES ABOUT OUR WORK -INCLUDING WITH JOURNALISTS WITH WHOM WE HAVE BUILT RELATIONSHIPS AT THE WASHINGTON POST, NEW YORK MAGAZINE, NPR, CNN, FORBES, THE GUARDIAN, THE MARSHALL PROJECT AND OTHERS.

Schedule O (Form 990) 2023 Page 2

Name of the organization PREGNANCY JUSTICE, INC.

Employer identification number 52-2282183

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLOR, AND DRUG-USING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVOCACY

PREGNANCY JUSTICE PROVIDES ALLIES AND ACTIVISTS WITH ANALYSIS OF

PROPOSED LEGISLATION AND POLICIES; COMMENTS AND TESTIFIES ON PROPOSED

LAWS ACROSS THE COUNTRY; SUPPORTS INITIATIVES THAT AFFIRM THE CIVIL AND

HUMAN RIGHTS OF PREGNANT PEOPLE AND OPPOSE EFFORTS THAT THREATEN THOSE

RIGHTS; AND ADVISES ADVOCATES AND POLICYMAKERS AT THE LOCAL, STATE, AND

FEDERAL LEVELS.

AS PART OF THIS WORK, PREGNANCY JUSTICE LINKS LOCAL AND STATE-BASED

ACTIVISTS, LEADERS, AND ORGANIZATIONS TO NATIONAL MEDICAL, PUBLIC

HEALTH, AND SOCIAL JUSTICE RESOURCES.

FORM 990, PART VI, SECTION A, LINE 8B:

NO MINUTES WERE KEPT FOR COMMITTEE MEETINGS IN 2023.

FORM 990, PART VI, SECTION B, LINE 11B:

PREGNANCY JUSTICE HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN

PREPARED, IT IS REVIEWED BY SENIOR MANAGEMENT BEFORE PRESENTING TO THE

GOVERNANCE COMMITTEE OF THE BOARD CHARGED WITH OVERSEEING THE AUDIT. AFTER

REVIEW AND APPROVAL BY THE COMMITTEE, THE COMMITTEE SUBMITS THE 990 TO THE

BOARD WITH A RECOMMENDATION FOR FINAL APPROVAL BEFORE FILING WITH THE IRS.

13361231

Schedule O (Form 990) 2023 Page 2

52-2282183

Name of the organization Employer identification number

FORM 990, PART VI, SECTION B, LINE 12C:

PREGNANCY JUSTICE, INC.

PREGNANCY JUSTICE CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWER, WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE MUST LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. WHEN A CONFLICT OF INTEREST DOES EXIST BETWEEN A SERVICE PROVIDER AND THE INTERESTED PERSON, BUT IT IS DETERMINED BY THE BOARD OR EXECUTIVE COMMITTEE THAT IT IS FAIR AND REASONABLE TO CONTINUE WITH A TRANSACTION OR AGREEMENT WITH THE SERVICE PROVIDE DESPITE THE CONFLICT, THE INTERESTED PERSON MUST RECUSE HIM/HERSELF FROM THE DISCUSSIONS REGARDING THE HIRING OF AND INTERACTIONS WITH THE PROVIDER WITH WHICH THE CONFLICT OCCURS. IF THE BOARD OR EXECUTIVE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT MUST INFORM THE MEMBERS OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS CONTAINS:

A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A

FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization PREGNANCY JUSTICE, INC.

Employer identification number 52-2282183

INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO

DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR

EXECUTIVE COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT

EXISTED.

B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES

RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION,

INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND

A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

PREGNANCY JUSTICE HAS A COMPENSATION PROCESS FOR DETERMINING THE

COMPENSATION OF THE PRESIDENT AND DEPUTY EXECUTIVE DIRECTOR. PREGNANCY

JUSTICE DETERMINED THE COMPENSATION FOR ITS NEW PRESIDENT, WHO STARTED HER

TENURE AT THE ORGANIZATION IN SEPTEMBER 2023, BY WORKING WITH AN EXECUTIVE

SEARCH FIRM THAT, THROUGH BENCHMARKING ANALYSIS, AND IN CONVERSATION WITH

THE BOARD, RECOMMENDED A SALARY FOR THE PRESIDENT, WHICH WAS APPROVED BY

THE BOARD. THE SALARY FOR THE ACTING EXECUTIVE DIRECTOR, WHO BECAME DEPUTY

EXECUTIVE DIRECTOR WHEN THE PRESIDENT BEGAN HER EMPLOYMENT, WAS DETERMINED

SIMILARLY THROUGH A BENCHMARKING ANALYSIS OF COMPARATIVE ROLES AT SIMILARLY

SITUATED ORGANIZATIONS, AND MEASURED AGAINST THE PRESIDENT'S SALARY, AND

DETERMINED AND APPROVED BY THE BOARD. COMPENSATION DETERMINATIONS WERE

DISCUSSED DURING EXECUTIVE SESSIONS OF BOARD MEETINGS IN 2023. THE

DISCUSSION AND APPROVAL ARE DOCUMENTED IN THE MINUTES OF THE BOARD

MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE AND AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.

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Schedule O (Form 990) 2023	Page 2
Name of the organization PREGNANCY JUSTICE, INC.	Employer identification number 52-2282183
THE RETURN IS POSTED ON GUIDESTAR, CHARITY NAVIGATOR, AND	OTHER SIMILAR
WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT	OF INTEREST
POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVE	AILABLE UPON
WRITTEN REQUEST OR BY CALLING THE ORGANIZATION. IN ADDITIO	ON TO MAKING THEIR
AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST, THEY	CAN ALSO BE FOUND
ON THEIR WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
HUMAN RESOURCES CONSULTANT:	
PROGRAM SERVICE EXPENSES	285,850.
MANAGEMENT AND GENERAL EXPENSES	733.
FUNDRAISING EXPENSES	55,535.
TOTAL EXPENSES	342,118.
WRITING AND RESEARCH/FREELANCERS CONSULTANT:	
PROGRAM SERVICE EXPENSES	59,365.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,365.
PAYROLL SERVICE FEE:	4 005
PROGRAM SERVICE EXPENSES	4,285.
MANAGEMENT AND GENERAL EXPENSES	4,709.
FUNDRAISING EXPENSES	458.
TOTAL EXPENSES	9,452.
FISCAL & ADMIN CONSULTANT:	
PROGRAM SERVICE EXPENSES	43,400.
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Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023 Name of the organization PREGNANCY JUSTICE, INC.	Employer identification number 52-2282183
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,400.
TOTAL EXPENSES	43,400.
JANITORIAL SERVICE:	
PROGRAM SERVICE EXPENSES	21,299.
MANAGEMENT AND GENERAL EXPENSES	1,183.
FUNDRAISING EXPENSES	1,183.
TOTAL EXPENSES	23,665.
ALL OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	46,625.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,625.
ORGANIZATION FACILITATOR:	
PROGRAM SERVICE EXPENSES	10,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,500.
403B ADVISORY SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	17,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	552,625. Schedule O (Form 990) 2023
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Name of the organization	Employer identification number
PREGNANCY JUSTICE, INC.	52-2282183
FORM 990, PART XII, LINE 2C:	
PREGNANCY JUSTICE HAS A FINANCE AND AUDIT COMMITTEE THAT A	ASSUMES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINAN	NCIAL
STATEMENTS AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNT	PANT. THE
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	