

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning January 01, 2024, and ending December 31, 2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Code Switch Restorative Justice for Girls of Color. Number and street (or P.O. box if mail is not delivered to street address): PO BOX 91233. City or town, state or province, country, and ZIP or foreign postal code: HENDERSON, NV 89009

D Employer identification number: 85-0611214. E Telephone number: (150) 798-0375. F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify):

H Check [X] if the organization is not required to attach Schedule B (Form 990).

I Website https://codeswitch.org

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [X] Other Public Charity

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 111,775

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values are in blue text. Total revenue is 111,775. Total expenses are 100,141. Net assets at end of year are 23,949.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|   | (A) Beginning of year | (B) End of year  |
|---|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                    | 27,312                | <b>22</b> 4,145  |
| <b>23</b> Land and buildings . . . . .  | 0                     | <b>23</b> 0      |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                             | 0                     | <b>24</b> 32,404 |
| <b>25</b> Total assets . . . . .  | 27,312                | <b>25</b> 36,549 |
| <b>26</b> Total liabilities (describe in Schedule O) . . . . .                        | 14,997                | <b>26</b> 12,600 |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 12,315                | <b>27</b> 23,949 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|   |            |          |
|---|------------|----------|
| <b>28</b> See Schedule O<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>28a</b> | <b>0</b> |
| <b>29</b> See Schedule O<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>29a</b> | <b>0</b> |
| <b>30</b> See Schedule O<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> | <b>0</b> |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>31a</b> | <b>0</b> |
| <b>32</b> Total program service expenses (add lines 28a through 31a)  | <b>32</b>  | <b>0</b> |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

**Note:** Only 11 members will be listed here. Refer to Schedule O for the complete list.

| (a) Name and title  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|---|---|--|
| Tonya Walls<br>Director and Program Manager (T JEF)           | 35   | 43,500  | 0   | 0  |
| Naika Belizaire<br>Co-Director and Program Manager (RFC)      | 10   | 2,565   | 0   | 0  |
| Shakala Alvaranga<br>Communications Director                  | 10   | 11,250  | 0   | 0  |
| Deja Dunlap<br>Youth Advisory Board and Program Manager (OEF) | 4  | 0   | 0   | 0  |
| Layla Juniel<br>Youth Advisory Board Member                   | 2  | 0   | 0   | 0  |
| G'Yanna Perry<br>Youth Advisory Board Member                  | 2  | 0   | 0   | 0  |
| Anaya Wilson<br>Youth Advisory Board Member                   | 2  | 0   | 0   | 0  |
| Shanice Stevens<br>Advisory Board Member                      | 2  | 0   | 0   | 0  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2024) Part V Other Information. Questions 33-45b regarding organizational activities, financials, and compliance. Includes fields for amounts and checkboxes for Yes/No.

|           |  |                          |                                     |
|-----------|--|--------------------------|-------------------------------------|
|           |  | Yes                      | No                                  |
| <b>46</b> | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) Organizations Only** All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI

|            |  |                          |                                     |
|------------|--|--------------------------|-------------------------------------|
|            |  | Yes                      | No                                  |
| <b>47</b>  | 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 . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49b</b> | b If "Yes," was the related organization a section 527 organization? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/>            |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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.

|                  |   |                    |
|------------------|---|--------------------|
| <b>Sign Here</b> | Signature of officer<br> | Date<br>06/02/2026 |
|                  | Type or print name and title<br>Tonya Walls , Founder and Director  |                    |

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check if <input type="checkbox"/> self-employed | PTIN |
|                               | Firm's name                |                      |      | Firm's EIN                                      |      |
|                               | Firm's address             |                      |      | Phone no  |      |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization  
**Code Switch Restorative Justice for Girls of Color**

Employer identification number  
**85-0611214**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |                          | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|--------------------------|---|---|
|                                    |          |   | Yes   | No                       |   |   |
| (A)                                |          |   | <input type="checkbox"/>                                    | <input type="checkbox"/> |   |   |
| (B)                                |          |   | <input type="checkbox"/>                                    | <input type="checkbox"/> |   |   |
| (C)                                |          |   | <input type="checkbox"/>                                    | <input type="checkbox"/> |   |   |
| (D)                                |          |   | <input type="checkbox"/>                                    | <input type="checkbox"/> |   |   |
| (E)                                |          |   | <input type="checkbox"/>                                    | <input type="checkbox"/> |   |   |
| <b>Total</b>                       |          |   |   |                          |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | <b>0</b>  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |          |
|--|-----------|--|----------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> |  | <b>%</b> |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .   | <b>15</b> |  | <b>%</b> |
| <b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |  |          |
| <b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>  |           |  |          |
| <b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |  |          |
| <b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |  |          |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>  |           |  |          |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 25,570   | 144,029  | 300,188  | 11,305   | 45,004   | 526,096   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2,016    | 6,682    | 12,283   | 17,549   |          | 38,530    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   | 1,962    | 0        | 0        | 0        |          | 1,962     |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | 0        | 0        | 0        | 0        |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  | 0        | 0        | 0        | 0        |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5   | 29,548   | 150,711  | 312,471  | 28,854   | 45,004   | 566,588   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 0        | 0        | 0        | 0        |          | 0         |
| <b>b</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           | 0        | 0        | 0        | 0        |          | 0         |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b> Public support. (Subtract line 7c from line 6.)  |          |          |          |          |          | 566,588   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   | 29,548   | 150,711  | 312,471  | 28,854   | 45,004   | 566,588   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 0        | 0        | 0        | 0        |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 0        | 0        | 0        | 0        |          | 0         |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  | 0        | 0        | 0        | 0        |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 29,548   | 150,711  | 312,471  | 28,854   | 45,004   | 566,588   |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |       |
|---|----|-------|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | 100 % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15                       | 16 | 100 % |

**Section D. Computation of Investment Income Percentage**

|  |    |     |
|--|----|-----|
| <b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | 0 % |
| <b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17                         | 18 | 0 % |

- 19a 33 1/3% support test—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

|            |  | Yes                      | No                       |
|------------|--|--------------------------|--------------------------|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b>   | 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)? <i>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.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7</b>   | 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in Part VI.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10a</b> | 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)? <i>If "Yes," answer line 10b below.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Supporting Organizations** (continued)

|           |   | Yes                      | No                       |
|-----------|---|--------------------------|--------------------------|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |                          |                          |
| <b>a</b>  | 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b>  | A family member of a person described on line 11a above?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b>  | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              | <input type="checkbox"/> | <input type="checkbox"/> |

**Section B. Type I Supporting Organizations**

|          |  | Yes                      | No                       |
|----------|--|--------------------------|--------------------------|
| <b>1</b> | 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? <i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Section C. Type II Supporting Organizations**

|          |   | Yes                      | No                       |
|----------|---|--------------------------|--------------------------|
| <b>1</b> | 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)? <i>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).</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section D. All Type III Supporting Organizations**

|          |  | Yes                      | No                       |
|----------|--|--------------------------|--------------------------|
| <b>1</b> | 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |

**Section E. Type III Functionally Integrated Supporting Organizations**

|          |  |   |                          |
|----------|--|---|--------------------------|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |   |                          |
| <b>a</b> | <input type="checkbox"/>   | The organization satisfied the Activities Test. Complete line 2 below   |                          |
| <b>b</b> | <input type="checkbox"/>   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                     |                          |
| <b>c</b> | <input type="checkbox"/>   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). |                          |
| <b>2</b> | Activities Test. Answer lines 2a and 2b below.   |   |                          |
| <b>a</b> |  | Yes   | No                       |
|          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s) to which the organization was responsive? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>b</b> | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "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.</i>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>3</b> | Parent of Supported Organizations. Answer lines 3a and 3b below.   |   |                          |
| <b>a</b> | 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? <i>If "Yes" or "No," provide details in Part VI.</i>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <input type="checkbox"/>  | <input type="checkbox"/> |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b>  |  | (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                                     | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (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):  |                |                             |
| a                                     | Average monthly value of securities  | 1a             |                             |
| b                                     | Average monthly cash balances  | 1b             |                             |
| c                                     | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                     | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                     | Discount claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):  |                |                             |
| 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                                     | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| <b>Section C—Distributable Amount</b> |  |                | 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                                     | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                             |
| 7                                     | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions |  | Current Year |
|-------------------------|--|--------------|
| 1                       | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                       | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                       | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                       | Amounts paid to acquire exempt-use assets  | 4            |
| 5                       | Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)   | 5            |
| 6                       | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                       | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                       | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                       | Distributable amount for 2024 from Section C, line 6   | 9            |
| 10                      | Line 8 amount divided by line 9 amount   | 10           |

| Section E—Distribution Allocations (see instructions) | (i)<br>Excess<br>Distributions  | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---|---|--|---|
| 1   | Distributable amount for 2024 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2024   |  |   |
| a   | From 2019 . . . . .   |  |   |
| b   | From 2020 . . . . .   |  |   |
| c   | From 2021 . . . . .   |  |   |
| d   | From 2022 . . . . .   |  |   |
| e   | From 2023 . . . . .   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2024 distributable amount  |  |   |
| i   | Carryover from 2019 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f   |  |   |
| 4   | Distributions for 2024 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2024 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c  |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2020 . . . . .  |  |   |
| b   | Excess from 2021 . . . . .  |  |   |
| c   | Excess from 2022 . . . . .  |  |   |
| d   | Excess from 2023 . . . . .  |  |   |
| e   | Excess from 2024 . . . . .  |  |   |

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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## Transactions With Interested Persons

# 2024

Open to Public  
Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27  
28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>Code Switch Restorative Justice for Girls of Color | Employer identification number<br>85-0611214 |
|--|--|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected?           |                          |
|-----|---------------------------------|---|--------------------------------|--------------------------|--------------------------|
|     |                                 |   |                                | Yes                      | No                       |
| (1) |                                 |   |                                | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) |                                 |   |                                | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) |                                 |   |                                | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) |                                 |   |                                | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) |                                 |   |                                | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) |                                 |   |                                | <input type="checkbox"/> | <input type="checkbox"/> |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |                          | (e) Original principal amount | (f) Balance due  | (g) In default?          |                                     | (h) Approved by board or committee? |                          | (i) Written agreement?   |                          |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|--------------------------|-------------------------------|------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                               |                                    |                     | To                                    | From                     |                               |                  | Yes                      | No                                  | Yes                                 | No                       | Yes                      | No                       |
|                               |                                    |                     | (1) <b>Tonya Walls</b>                | <b>See State ment</b>    |                               |                  | <b>See State ment</b>    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>45,004</b>            | <b>45,004</b>            | <input type="checkbox"/> |
| (2)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (8)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (9)                           |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (10)                          |                                    |                     | <input type="checkbox"/>              | <input type="checkbox"/> |                               |                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Total</b> . . . . .        |                                    |                     |                                       |                          |                               | <b>\$ 45,004</b> |                          |                                     |                                     |                          |                          |                          |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |                          |
|-------------------------------|---|---------------------------|--------------------------------|---|--------------------------|
|                               |   |                           |                                | Yes                                     | No                       |
| (1)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (2)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (3)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (4)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (5)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (6)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (7)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (8)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (9)                           |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |
| (10)                          |   |                           |                                | <input type="checkbox"/>                | <input type="checkbox"/> |

**Part II** Schedule L - Part I Additional Entries

|   |   |
|---|---|
| Name of the organization<br><b>Code Switch Restorative Justice for Girls of Color</b> | Employer identification number<br><b>85-0611214</b> |
|---|---|

**Part and Line Number: Part I - Line 1**

**During 2024, the Founding Director personally advanced funds to support the organization's ongoing operations and program activities during a period of cash flow instability caused by delayed grant payments from a major funder. These advances included approximately 12,600 in expenses charged to personal credit cards and a personal loan of 32,404 obtained through Discover Bank. The organization was unable to secure financing in its own name and had limited alternative funding options available at the time. The Founding Director assumed this financial obligation to ensure continuity of services, meet organizational commitments, and prevent disruption or suspension of programs while awaiting the release of committed funding. The decision was made in good faith and in the best interest of maintaining the organization's operations during a period of financial uncertainty. Funds were used solely exclusively for organizational purposes and were not compensation to the Founding Director.**

**Schedule L Part II Column B - Relationship with organization**

.....  
**(1).Founding Director**  
 .....

**Schedule L Part II Column B - Relationship with organization**

.....  
**(1).To keep the nonprofit programs running**  
 .....

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

|   |   |
|---|---|
| Name of the Organization<br><b>Code Switch Restorative Justice for Girls of Color</b> | Employer identification number<br><b>85-0611214</b> |
|---|---|

Part and Line Number: **Part I - Line 16**

| Description  | Amount          |
|--|-----------------|
| <b>General Business Expenses: Insurance, Program, Training &amp; Development</b>   | <b>\$15,347</b> |
| <b>Legal and Professional Fees: Insurance, Bookkeeping &amp; Accounting, Taxes &amp; Licenses, Other legal &amp; business fees</b> | <b>\$5,793</b>  |
| <b>Office Expenses: Bank Charges &amp; Fees, Dues and Subscriptions, Meals, Software &amp; Apps</b>                                | <b>\$1,449</b>  |
| <b>Interest Paid</b>   | <b>\$644</b>    |
| <b>Airfare and Travel</b>  | <b>\$1,634</b>  |
| <b>Liabilities: Chase Ink and Amex Credit Card</b>   | <b>\$16,030</b> |

Part and Line Number: **Part II - Line 24**

| Description         | Beginning Of Year Amount | End Of Year Amount |
|---------------------|--------------------------|--------------------|
| <b>Other Assets</b> | <b>\$0</b>               | <b>\$32,404</b>    |

Part and Line Number: **Part II - Line 26**

| Description         | Beginning Of Year Amount | End Of Year Amount |
|---------------------|--------------------------|--------------------|
| <b>Other Assets</b> | <b>\$14,997</b>          | <b>\$12,600</b>    |

Part and Line Number: **Part III - Primary Exempt Purpose**

**Eradicate barriers impeding girls academic success and provide them with mentorship and leadership development supports to ensure academic and post-secondary academic success**

Part and Line Number: **Part III - Line 28**

**Mentorship Programming - provide girls aged 9-24 with group mentorship, restorative advocacy, leadership development opportunities and socio-emotional plus mental wellness resources and support**

Part and Line Number: **Part III - Line 29**

**Mentorship through cultural immersion travel, conferencing, and leadership development opportunities.**

Part and Line Number: **Part III - Line 30**

**Sponsorships, Education Micro-grants to close academic opportunity gaps**

Part and Line Number: **Part III - Line 31**

| Description  | Grants     | Expenses   |
|--|------------|------------|
| <b>Educator and Youth Justice Fellowships to grow restorative praxis and leadership skills</b> | <b>\$0</b> | <b>\$0</b> |

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2024, or tax year beginning January 01, 2024, and ending December 31, 2024

2024

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

Open to Public Inspection

Name of filer Code Switch Restorative Justice for Girls of Color EIN or SSN 85-0611214

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 2b shows 111,775.

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal...
b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program...

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) Code Switch Restorative Justice for Girls of Color (EIN) 85-0611214, and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements...

Sign Here [Signature] Date 06/02/2026 Title, if applicable Founder and Director

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Table for ERO's Use Only with fields: ERO's signature, Date, Check if also paid preparer, Check if selfemployed, ERO's SSN or PTIN, Firm's name, address, and ZIP code, Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Table for Paid Preparer Use Only with fields: Print/Type preparer's name, Preparer's signature, Date, Check if selfemployed, PTIN, Firm's name, address, Firm's EIN, Phone no.