Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service ► T

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A | For t | he 2012 calen | dar year, or tax year be | ginning 4/01 | . 20 | 012, and endi | ng 3/ | 31 | | 2013 | |
|----------------------------|----------------------|--|--|--|---|---------------------------------|---------------|--------------------|-------------|------------------------|---------------------|
| - | | if applicable: | C | 3 1,01 | , | , | 3 0/ | | | cation Number | |
| _ | | ddress change | ATTIANCE EOD C | CDNT THEMTC | . | | | | 0946 | | |
| | | - | ALLIANCE FOR G 225 E 26TH STR | | Ľ | | | E Telephor | | | |
| | - | ame change | TUCSON, AZ 857 | | | | | · | | | |
| | In | nitial return | 10050N, AZ 057 | 15 | | | | (202 | 2) 54 | 0-8336 | |
| | Te | erminated | | | | | | | | | |
| | Aı | mended return | | | | | | G Gross re | ceipts \$ | 3,350, | ,837. |
| | A | pplication pending | F Name and address of prin | cipal officer: | | | H(a) Is this | a group return | for affilia | ates? Yes | X No |
| | | | SAME AS C ABOV | Ξ | | | H(b) Are all | l affiliates inclu | ided? | Yes | No |
| T | Tax- | -exempt status | X 501(c)(3) 501(c) | | no.) 4947(a)(| 1) or 527 | IT INO, | ' attach a list. (| see instri | uctions) — | |
| J | | • | GJ@AFGI.ORG | | , | , | H(c) Group | exemption nur | mher ► | | |
| K | | n of organization: | X Corporation Trust | Association O | ther • | L Year of Forma | | | | gal domicile: DC | |
| | | | | Association | uici | L real of Forms | ation. 199 | 0 111 31 | ate or leg | gar dorniche. DC | |
| Pa | rt I | Summar Priofly dosori | y ho the organization's m | ssion or most signi | ficant activities: | mo 3 011T1 | 3777 000 | NT | NICE | AND EGON | OME |
| | 1 | THORTON | be the organization's m | SSION OF THOSE SIGN | ilcant activities. | TO ACHII | <u> </u> | TAL CHA | ANGE. | <u>AND ECON</u> | OMIC_ |
| ဗ္ဗ | | JUSTICE | BY HELPING TO H | ROTED A STRON | NGER MORE U | NTLIED G | <u>RASSRO</u> | <u> </u> | FWFW. | <u> </u> | |
| ш | | | | | | | | | | | |
| Governance | _ | Ola I - Hai - I - | | 4: | | | | ΣC(- f :l | | | |
| Ó | 2 | Check this bo | oting members of the go | tion discontinued it | | | | | 3 | ets. | 0 |
| જ | 4 | | dependent voting memb | | | | | | 4 | | 9 |
| es | 5 | | of individuals employed | | | | | | 5 | | 17 |
| ₹ | 6 | | of volunteers (estimate | | | | | | 6 | | |
| Activities & | 7 a | | ed business revenue fro | | | | | | 7 a | | 0. |
| ~ | | | I business taxable incor | · | • • • | | | | 7 b | | 0. |
| | _ | | | | , | | | Prior Year | | Current Ye | |
| | 8 | Contributions | and grants (Part VIII, I | ne 1h) | | | | 2,022,3 | 03 | 3,205 | |
| ne | 9 | | rice revenue (Part VIII, | | | | | 5,4 | | | ,265. |
| Revenue | 10 | | ncome (Part VIII, columi | | | | | | 64. | 13 | 473. |
| æ | 11 | | e (Part VIII, column (A) | | • | | | -7,3 | | 23 | $\frac{175.}{190.}$ |
| | 12 | | e – add lines 8 through | | | | | 2,021,2 | | 3,308 | |
| | 13 | | imilar amounts paid (Pa | | | | | 2,021,2 | , | 1,205 | |
| | 14 | | to or for members (Pai | • • | • | | | | | 1,205 | , 091. |
| | 15 | | er compensation, emplo | | | | | F72 2 | 7.4 | 600 | 011 |
| S | 15 | | | | | | - | 573,2 | 74. | 609 | <u>,011.</u> |
| Expenses | 16a | Professional | fundraising fees (Part I | (, column (A), line | 11e) | | | | | | |
| - X | b | Total fundrais | sing expenses (Part IX, | column (D), line 25 |) ▶ | 40,401. | | | | | |
| ш | 17 | Other expens | ses (Part IX, column (A) | , lines 11a-11d, 11f | -24e) | |] | 1,755,2 | 40. | 739 | ,015. |
| | 18 | Total expens | es. Add lines 13-17 (mu | st equal Part IX, co | lumn (A), line 25 | 5) | | 2,328,5 | | 2,553 | |
| | 19 | Revenue less | expenses. Subtract lin | e 18 from line 12 | | | | -307,2 | | | ,285. |
| ō 8 | | | ' | | | | | ng of Current | | End of Ye | |
| sets alan | 20 | Total assets | (Part X, line 16) | | | | | 473,0 | | 1,353 | |
| Net Assets of Fund Balance | 21 | | s (Part X, line 26) | | | | | 379,4 | | | ,587. |
| ξĒ | 22 | | fund balances. Subtrac | | | | | | | | • |
| | | | | t line 21 from line 2 | 20 | | | 93,5 | 75. | 847 | <u>,860.</u> |
| | rt II | Signatur | | | | | | | | | |
| Unde | er penal plete. D | Ities of perjury, I de Declaration of prepa | eclare that I have examined this arer (other than officer) is based | return, including accompa on all information of whice | anying schedules and s h preparer has any kn | statements, and to lowledge. | the best of n | ny knowledge a | and belief | f, it is true, correct | , and |
| | | | | | | - | | | | | |
| ٠. | | Signatu | re of officer | | | | Da | ate | | | |
| Sig | gn | | | | | | | | | | |
| He | re | | CK KAUFMAN | | | | SECR | ETARY | | | |
| | | ,, | print name and title. | | | 1 | | | 1 15 | TINI | |
| | | Print/Type p | oreparer's name | Preparer's signature | | Date | | Check | if P | TIN | |
| Pa | id | RICHARD | K WENDTLAND JR CP. | A RICHARD K WE | NDTLAND JR C | PA 2/13/ | 14 | self-employe | d P | 00197175 | |
| Pre | epar | er Firm's name | ● WENDTLAND & A | SSOCIATES, P.C. | | | | | | | |
| Us | e Or | ily Firm's addre | | · | | | | Firm's EIN | 86-0 | 827971 | |
| | | | TUCSON, AZ 85 | | | | | Phone no. | | 323-7600 | |
| May | y the | IRS discuss th | is return with the prepa | | see instructions) | | | | | X Yes | No |

| Par | l III | Check if Schedule O contains a response to any question in this Part III | | Х |
|-----|-------|---|---------------------|--------------|
| 1 | Brief | fly describe the organization's mission: | | 21 |
| - | | ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER | MORE | |
| | | IFIED GRASSROOTS MOVEMENTS. | | |
| | | | | |
| | | | | |
| 2 | | he organization undertake any significant program services during the year which were not listed on the prior | | |
| | | 1 990 or 990-EZ? | es | No |
| • | | es,' describe these new services on Schedule O. | 37 | NI. |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program services? Y ees,' describe these changes on Schedule O. | es X | No |
| 4 | | cribe the organization's program service accomplishments for each of its three largest program services, as measured l | nv exner | 1565 |
| • | Secti | ion 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation | ns to | 1505. |
| | other | rs, the total expenses, and revenue, if any, for each program service reported. | | |
| 4 - | (Cod | les \/Evpansos \$ 1,000,007 including grants of \$ 0.07,707 \/ Devenue \$ 1 | 700 5 | 00) |
| 4 a | (Cod | le:) (Expenses \$1,082,367. including grants of \$867,707.) (Revenue \$1, CUPY SANDY IS A GRASSROOTS DISASTER RELIEF NETWORK THAT EMERGED TO PROVIDE | 722,5 | |
| | | TO COMMINITATE AFFECTED BY CHDEDCHODM CANDY | | <u> </u> |
| | VIL | | | |
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| | (OI | | F.CO. 0 | 01 \ |
| 4 b | (Cod | le:) (Expenses \$ 566,918. including grants of \$ 100,140.) (Revenue \$ JRAGE TO RESIST USES EDUCATIONAL FORUMS, INDIVIDUAL COUNSELING, LEGAL DEFEN | 562,8 | <u>UI.</u>) |
| | | FERNET AND PRINTING TO EDUCATE VETERANS AND ACTIVE DUTY MILITARY ABOUT THE | | |
| | | GHTS. | | - – – – |
| | 1,10 | <u></u> | | |
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| 1.0 | (Cod | lo: \/Evpopeos \$ 42E 000 including grapts of \$ 120 0E0 \/Povopuo \$ | F.C.O. 2 | 00) |
| 40 | | le:) (Expenses \$425,980. including grants of \$129,859.) (Revenue \$ESE_PROGRAMS_PROVIDE_ISSUE_AWARENESS, HUMANITARIAN_AID_AND_DISASTER_RELIEF. | <u>360,∠</u> THE | 80. |
| | | E EDUCATIONAL AND/OR DIRECT SERVICES DIRECTED TO POPULATIONS AFFECTED BY DI | | |
| | | POVERTY. | | <u></u> |
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| Δd | Othe | er program services. (Describe in Schedule O.) SEE SCHEDULE O | | |
| ⊸u | | penses \$ 394,108. including grants of \$ 108,185.) (Revenue \$ 478,95 | 9.) | |
| 4 e | | I program service expenses ► 2.469.373 | <i>J</i> • / | |

Form 990 (2012) ALLIANCE FOR GLOBAL JUSTICE Part IV | Checklist of Required Schedules

| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
|----|---|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | ls 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 | | Х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 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 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 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. | | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Χ | |
| | 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? <i>If 'Yes,' complete Schedule D, Part VII.</i> | 11 b | | Х |
| | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | 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)? <i>If 'Yes,' complete Schedule D, Part X</i> | 11 f | Х | |
| 12 | 2a 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 | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 | a 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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | Х |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 a | a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 | 24a | | Х |
| ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | 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 | | |
| c | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. | 25a | | Х |
| ŀ | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| á | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ł | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ŀ | 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | X | |

BAA Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | | | |
|--|--|------|-----|----|--|--|--|
| | | | Yes | No | | | |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | | | | |
| Ł | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | | | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 17 | | | | | | |
| ŀ | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Χ | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) | | | | | | |
| 3 : | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X | | | |
| | of Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i> | 3 b | | | | | |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | |
| | o If 'Yes,' enter the name of the foreign country: ► | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X | | | |
| Ł | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X | | | |
| c | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | | | | |
| 6 - | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | | | | |
| | a 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? | 6 a | | X | | | |
| | of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | X | | | |
| Ł | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7 c | | Х | | | |
| c | If 'Yes,' indicate the number of Forms 8282 filed during the year | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | |
| ç | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | | | | |
| ł | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | U | | | | | |
| | a Did the organization make any taxable distributions under section 4966? | 9 a | | | | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | | | | |
| | Section 501(c)(7) organizations. Enter: | 2.0 | | | | | |
| | a 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 10b | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | | | |
| | Gross income from members or shareholders | | | | | | |
| Ŀ | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | |
| | against amounts due or received from them.) | | | | | | |
| | a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| | of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a | a 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 | | | | | | |
| | Enter the amount of reserves on hand | | | | | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | X | | | |
| Ł | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | | | | |

Form 990 (2012) ALLIANCE FOR GLOBAL JUSTICE 52-2094677 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No 1 a 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee?..... Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8а X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.. Χ 120 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a **b** Other officers of key employees of the organization...SEE .SCHEDULE . Q. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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 taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

SEE SCHEDULE O

the public during the tax year.

► ROBERT MOSES 2737 LORRING DRIVE, STE 201 DISTRICT HEIGHTS MD 20747 202-540-8336

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

Check if Schedule O contains a response to any question in this Part VII.....

X

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| | | | (C) | | | | | | | |
|-----------------------------|--|--------------------------------|-----------------------|---------|--------------|-----------------------------------|--------|-------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per | one bo | x, un | less | perso | more to n is both r/trustee | h an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| SEE SCHEDULE O | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) BANBOSE SHANGO | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (2) TOM BAKER | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| _(3)_ K_MARK_BURTON | 1 | - | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| _(4)_ CHARLES_DELANEY | 1 | | | | | | | | | |
| CHAIRMAN | 0 | X | | | | | | 0. | 0. | 0. |
| _(5) MARISOL FLORES AGUIRRE | 1 | | | | | | | _ | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| _(6) SHELLY SCRIBNER | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| | 1 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (8) KATHERINE HOYT | 1 | | | | | | | 0 000 | • | • |
| PRESIDENT MOSES | 0 | | | X | | | | 8,282. | 0. | 0. |
| (9) ROBERT MOSES | $-\frac{10}{2}$ | - | | 3.7 | | | | 11 760 | 0 | 0 |
| TREASURER | 0 | | | X | | | | 11,760. | 0. | 0. |
| (10) CHUCK KAUFMAN | $-\frac{40}{0}$ | - | | 17 | | | | 24 404 | 0 | 0 |
| SECRETARY | 0 | | | Χ | | | | 34,494. | 0. | 0. |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| 7.3/ | | | | | | | | | | |
| (14) | | - | | | | | | | | |

| Part VII Section A. Officers, Directors, Trus | | Key | Em | | | es, a | and | d Highest Com | pensated Emp | loyees | s (cor | nt) |
|---|---------------------------|-----------------------------------|----------------------|---------------|---------------|---------------------------------|-------------|-------------------------------------|--|----------|--|-----|
| | (B) | | | (C | • | | | 45) | - | | . | |
| (A) Name and title | Average hours | box | , unle | ess pe | erson | than | h an | (D) Reportable | (E) Reportable | F | (F) stimated | |
| Name and title | per week | | | | | or/trus | | compensation from | compensation from related organizations | amo | unt of ot | her |
| | (list any hours for | Individual trustee or director | nstitutional trustee | Officer | Key employee | lighe mplo | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | org | rom the janizatio | |
| | related organiza | ecto | mon | 약 | mple | st co)yee | Ē. | | | | d related anization | |
| | - tions below | trus | al tro | | oyee | mpe | | | | | | |
| | dotted line) | ée | stee | | | Highest compensated employee | | | | | | |
| | | | | | | ä | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| | | • | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| |] | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| () | 1 | | | | | | | | | | | |
| 1 b Sub-total | | | | | | | > | 54,536. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section | | | | | | | ▶ | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 54,536. | 0. | nencatio | n | 0. |
| from the organization • 0 | o those i | isicu | abov | ve) i | WIIO | ICCCI | veu | more than \$100,00 | o or reportable comp | Jensalio | 11 | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director | or or trus | stee, | key | em | ploy | ee, c | r hi | ighest compensate | ed employee | | | |
| on line 1a? If 'Yes,' compléte Schedule J for such | | | | | | | | | | . 3 | | X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greater | reportab than \$1 | le co 50.00 | mpe | ensa If '} | ation Yes' | and comi | oth plet | er compensation e Schedule J for | from | | | |
| such individual | | | | | | | | | | . 4 | | X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' | comper | satio | n fr | om Jule | any | unre | late | ed organization or | individual | . 5 | | Х |
| Section B. Independent Contractors | compre | 10 00 | mea | iuic | 3 10 | 7 540 | ,,, P | <u> </u> | | . • | <u>. </u> | Λ |
| Complete this table for your five highest compensation from the organization. Report compensation. | ated inde | epen | dent | t cor | ntrad | ctors | tha | t received more the | nan \$100,000 of | r | | |
| | | 1110 0 | aicii | uai , | ycai | Criun | ng v | (B) | | | C) | |
| (A) Name and business addre | ess | | | | | | | Description (| of services | Compe | nsatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | + | | | |
| 2 Total number of independent contractors (including but | | ited to | o tho | se l | listed | d abo | ve) | who received more | than | | | |
| \$100,000 in compensation from the organization | 0 | | | | | | | | | | | |

Form 990 (2012) ALLIANCE FOR GLOBAL JUSTICE Part VIII Statement of Revenue

| | | Check if Schedule O contains a response to any question | on in this Part VIII. | | | |
|--|-------------|--|-----------------------------|--|--|---|
| (A | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | b d e | Federated campaigns | | | | |
| | g | similar amounts not included above 1f 3,205,274. Noncash contributions included in Ins 1a-1f: \$ 189,277. Total. Add lines 1a-1f | 3,205,274. | | | |
| 吕 | | Business Code | | | | |
| PROGRAM SERVICE REVENUE | b | DELEGATION HUMANITARIAN AID | 47,547. 20,197. | 47,547. 20,197. | | |
| 쯢 | | DONOR LIST RENTAL | 5,086. | 5,086. | | |
| S | | PROGRAM SERV FEES | 2,866. | 2,866. | | |
| GR. | | MISCELLANEOUS All other program service revenue | 2,832. | 2,832. | | |
| 옱 | | Total. Add lines 2a-2f | 737. 79,265. | 737. | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | 473. | | | 473. |
| | 4 | Income from investment of tax-exempt bond proceeds . | | | | |
| | 5 | Royalties | | | | |
| | ٠. | (i) Real (ii) Personal | | | | |
| | | Gross rents | | | | |
| | | Less: rental expenses 42,635. | | | | |
| | | Rental income or (loss) 23,190. | 00.100 | 00.100 | | |
| | | Net rental income or (loss) | 23,190. | 23,190. | | |
| | | assets other than inventory. | | | | |
| | | Less: cost or other basis and sales expenses | | | | |
| | d | Net gain or (loss) | | | | |
| OTHER REVENUE | 8 a | Gross income from fundraising events (not including. \$ of contributions reported on line 1c). | | | | |
| 쮼 | | See Part IV, line 18 a | | | | |
| ᅋ | | Less: direct expenses | | | | |
| | | Gross income from gaming activities. See Part IV, line 19 | | | | |
| | | Less: direct expenses | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | | Gross sales of inventory, less returns and allowances | | | | |
| | | Less: cost of goods soldb | | | | |
| | С | Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | | | | |
| | 11 - | | | | | |
| | 11 a | | | | | |
| | b | · | | | | |
| | ام د | All other revenue | | | | |
| | | • Total. Add lines 11a-11d | | | | |
| | | Total revenue. See instructions. | 3,308,202. | 102 455 | 0. | 473. |
| | | Total Total action of this induction is a second of the se | J,JUO,ZUZ. | 102,455. | U. | 4/3. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| -000 | Check if Schedule O contains a re | | - | | |
|---------|--|--------------------|------------------------------|-------------------------------------|--------------------------|
| Do 17b, | 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 governments and organizations in the United States. See Part IV, line 21 | 1,126,205. | 1,126,205. | goriorar expenses | СХРОПОСО |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | ,, | , ., | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | 79,686. | 79,686. | | |
| 4 5 | Benefits paid to or for members | 54,536. | 54,536. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 359,141. | 359,141. | 0. | <u></u> |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 337,141. | 337,141. | | |
| 9 | Other employee benefits | 41,559. | 41,559. | | |
| 10 | Payroll taxes | 153,775. | 153,775. | | |
| 11 | Fees for services (non-employees): | , | , , , , | | |
| á | Management | 102,329. | 102,329. | | |
| ŀ | Legal | 185,847. | 183,666. | 2,181. | |
| | Accounting | , | , | , | |
| (| 1 Lobbying | | | | |
| • | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amt exceeds 10% of line 25, col- | 10 567 | 7 000 | 0 674 | |
| 10 | umn (A) amt, list line 11g expenses on Sch 0) | 10,567. | 7,893. | 2,674. | |
| | | 12,129. | 12,129. | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Occupancy | 10 417 | 10 417 | | |
| 16 | Travel. | 10,417. | 10,417. | | |
| 17 | _ | 10,901. | 10,901. | | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,084. | 8,529. | 555. | |
| 20 | Interest | 20,387. | 20,387. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 7,320. | 7,320. | | |
| 23 | Insurance | 3,757. | 3,095. | 662. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| á | OCCUPY SANDY INKIND | 189,277. | 189,277. | | |
| | TRAVEL - DELEGATION | 51,057. | 37,532. | 13,525. | |
| | PRINTING AND PUBLICATIONS | 35,776. | 10,326. | | 25,450. |
| | POSTAGE AND SHIPPING | 23,615. | 10,315. | | 13,300. |
| • | All other expenses | 66,552. | 40,355. | 24,546. | 1,651. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,553,917. | 2,469,373. | 44,143. | 40,401. |
| 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) | | | | |
| DAA | | | | | |

| | | Check if Schedule O contains a response to any question in this Part X | | | |
|-----------------|------|---|--------------------------|----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | 165,786. | 1 | 514,342. |
| | 2 | Savings and temporary cash investments | | 2 | 372,930. |
| | 3 | Pledges and grants receivable, net | | 3 | , |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete | | | |
| Δ | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| ASSETS | 7 | Notes and loans receivable, net | | 7 | |
| S E | 8 | Inventories for sale or use | | 8 | |
| S | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | .5. | | |
| | | Less: accumulated depreciation | | 10 c | 466,175. |
| | 11 | Investments – publicly traded securities. | | 11 | , |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 473,013. | 16 | 1,353,447. |
| | 17 | Accounts payable and accrued expenses | | 17 | 1,762. |
| | 18 | Grants payable | | 18 | , |
| | 19 | Deferred revenue | | 19 | |
| L | 20 | Tax-exempt bond liabilities | | 20 | |
| A | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| LIABILITI | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| T | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 414,300. |
| E S | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 85,425. |
| | 25 | · · | | 24 | 03,423. |
| | 26 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule Total liabilities. Add lines 17 through 25. | | 25 26 | 4,100. 505,587. |
| N | | | , | | 303,307. |
| Ę | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| Ş | 27 | Unrestricted net assets | 77,7 | 27 | 847,860. |
| ASSETS | 28 | Temporarily restricted net assets. | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| OR F | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| FUND | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ļ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| B女し女ZCEの | 33 | Total net assets or fund balances | | 33 | 847,860. |
| E S | 34 | Total liabilities and net assets/fund balances | 77,7 | 34 | 1,353,447. |

Form **990** (2012) BAA

| Pai | t XI Reconciliation of Net Assets | | | | | | | |
|-----|--|-----|------|------|--|--|--|--|
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 3,3 | 08,2 | 202. | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2,5 | 53,9 | 917. | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 7 | 54,2 | 285. | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 93,5 | 575. | | | | |
| 5 | 5 Net unrealized gains (losses) on investments | | | | | | | |
| 6 | 6 Donated services and use of facilities | | | | | | | |
| 7 | Investment expenses | | | | | | | |
| 8 | Prior period adjustments | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | 0. | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | • | 40.0 | | | | | |
| Dai | column (B)) 10 | 8 | 47,8 | 360. | | | | |
| Pai | t XII Financial Statements and Reporting | | | _ | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | | |
| | | | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | | | |
| 2 8 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2 a | | Х | | | | |
| | 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 | | | | | | | |
| ŀ | Were the organization's financial statements audited by an independent accountant? | 2 b | | X | | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | | | |
| | basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| (| If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2 c | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | | | |
| 3 8 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3 a | | Х | | | | |
| ŀ | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3 b | | | | | | |
| | | F | | | | | | |

BAA Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

ALLIANCE FOR GLOBAL JUSTICE 52-2094677 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of 11 supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated Type II Type I С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?.... A family member of a person described in (i) above?..... 11 q (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (i) Name of supported (iv) Is the (vi) Is the organization in column (i) listed in organization in column (i) organized in the U.S.? organization your governing document? support Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E) Total

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

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

| Calendar year (or fiscal year beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. 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 stop here. | Sec | tion A. Public Support | | | 1 | | | | | | |
|--|------|---|--|---|---|--|------------------------------------|---------------|--|--|--|
| membershyl less seperal, (Do rot 2 Tox revenues by golf of the company of the com | | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | | | |
| organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a programment of the prog | 1 | membership fees received. (Do not | | | | | | | | | |
| facilities furnished by a governmental unit to the organization without charge | 2 | organization's benefit and either paid to or expended | | | | | | | | | |
| 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 (0). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ** 7 Amounts from line 4. 8 Gross income from interest dividends, payments received royalities and income from similar sources. 9 Net income from unrelated business and income from similar sources on ont the business and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years, 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 stop here. The organization odin of here. The organization odin of heck the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly support deron granization meets the "facts-and-circumstances test. — 2011. If the organization of the forganization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test, the organization multiplies or granization meets the "facts-and-circumstances test, the organization meets five "facts-and-circumstances test, the organization meets five "facts-and-circumstances test, the organization of upublic organization meets the "facts-and-circumstances test, the organization of upublic organization meets the "facts-and-circumstances test, the organization of upublic organization meets the "facts-and-circumstances test, the organization of upublic organization meets the "facts-and-circumstances test, the organization of qualifies as a publicly supported organization. b 10%-facts-and-circumstances tes | 3 | facilities furnished by a governmental unit to the | | | | | | | | | |
| contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) - 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, dividends, payments received on securities loans, rents, similar solures. 9 Net income from unrelated business activities, whether or not the business activities, whether or not the 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 IV.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 12 Gross receipts from related activities, etc (see instructions). 13 First five years. 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 stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A. Part II, line 14. 16a 33-173% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the | 4 | Total. Add lines 1 through 3 | | | | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) > 7. Amounts from line 4 | 5 | contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | | | | |
| Calendar year (or fiscal year beginning in) > | 6 | Public support. Subtract line 5 from line 4 | | | | | | | | | |
| beginning in) - 7 Amounts from line 4 | Sec | tion B. Total Support | | | T | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. 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 stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A, Part II, line 14. 16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test — 2011. 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 stop here. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2012. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check thi | | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | | | |
| dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business are regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 12 If its five years. 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 stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2011 Schedule A, Part II, line 14. 15 % 16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test – 2011. If the organization did not check a box on line 15 is 33-1/3% or more, check this box and stop here. The organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | 7 | Amounts from line 4 | | | | | | | | | |
| 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 IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. 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 stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 8 | dividends, payments received on securities loans, rents, royalties and income from | | | | | | | | | |
| gain or loss from the sale of capital assets (Explain in Part IV.) | 9 | business activities, whether or not the business is regularly | | | | | | | | | |
| through 10 | 10 | gain or loss from the sale of capital assets (Explain in | | | | | | | | | |
| First five years. 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 stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-circumstances test — 2012. 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 stop here. The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-circumstances test — 2012. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 b 10%-facts-and-circumstances test — 2011. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported | 11 | | | | | | | | | | |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 12 | Gross receipts from related activ | ities, etc (see ins | tructions) | | | 12 | | | | |
| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). Public support percentage from 2011 Schedule A, Part II, line 14 15 Public support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test — 2011. 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 stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2012. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2011. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | 13 | First five years. If the Form 990 is organization, check this box and | for the organization stop here | n's first, second, th | nird, fourth, or fifth | tax year as a sectio | n 501(c)(3) | ▶ □ | | | |
| Public support percentage from 2011 Schedule A, Part II, line 14 | | | | | | | | | | | |
| 16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test — 2011. 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 stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2012. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2011. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | | • | | | | | % | | | |
| and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test — 2011. 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 stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2012. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2011. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | 15 | Public support percentage from | 2011 Schedule A, | Part II, line 14 | | | 15 | % | | | |
| and stop here. The organization qualifies as a publicly supported organization | 16 a | 33-1/3% support test $-$ 2012. If and stop here. The organization | the organization of qualifies as a pub | did not check the olicly supported o | box on line 13, a rganization | nd the line 14 is 3 | 3-1/3% or more, c | heck this box | | | |
| or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | b | | | | | | | | | | |
| or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | 17 a | or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how | | | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [| | or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstance test. The organiza | s' test, check this ation qualifies as | box and stop her a publicly support | e. Explain in Part ed organization | IV how the▶ | | | |
| | 18 | Private foundation. If the organize | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check thi | s box and see inst | ructions ► | | | |

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

(Complete only if you checked the box on line 9 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.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|---|---|---|--|---|-------------|
| Calen | dar year (or fiscal yr beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees | | | | | | |
| | received. (Do not include any 'unusual grants.') | 0.40 100 | 044 100 | 1 417 400 | 0 000 000 | 2 005 060 | 0 001 400 |
| 2 | Gross receipts from admis- | 842,130. | 844,189. | 1,417,428. | 2,022,393. | 3,095,262. | 8,221,402. |
| _ | sions, merchandise sold or | | | | | | |
| | services performed, or facilities furnished in any activity that is | | | | | | |
| | related to the organization's | | | | | | |
| | tax-exempt purpose | | | | | | 0. |
| 3 | Gross receipts from activities that are not an unrelated trade | | | | | | |
| | or business under section 513. | | | | | | 0. |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on | | | | | | |
| _ | its behalf | | | | | | 0. |
| 5 | The value of services or facilities furnished by a | | | | | | |
| | governmental unit to the | | | | | | • |
| _ | organization without charge | 0.40 100 | 044 100 | 1 417 400 | 0 000 000 | 2 005 060 | 0. |
| | Total. Add lines 1 through 5 Amounts included on lines 1, | 842,130. | 844,189. | 1,417,428. | 2,022,393. | 3,095,262. | 8,221,402. |
| , , | 2, and 3 received from | _ | _ | _ | _ | _ | _ |
| | disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| t | Amounts included on lines 2 and 3 received from other than | | | | | | |
| | disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | | |
| | for the year | 0. | 0. | 0. | 0. | 0. | 0. |
| | : Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 8,221,402. |
| Sec | tion B. Total Support | | | | | | 0,221,402. |
| | dar year (or fiscal yr beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 6 | 842,130. | | 1,417,428. | | | 8,221,402. |
| | Gross income from interest, | 042,130. | 044,103. | 1,417,420. | 2,022,333. | 3,033,202. | 0,221,402. |
| | dividends, payments received on securities loans, rents, | | | | | | |
| | royalties and income from | | | | | | |
| | similar sources Unrelated business taxable | 493. | 495. | 634. | 764. | 473. | 2,859. |
| L | income (less section 511 | | | | | | |
| | taxes) from businesses | | | | | | 0 |
| , | acquired after June 30, 1975 | 493. | 495. | 634. | 764. | 473. | 2,859. |
| _ | Net income from unrelated business | 493. | 495. | 034. | 764. | 4/3. | 2,039. |
| - | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | 0. |
| 12 | Other income. Do not include | | | | | | <u> </u> |
| | gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV | | | | | | |
| | Part IV.) SEE PART IV | -1,507. | -1,136. | -7,535. | 5,426. | 23,190. | 18,438. |
| | Total support. (Add Ins 9, 10c, 11, and 12.) | 841,116. | 843,548. | 1,410,527. | | | 8,242,699. |
| 14 | First five years. If the Form 990 organization, check this box and | is for the organiza stop here | | | | a section 501(c)(3 | |
| Sec | tion C. Computation of Pul | olic Support P | ercentage | | | | |
| | Public support percentage for 20 | • | • | | | | 99.74 % |
| | Public support percentage from 2 | | | | | 16 | 100.00 % |
| | tion D. Computation of Inv | | | | | 1 1 | |
| 17 | Investment income percentage for | • | • • | - | | | 0.03 % |
| | Investment income percentage fi | | | | | | 0.04 % |
| 19 a | 33-1/3% support tests – 2012. If is not more than 33-1/3%, check | the organization this box and stor | did not check the here. The organ | box on line 14, a nization qualifies a | and line 15 is mor as a publicly supp | e than 33-1/3%, a orted organization | nd line 17 |
| Ł | 33-1/3% support tests – 2011. If line 18 is not more than 33-1/3% | the organization | did not check a b | ox on line 14 or I | ine 19a, and line | 16 is more than 33 | 3-1/3%, and |
| 20 | Private foundation. If the organization | | - | | • | | |
| | | | | | | | |

| | (FOIIII 990 OF 990-EZ) ZI | | | BAT JOSIICE | | 52-2094677 | Page 4 |
|---------|---|---|---|---------------------------------------|---|--|--------|
| Part IV | Supplemental Inf Part II, line 17a o (See instructions) | f ormation. Color 17b; and Pal 1. | mplete this pa rt III, line 12. <i>F</i> | rt to provide the Also complete th | e explanations re nis part for any a | equired by Part II, line additional information. | 10; |
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| 2012 | SCH | IEDUL | E A | A, PART | IV | - SUPPLE | MENTAL IN | NFORMATIO | N PAGE |
|---------------|--------|--------|----------|--------------------|----------|------------------------|--------------------------|--------------------------|--------------------|
| LIENT RKW40 | 052 | | | ALLIANO | E F | OR GLOBAL J | USTICE | | 52-20946 |
| 2/13/14 | | | | _ | | | | | 10:55 |
| PART III, LIN | | | COM | | | | | | |
| NATURE ANI | SOURCE | 1 | - | 2012 | | 2011 | 2010 | 2009 | 2008 |
| MISCELLAN | EOUS | TOTAL | \$ \$ | 23,190. 23,190. | \$ \$ | 5,426. \$ 5,426. \$ | -7,535. \$ -7,535. \$ | -1,136. \$ -1,136. \$ | -1,507. -1,507. |
| | | 101111 | <u>*</u> | 23/130. | <u>*</u> | 3/120. | 7,000. | <u> </u> | 1,007. |
| | | | | | | | | | |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

| Name of the organization | | Employer identification number |
|--|---|---|
| ALLIANCE FOR GLOBAL JUSTICE | | 52-2094677 |
| Organization type (check one): | | · |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as | s a private foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a p | private foundation |
| | 501(c)(3) taxable private foundation | |
| | Sor(c)(S) taxable private roundation | |
| Check if your organization is covered by the G | General Rule or a Special Rule | |
| , c | · | - Orașiel Bule. Orașiesturațione |
| Note. Only a section 501(c)(7), (8), or (10) org | ganization can check boxes for both the General Rule and | a Special Rule. See Instructions. |
| General Rule | | |
| X For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II.) | or 990-PF that received, during the year, \$5,000 or more (in m | oney or property) from any one |
| contributor. (complete i arts i arta ii.) | | |
| Special Rules | | |
| <u>.</u> | 5 000 000 F7 II I III 22 1/20/ | |
| 509(a)(1) and 170(b)(1)(A)(vi) and receive | Form 990 or 990-EZ that met the 33-1/3% support test of d from any one contributor, during the year, a contribution t VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts | of the greater of (1) \$5,000 or |
| | ion filing Form 990 or 990-EZ that received from any one contr | |
| total contributions of more than \$1,000 for | use <i>exclusively</i> for religious, charitable, scientific, literary | |
| the prevention of cruelty to children or ani | • | |
| For a section 501(c)(7), (8), or (10) organizate contributions for use exclusively for religious | ion filing Form 990 or 990-EZ that received from any one contr charitable, etc, purposes, but these contributions did not total | butor, during the year, to more than \$1,000 |
| If this box is checked, enter here the total cor | ntributions that were received during the year for an exclusively | religious, charitable, etc, |
| | less the General Rule applies to this organization because it re \$5,000 or more during the year | |
| religious, charitable, etc, contributions of s | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ······································ |
| Caution: An organization that is not covered by the Genera | Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ) | , or 990-PF) but it must |
| meet the filing requirements of Schedule B (F | | iso-Fi, to certify that it does not |

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

1 of

9 of **Part 1**

Name of organization

ALLIANCE FOR GLOBAL JUSTICE

Employer identification number

52-2094677 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------------------|---|---|--|
| 1 | COMMUNITY FOUNDATION NATIONAL CAP | | Person X |
| | 1201 15TH ST, NW SUITE 420 | \$31,500. | Payroll Noncash |
| | WASHINGTON, DC 20005 | - | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | FIDELITY CHARITABLE GIFT FUND | | Person X Payroll |
| | PO BOX 770001 | \$5,000. | Noncash |
| | CINCINNATI, OH 45277 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | FIREDOLL FOUNDATION | | Person X Payroll |
| | 1460 MARIA LANE SUITE 420 | \$15,000. | Noncash |
| | WALNUT CREEK, CA 94596 | | (Complete Part II if there is a noncash contribution.) |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) Number | | Total | Type of contribution Person X |
| Number | Name, address, and ZIP + 4 | Total | Type of contribution |
| Number | Name, address, and ZIP + 4 USAS | Total contributions | Person X Payroll |
| Number | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| 4 (a) | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 WASHINGTON, DC 20036 (b) | \$ 37,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X |
| 4 (a) Number | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 WASHINGTON, DC 20036 Name, address, and ZIP + 4 | \$ 37,000. | Type of contribution Person X Payroll |
| 4 (a) Number | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 WASHINGTON, DC 20036 Name, address, and ZIP + 4 DOUGHERTY FOUNDATION | \$ 37,000. (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Type of contribution Person X Payroll |
| 4 (a) Number | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 WASHINGTON, DC 20036 Name, address, and ZIP + 4 DOUGHERTY FOUNDATION 3507 N CENTRAL AVENUE STE 404 | \$ 37,000. (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| 4 (a) Number | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 WASHINGTON, DC 20036 Name, address, and ZIP + 4 DOUGHERTY FOUNDATION 3507 N CENTRAL AVENUE STE 404 PHOENIX, AZ 85012 (b) | \$ 37,000. \$ Cc) Total contributions (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution Person X Payroll In the part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) Type of contribution |
| (a) Number 5 (a) Number | Name, address, and ZIP + 4 USAS 1150 17TH STREET NW SUITE 300 WASHINGTON, DC 20036 Name, address, and ZIP + 4 DOUGHERTY FOUNDATION 3507 N CENTRAL AVENUE STE 404 PHOENIX, AZ 85012 Name, address, and ZIP + 4 | \$ 37,000. \$ Cc) Total contributions (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (Complete Part II if there is a noncash contribution |

9 of **Part 1**

Name of organization

ALLIANCE FOR GLOBAL JUSTICE

Page 2 of Employer identification number

52-2094677

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|--------------------------------|--|--|--|
| 7 | VEATCH FOUNDATION UNIT. SHELTER RK | | Person X Payroll |
| | 48 SHELTER ROCK ROAD | \$80,000. | Noncash |
| | MANHASSET, NY 11030 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | GENERAL SERVICES FOUNDATION | | Person X Payroll |
| | 557 N MILLS ST STE 201 | \$30,000. | Noncash |
| | ASPEN_, CO_81611 | - | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | FALCONWOOD FOUNDATION | | Person X Payroll |
| | 67 IRVING PLACE FLOOR 12 | \$52,500. | Noncash |
| | NEW YORK, NY 10003 | | (Complete Part II if there is a noncash contribution.) |
| | 4. | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) Number | | Total | Type of contribution Person X |
| Number | Name, address, and ZIP + 4 | Total | Person X Payroll |
| Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD | Total contributions | Person X Payroll |
| Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD | Total contributions | Person X Payroll Noncash (Complete Part II if there is |
| 10 (a) Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 (b) | \$20,077. | Type of contribution Person X Payroll |
| 10 (a) Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 Name, address, and ZIP + 4 | \$20,077. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll |
| 10 (a) Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 Name, address, and ZIP + 4 MANY LANGUAGES, ONE VOICE | \$ 20,077. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll |
| 10 (a) Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 Name, address, and ZIP + 4 MANY LANGUAGES, ONE VOICE 3166 MT PLEASANT ST NW 2ND FL | \$ 20,077. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| 10 (a) Number | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 Name, address, and ZIP + 4 MANY LANGUAGES, ONE VOICE 3166 MT PLEASANT ST NW 2ND FL WASHINGTON , DC 20010 | \$20,077. (c) Total contributions \$34,003. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution. |
| (a) Number 11 (a) Number 12 | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 Name, address, and ZIP + 4 MANY LANGUAGES, ONE VOICE 3166 MT PLEASANT ST NW 2ND FL WASHINGTON, DC 20010 Name, address, and ZIP + 4 | \$20,077. (c) Total contributions \$34,003. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (Type of contribution.) |
| (a) Number 11 (a) Number 12 | Name, address, and ZIP + 4 SURINAME IDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN, WA 98952 Name, address, and ZIP + 4 MANY LANGUAGES, ONE VOICE 3166 MT PLEASANT ST NW 2ND FL WASHINGTON , DC 20010 Name, address, and ZIP + 4 VANGUARD CHARITABLE ENDOWMENT | \$20,077. (c) Total contributions \$34,003. (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution Person X Payroll S noncash Contribution.) (d) Type of contribution Person X Payroll Payroll Noncash Contribution.) |

9 of **Part 1**

Name of organization ALLIANCE FOR GLOBAL JUSTICE Page 3 of Employer identification number

| Part I | Contributors | (see instructions). Use duplicate copies of Part I if additional space is needed. |
|--------|--------------|---|
|--------|--------------|---|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|--------------------------------------|---|
| 13 | SUE WHEATON 7211 SPRUCE AVE TAKOMA PARK, MD 20912 | \$ <u>7,000</u> . | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | SCHWAB CHARITABLE FOUNDATION 211 MAIN STREET SAN FRANCISCO, CA 94105 | \$ <u>5,000</u> . | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>15</u> | CULTURES OF RESISTANCE NETWORK 520 UNIVERISTY AVE STE 260 MADISON , WI 53703 | \$ <u>18,000.</u> | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | HALIMHODN DNO DAMILY LIDALITY | | Person X |
| | HAWTHORN PNC FAMILY WEALTH 1600 MARKET STREET PHILADELPHI, PA 19103 | \$5,000. | Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | 1600 MARKET STREET | \$ 5,000. (c) Total contributions | Payroll Noncash (Complete Part II if there is |
| (a) Number | 1600 MARKET STREET PHILADELPHI, PA 19103 (b) | (c) | Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | 1600 MARKET STREET PHILADELPHI, PA 19103 Name, address, and ZIP + 4 CITIZENS COMM OF NYC 77 WATER STREET STE 202 | (c) Total contributions | Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| (a) Number | 1600 MARKET STREET PHILADELPHI, PA 19103 Name, address, and ZIP + 4 CITIZENS COMM OF NYC 77 WATER STREET STE 202 NEW YORK, NY 10005 | (c) Total contributions \$5,000. | Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

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9 of **Part 1**

Name of organization

ALLIANCE FOR GLOBAL JUSTICE

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed | | |
|--------|---|-----|-----|
| (2) | (6) | (c) | (4) |

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|--------------------------------------|--|---|--|
| 19 | BENSON BABU (HAITI ORPHANS) | | Person X |
| | 133 COLD SPRING ROAD | \$ 5,000. | Payroll Noncash |
| | SYOSSET, NY 11791 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20_ | MARY C BUNTING | | Person X Payroll |
| | 6506 DARNALL RD | \$20,000. | _ <u> </u> |
| | BALTIMORE, MD 21204 | - | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21_ | WELLCOME TRUST | | Person X Payroll |
| | GIBBS_BUILDING_215_EUSTON_RD | \$20,077. | ' 🗀 |
| | LONDON , NW1 2BE UNITED KINGDOM | | (Complete Part II if there is a noncash contribution.) |
| | A.\ | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) Number | | Total | Type of contribution Person X |
| | Name, address, and ZIP + 4 RICHARD J MEYER FUND | Total | Person X Payroll |
| | Name, address, and ZIP + 4 RICHARD J MEYER FUND | Total contributions | Person X Payroll |
| | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 | Total contributions | Person X Payroll Noncash (Complete Part II if there is |
| 22_ | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 | \$ 24,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X |
| 22 (a) Number | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 Name, address, and ZIP + 4 | \$ 24,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll |
| 22 (a) Number | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 Name, address, and ZIP + 4 ANIMAL COLLECTIVE | \$ 24,000. (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll |
| 22 (a) Number | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 Name, address, and ZIP + 4 ANIMAL COLLECTIVE 104 W 29TH ST, 11TH FLR | \$ 24,000. (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| (a) Number | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 Name, address, and ZIP + 4 ANIMAL COLLECTIVE 104 W 29TH ST, 11TH FLR NEW YORK, NY 10001 | \$24,000. \$24,000. (c) Total contributions \$10,750. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (Type of contribution.) |
| (a) Number 23 (a) Number | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT , CA 92660 Name, address, and ZIP + 4 ANIMAL COLLECTIVE 104 W 29TH ST, 11TH FLR NEW YORK, NY 10001 Name, address, and ZIP + 4 | \$24,000. \$24,000. (c) Total contributions \$10,750. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution Person X Payroll S noncash Contribution.) (d) Type of contribution Person X Payroll Payroll Payroll |
| (a) Number 23 (a) Number | Name, address, and ZIP + 4 RICHARD J MEYER FUND 40141 MACARTHUR BLVD, STE 510 NEW PORT, CA 92660 Name, address, and ZIP + 4 ANIMAL COLLECTIVE 104 W 29TH ST, 11TH FLR NEW YORK, NY 10001 Name, address, and ZIP + 4 | \$24,000. \$24,000. (c) Total contributions \$10,750. (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution Person X Payroll S noncash Contribution.) (d) Type of contribution Person X Payroll Nancash Contribution.) |

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9 of **Part 1**

ALLIANCE FOR GLOBAL JUSTICE

Employer identification number

| Part I Contribu | tors (see instructions | s). Use duplicate copies | of Part I if additional space is needed. |
|-----------------|------------------------|--------------------------|--|
|-----------------|------------------------|--------------------------|--|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|----------------------------|---|--|--|
| 25 | BROWN PAPER TICKETS LLC | | Person X Payroll |
| | 220 NICKERSON ST | \$ <u>11,966.</u> | Noncash |
| | SEATTLE, WA 98109 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | CARL BYRD & CO | | Person X Payroll |
| | 5 E 47TH ST, 2ND FL | \$5,000. | Noncash |
| | NEW YORK, NY 10017 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>27</u> | CLAY FARM LLC | | Person X Payroll |
| | 119 8TH ST, STE 315 | \$12,262. | Noncash |
| | BROOKLYN , NY 11215 | | (Complete Part II if there is a noncash contribution.) |
| (-) | //-> | | 4.0 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| Number | | Total | Type of contribution Person X |
| Number | Name, address, and ZIP + 4 | Total | Type of contribution |
| | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN | Total contributions | Person X Payroll |
| | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA | Total contributions | Person X Payroll Noncash (Complete Part II if there is |
| 28 (a) Number | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA NEW YORK, NY 10026 (b) | \$ 5,000. | Type of contribution Person X Payroll |
| 28 (a) Number | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA NEW YORK, NY 10026 Name, address, and ZIP + 4 | \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution |
| 28 (a) Number | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA NEW YORK, NY 10026 Name, address, and ZIP + 4 HENRY C BORTMAN LIVING TRUST | \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll |
| 28 (a) Number | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA NEW YORK, NY 10026 Name, address, and ZIP + 4 HENRY C BORTMAN LIVING TRUST 930 CASTRO ST | \$ 5,000. | Type of contribution Person X Payroll |
| (a) Number 29 (a) Number | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA NEW YORK, NY 10026 Name, address, and ZIP + 4 HENRY C BORTMAN LIVING TRUST 930 CASTRO ST SAN FRANCISCO , CA 94114 (b) | \$5,000. (c) Total contributions (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution Person X Payroll In the part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) Type of contribution |
| (a) Number 29 (a) Number | Name, address, and ZIP + 4 FRETA & RICHARD BLOCK FAM FDN 111 CENTRAL PARK N, APT PHA NEW YORK, NY 10026 Name, address, and ZIP + 4 HENRY C BORTMAN LIVING TRUST 930 CASTRO ST SAN FRANCISCO , CA 94114 Name, address, and ZIP + 4 | \$5,000. (c) Total contributions (c) Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (Type of contribution.) |

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9 of **Part 1**

Name of organization
ALLIANCE FOR GLOBAL JUSTICE

Employer identification number

| Part I | Contributors | (see instructions) |). Use duplicate co | opies of Part I if additiona | Il space is needed. |
|--------|--------------|--------------------|---------------------|------------------------------|---------------------|
|--------|--------------|--------------------|---------------------|------------------------------|---------------------|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|-----------------------------------|-------------------------------|--|
| 31_ | JIM & KARLY MILSON | | Person X |
| | 6900 SLEEPY HOLLOW ST | \$ <u>6,600.</u> | Payroll Noncash |
| | ODESSA, TX 79762 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | JOSEPH W KAEMPFER, JR REV TR | | Person X |
| | 6400 GEORGETOWN PIKE | \$10,000. | Payroll Noncash |
| | MCLEAN , VA 22101-2210 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | JUPITER FIRST CHURCH | | Person X Payroll |
| | 1475 INDIAN CREEK PKWY | \$5,000. | <u>-</u> |
| | JUPITER , FL 33458-8202 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | NORMANDIE FOUNDATION INC | | Person X Payroll |
| | 147 E 48TH ST | \$20,000. | <u>-</u> |
| | NEW YORK, NY 10017-1223 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | PATRICIA MCSWEENEY | | Person X Payroll |
| | 43 SUMMER ST | \$6,000. | Noncash |
| | TAUNTON , MA 02780 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | ROBERT E FIELD | | Person X Payroll |
| | 1377C SPENCER AVE | \$ 22,000. | Noncash Noncash |
| l. | 13//C SPENCER AVE | | |

9 of **Part 1**

Name of organization

ALLIANCE FOR GLOBAL JUSTICE

Page 7 of Employer identification number

| Part I | Contributors | (see instructions). Use duplicate copies of Part I if additional space is needed. | |
|--------|--------------|---|--|
| | - | | |

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------------|--|---|--|
| 37 | JOEL FADEN & CO | | Person X Payroll |
| | 250 E 57TH ST, 26TH FL PENTHSE | \$10,000. | · · · · · · · · · · · · · · · · · · · |
| | NEW YORK , NY 10107 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 38 | SEATTLE MENNONITE CHURCH | | Person X Payroll |
| | 3120 NE 125TH ST | \$ <u>12,177.</u> | |
| | SEATTLE , WA 98125 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 39 | THE MENEMSHA FUND | | Person X Payroll |
| | 77 WATER ST PL 9 | \$5,000. | |
| | NEW YORK, NY 10005-4414 | | (Complete Part II if there is a noncash contribution.) |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) Number | | Total | Type of contribution Person X |
| | Name, address, and ZIP + 4 THENDADA FOLINDATION | Total | Person X Payroll |
| | Name, address, and ZIP + 4 THENDARA FOUNDATION | Total contributions | Person X Payroll |
| | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 | Total contributions | Person X Payroll Noncash (Complete Part II if there is |
| 40_ | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 | \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X |
| 40 (a) Number | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 Name, address, and ZIP + 4 | \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution |
| 40 (a) Number | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 Name, address, and ZIP + 4 TORENTINO'S INC | \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Type of contribution Person X Payroll Payroll |
| 40 (a) Number | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 Name, address, and ZIP + 4 TORENTINO'S INC 1541 JBS PKWY, STE 18 | \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| 40 (a) Number | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 Name, address, and ZIP + 4 TORENTINO'S INC 1541 JBS PKWY, STE 18 ODESSA, TX 79761 | \$5,000. (c) Total contributions \$5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll In the part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) Type of contribution |
| (a) Number | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 Name, address, and ZIP + 4 TORENTINO'S INC 1541 JBS PKWY, STE 18 ODESSA, TX 79761 Name, address, and ZIP + 4 | \$5,000. (c) Total contributions \$5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| (a) Number | Name, address, and ZIP + 4 THENDARA FOUNDATION 425 WALNUT ST, STE 1800 CINCINNATI, OH 45202 Name, address, and ZIP + 4 TORENTINO'S INC 1541 JBS PKWY, STE 18 ODESSA, TX 79761 Name, address, and ZIP + 4 | \$5,000. (c) Total contributions \$5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (Type of contribution.) Type of contribution Person X Payroll Noncash Contribution. |

8 of

9 of **Part 1**

Name of organization
ALLIANCE FOR GLOBAL JUSTICE

Employer identification number

| Part I Contributors | (see instructions). Us | se duplicate copie | es of Part I if additional | space is needed. |
|---------------------|------------------------|--------------------|----------------------------|------------------|
|---------------------|------------------------|--------------------|----------------------------|------------------|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------------|--|---|--|
| 43 | VICTORIA WARD | | Person X Payroll |
| | 545 EL BOSQUE RD, APT L | \$ <u>5,000</u> . | |
| | SANTA BARBARA, CA 93108 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 44 | STANLEY KASTER | | Person X Payroll |
| | 1072 77TH STREET | \$ <u>5,500.</u> | ' 🗀 |
| | BROOKLYN, NY 11228 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>45</u> | ALYSON_KITZMILLER | | Person X Payroll |
| | 1254 S COCHRAN AE | \$ <u>10,000</u> . | |
| | LOS ANGELES, CA 90026 | | (Complete Part II if there is a noncash contribution.) |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) Number | | Total | Type of contribution Person X |
| | Name, address, and ZIP + 4 | Total | Person X Payroll |
| | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE | Total contributions | Person X Payroll |
| | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| 46_ | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 | \$ <u>5,500</u> . | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X |
| 46 (a) Number | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 Name, address, and ZIP + 4 | \$ <u>5,500</u> . | Type of contribution Person X Payroll |
| 46 (a) Number | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 Name, address, and ZIP + 4 DANIEL PATTERSON | \$ 5,500. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll |
| 46 (a) Number | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 Name, address, and ZIP + 4 DANIEL PATTERSON 373 BROADWAY | \$ 5,500. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is |
| (a) Number | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 Name, address, and ZIP + 4 DANIEL PATTERSON 373 BROADWAY SAN FRANCISCO, CA 94133 | \$5,500. (c) Total contributions \$5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Payrol |
| (a) Number 47 | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 Name, address, and ZIP + 4 DANIEL PATTERSON 373 BROADWAY SAN FRANCISCO, CA 94133 Name, address, and ZIP + 4 | \$5,500. (c) Total contributions \$5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| (a) Number 47 | Name, address, and ZIP + 4 REFINERY29 INC, JUDI LEE 30 COOPER SQ, 4TH FL NEW YORK, NY 10003 Name, address, and ZIP + 4 DANIEL PATTERSON 373 BROADWAY SAN FRANCISCO, CA 94133 Name, address, and ZIP + 4 ZLATIN BALEVSKY | \$ 5,500. (c) Total contributions \$ 5,000. | Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Name (d) Payroll Payroll Payroll Name (d) |

9 of

9 of **Part 1**

Name of organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE 52-2094677

| Part I | rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|---------------|---|-------------------------------|--|--|--|--|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 49 | VIDIOT'S TOURS INC | - | Person X Payroll | | | |
| | 12746 KLING STEET | \$ <u>5,000.</u> | Noncash | | | |
| | STUDIO CITY, CA 91604 | - | (Complete Part II if there is a noncash contribution.) | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 50 | TRIPLE O PRODUCTIONS | | Person X | | | |
| | 12746 KLING STREET | \$10,000. | Payroll Noncash | | | |
| | STUDIO CITY , CA 91604 | - | (Complete Part II if there is a noncash contribution.) | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 51 | PARK FOUNDATION | | Person X | | | |
| | PO BOX 550 | \$ 30,000. | Payroll Noncash | | | |
| | ITHACA, NY 14851 | - | (Complete Part II if there is a noncash contribution.) | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | | Person | | | |
| | | \$ | Payroll Noncash | | | |
| | | - - | (Complete Part II if there is a noncash contribution.) | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | | Person | | | |
| | | - \$ | Payroll Noncash | | | |
| | | | (Complete Part II if there is a noncash contribution.) | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | | | | | |
| | | | Person | | | |
| | | \$ | Payroll | | | |
| | | \$ | l | | | |

T to

1 of Part II

ALLIANCE FOR GLOBAL JUSTICE

Name of organization

Employer identification number 52-2094677

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 |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | \$ | |
| (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 |
| | | | |
| | | \$ | |
| | | | |

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

1 to

of Part III

Name of organization
ALLIANCE FOR GLOBAL JUSTICE

Employer identification number

| Part III | Exclusively religious, charitable, et organizations that total more than | tc, individual contribution \$1,000 for the year. Comple | ns to section to columns (a) | on 501(c)(7), (8) or (10) through (e) and the following line entry. | | |
|---------------------------|---|---|------------------------------|---|--|--|
| | For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | total of exclusively religious, ch (Enter this information once. S | aritable, etc. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | N/A | | | | | |
| | | (a) | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | ationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | | Relationship of transferor to transferee | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | | ationship of transferor to transferee | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | ationship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

2004677

| ALI | JIANCE FOR GLOBAL JUSTICE | | | 52-20 | | |
|--------|---|---|--|--|-------------------------------|------------------|
| Par | tl Organizations Maintaining Dono the organization answered 'Yes' t | r Advised Funds or Oth | ner Similar Fun | ds or Accounts. | Complete | e if |
| | the organization answered resit | | | | | |
| - | Total number at and of year | (a) Donor advised | funds | (b) Funds and | other accor | unts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) Aggregate grants from (during year) | | | | | |
| 3 4 | Aggregate value at end of year | | | | | |
| _ | | | | | | |
| 5 | Did the organization inform all donors and don are the organization's property, subject to the | or advisors in writing that the organization's exclusive lega | e assets held in do I control? | nor advised funds | Yes | No |
| 6 | Did the organization inform all grantees, donor for charitable purposes and not for the benefit | s, and donor advisors in writ | ing that grant fund | Is can be used only | | |
| | impermissible private benefit? | of the donor or donor adviso | r, or for any otner | purpose conferring | Yes | No |
| Par | <u> </u> | | | | rt IV. line | 7. |
| | Purpose(s) of conservation easements held by | | | | , | <u> </u> |
| | Preservation of land for public use (e.g., re | • | | f an historically impo | rtant land ar | rea |
| | Protection of natural habitat | , | | f a certified historic s | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization h last day of the tax year. | eld a qualified conservation cor | ntribution in the forn | n of a conservation eas | sement on the | е |
| | , | | | Held at th | e End of the | Tax Year |
| a | Total number of conservation easements | | | 2a | | |
| ŀ | Total acreage restricted by conservation easen | nents | | 2b | | |
| (| Number of conservation easements on a certif | ied historic structure included | d in (a) | 2c | | |
| ď | Number of conservation easements included in structure listed in the National Register | (c) acquired after 8/17/06, a | and not on a histor | ic 2d | | |
| 3 | Number of conservation easements modified, trans | | | * * | the | |
| | tax year ► | , , . | , | 3 | | |
| 4 | Number of states where property subject to conser | rvation easement is located > | | _ | | |
| 5 | Does the organization have a written policy regand enforcement of the conservation easemen | garding the periodic monitoring the it holds? | ng, inspection, har | ndling of violations, | Yes | □No |
| 6 | Staff and volunteer hours devoted to monitoring, in | | | | | |
| 7 | Amount of expenses incurred in monitoring, insper ▶\$ | cting, and enforcing conservation | on easements durin | g the year | | |
| 8 | Does each conservation easement reported on and section 170(h)(4)(B)(ii)? | line 2(d) above satisfy the re | equirements of sec | ction 170(h)(4)(B)(i) | Yes | No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements. | conservation easements in its of the organization's financial | revenue and expensions that d | se statement, and bala escribes the organiza | nce sheet, ar tion's accou | nd Inting for |
| Par | Complete if the organization answ | ctions of Art, Historical vered 'Yes' to Form 990 | Treasures, or), Part IV, line | Other Similar As 8. | sets. | |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan | SFAS 116 (ASC 958), not to d for public exhibition, education cial statements that describe | report in its rever on, or research in fu s these items. | nue statement and ba Irtherance of public ser | llance sheet vice, provide | works of |
| ŀ | If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items: | SFAS 116 (ASC 958), to represent the republic exhibition, education, of | oort in its revenue or research in furthe | statement and baland rance of public service | ce sheet wor , provide the | rks of art, |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | | | |
| | (ii) Assets included in Form 990, Part X | | | ▶ | \$ <u></u> | |
| 2 | If the organization received or held works of art, hi amounts required to be reported under SFAS 1 | storical treasures, or other sim | ilar assets for finan se items: | cial gain, provide the fo | ollowing | |
| á | Revenues included in Form 990, Part VIII, line | • • • | | ▶ | \$ | |
| ŀ | Assets included in Form 990, Part X | | | | | |

| Part III Organizations Mainta | ining Colle | ections of Ar | t, Historic | al Treasures, or | Other | Similar As | sets (c | ontinu | ıed) |
|--|----------------------------------|----------------------------------|-----------------------------------|--|------------|--------------------------------|------------------|---------|-------|
| 3 Using the organization's acquisition items (check all that apply): | , accession, a | nd other records | s, check any o | f the following that a | re a signi | ificant use of its | s collection | n | |
| a Public exhibition | | d | Loan or ex | kchange programs | | | | | |
| b Scholarly research | | е | Other | | | | | | |
| c Preservation for future gener | ations | _ | | | | | | | |
| 4 Provide a description of the organiz Part XIII. | zation's collect | ions and explain | how they furt | her the organization's | s exempt | t purpose in | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | ition solicit or han to be ma | receive donation intained as par | ons of art, his t of the orgar | storical treasures, c nization's collection | or other s | similar assets | Yes | | No |
| Part IV Escrow and Custodial Arr reported an amount or | | | | n answered 'Yes' to | Form 9 | 990, Part IV, li | ne 9, or | | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodia | ın, or other inte | ermediary for | contributions or oth | ner asset | ts not included | Yes | Г | No |
| b If 'Yes,' explain the arrangement | | | | | | | les | L | |
| | | | | | | | Amoun | t | |
| c Beginning balance | | | | | | | | | |
| d Additions during the year | | | | | | | | | |
| e Distributions during the year | | | | | | | | | |
| f Ending balance | | | | | | | | | |
| 2a Did the organization include an a | | | | | | | | | No |
| b If 'Yes,' explain the arrangement | in Part XIII. | Check here if the | he explantion | has been provided | l in Part | XIII | | | |
| Dady Falancia Forda O | | 11 | . 12 | | | D 1 1 / 1: | 10 | | |
| Part V Endowment Funds. C | omplete if (a) Currer | | | (c) Two years | | 7, Part IV, III Three years | | our yea | |
| 1 - Deginning of year belongs | (a) Currer | IL (D |) Prior year | (c) Two years | (u) | Tillee years | (e) I | our yea | 15 |
| 1 a Beginning of year balance | | | | | | | | | |
| b Contributions | | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | | |
| d Grants or scholarships | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | | |
| f Administrative expenses | | | | | | | | | |
| g End of year balance | | | | | | | | | |
| 2 Provide the estimated percentage | | nt year end ba | lance (line 1g | g, column (a)) held | as: | | | | |
| a Board designated or quasi-endowm | | | 5 | | | | | | |
| b Permanent endowment ► | % | _ | | | | | | | |
| c Temporarily restricted endowmer | | % | | | | | | | |
| The percentages in lines 2a, 2b, | and 2c shoul | d equal 100%. | | | | | | | |
| 3 a Are there endowment funds not in t | the possession | of the organiza | tion that are h | eld and administered | for the | | Г | | T |
| organization by: | | | | | | | | Yes | No |
| (i) unrelated organizations | | | | | | | 3a(i) | | |
| (ii) related organizations | | | | | | | | | |
| b If 'Yes' to 3a(ii), are the related of | - | • | | | | | 3b | | |
| 4 Describe in Part XIII the intended | d uses of the | organization's | endowment f | unds. | | | | | |
| Part VI Land, Buildings, and | Equipmen ⁻ | t. See Form | 990, Part 2 | X, line 10. | | | | | |
| Description of property | | (a) Cost or oth (investme | | b) Cost or other basis (other) | | ccumulated preciation | (d) | Book va | alue |
| 1 a Land | | | | 138,091. | | | | 138 | ,091. |
| b Buildings | | | | 407,454. | | | | | ,454. |
| c Leasehold improvements | | | | · | | | | | |
| d Equipment | | | | 4,900. | | | | 4 | ,900. |
| e Other | | | | -,, | | 84,270. | | | ,270. |
| Total. Add lines 1a through 1e. (Colum | | gual Form 990. | Part X. colui | mn (B), line 10(c).) | | | | | ,175. |
| BAA | ., | | , | (-/-/- | <u> </u> | | dule D (F | | |

TEEA3302L 06/07/12

| Part VII | ∥Investments – O | other Securities. See | <u>Form 990, Part X,</u> | line 12. N/A | |
|---------------------|--|---------------------------------------|--------------------------------|---|---|
| r | (a) Description of secu (including name | urity or category | (b) Book value | (c) Method of valuation end-of-year market | on: Cost or |
| (1) Financ | | | | cha or year marke | t value |
| | | | | | |
| (3) Other | Tiola oquity intorosts. | | | | |
| | | | | | |
| (A) (B) | | · | | | |
| (C) | | . – – – – – – – – – | | | |
| (D) | | . – – – – – – – – | | | |
| (D) (E) | | . – – – – – – – – – | | | |
| (<u>-)</u> | | . – – – – – – – – | | | |
| (F) | | . – – – – – – – – | | | |
| (G) (H) | | . – – – – – – – – | | | |
| | | . – – – – – – – | | | |
| (l) Tatal (Calum | | Dort V column (D) line 12) | | | |
| | | Part X, column (B) line 12.) | Farm 000 Dart V | line 12 N/A | |
| Part VIII | (a) Description of inv | rogram Related. See | (b) Book value | | uni Caat au |
| | (a) Description of inv | restment type | (b) Book value | (c) Method of valuation end-of-year market | on: Cost or et value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| | nn (b) must eaual Form 990. I | Part X, column (B) line 13.) 🕨 | | | |
| Part IX | | e Form 990, Part X, I | ine 15. N/A | | |
| | 1 | | scription | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Co | lumn (b) must equal Fo | orm 990, Part X, column (E | 3), line 15.) | | > |
| Part X | Other Liabilities. | See Form 990, Part > | K, line 25. | | |
| | (a) Description | n of liability | (b) Book value | | |
| (1) Fede | ral income taxes | | | | |
| (2) SEC | URITY DEPOSITS | | 4,10 | 00. | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| | | Part X, column (B) line 25.) | | | |
| 2. FIN 48 (A | SC 740) Footnote. In Part XII | I, provide the text of the footnote t | o the organization's financial | statements that reports the organization's liabil | ity for uncertain tax positio <u>ns</u> |
| under FIN 48 | (ASC 740). Check here if the | text of the footnote has been prov | ided in Part XIII | SEE PART XIII | |

BAA

Schedule **D** (Form 990) 2012

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn N/A |
|--|------------|
| 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a Net unrealized gains on investments | |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d. | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | |
| b Other (Describe in Part XIII.) 4b | |
| c Add lines 4a and 4b. | 4 c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I | Return N/A |
| 1 Total expenses and losses per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses. | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d. | 2 e |
| 3 Subtract line 2e from line 1 . | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | |
| b Other (Describe in Part XIII.) 4b | |
| c Add lines 4a and 4b. | 4 c |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 |
| Part XIII Supplemental Information | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE | |
| NONE AND THERE IS NO FINANCIAL STATEMENT PREPARATION | |
| | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE 52-2094677

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

| | to Form 990, Part | IV, line 14b. | | | | | |
|------|--|--|---|---|--|---|--|
| 1 | | | | substantiate the amount of its quelection criteria used to award | | | |
| 2 | For grantmakers. Describe in United States. | n Part V the organia | zation's procedures | s for monitoring the use of its gra | nts and other assistance | outside the | |
| 3 | Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) | | | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region PT V | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| 3 a | Sub-total | | | | | | |
| ŀ | Total from continuation sheets to Part I | | | | | | |

c Totals (add lines 3a and 3b).

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|---|--|---|
| | | | PART V | | | | | | 04.10.7 |
| | | | CA & | REFOREST | | | | | |
| (1) | | | CARIBEAN | ATIO | 20,000. | WIRE | | | CASH |
| | | | MID-EAST/N | LEGAL | | | | | |
| (2) | | | AFRI | DEFENS | 13,608. | WIRE | | | CASH |
| (2) | | | MID-EAST/N | LEGAL | 46.000 | | | | ~~ ~~ |
| (3) | | | AFRI | DEFENS | 46,078. | WIRE | | | CASH |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (0) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

| | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which | |
|---|---|-------------|
| | the grantee or counsel has provided a section 501(c)(3) equivalency letter | > |
| 3 | Enter total number of other organizations or entities | <u> </u> |

BAA

Schedule **F** (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non- cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|---------------------------------------|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| _(4) | | | | | | | |
| _(5) | | | | | | | |
| (6) | | | | | | | |
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| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) BAA | | | | | | Schedule F | (Form 990) 2012 |

Yes

X No

| Pa | rt IV Foreign Forms | | |
|----|--|-----|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A). | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621). | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865). | Yes | X No |

BAA Schedule **F** (Form 990) 2012 TEEA3505L 12/17/12

| Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). |
|---|
| PART I, LINE 3F - METHOD OF ACCOUNTING |
| CASH BASIS |
| PART II, LINE 1 - METHOD OF ACCOUNTING |
| CASH BASIS |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

| Name of the organization | | | | | Employer identifica | ation number | |
|---|--|-------------------------------|--------------------------|-----------------------------------|---|---|------------------------------------|
| ALLIANCE FOR GLOBAL JUSTICE | | | | | | 52-209467 | 7 |
| Part I General Information on Grants and Assistance | | | | | | | |
| the selection criteria used to award t | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | | | | | | |
| Part II Grants and Other Assista Form 990, Part IV, line 21 | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| <u>(1)</u> | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| <u>(4)</u> | | | | | | | |
| <u>(5)</u> | | | | | | | |
| <u>(6)</u> | | | | | | | |
| <u>(7)</u> | | | | | | | |
| <u>(8)</u> | | | | | | | |
| 2 Enter total number of section 501(c)(3 Enter total number of other organizar | | | | | | | 0 0 |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | | | | | |
|--------------|---|---------------------------------|--------------------------|-----------------------------------|---|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| _4 | | | | | | |
| _ 5 | | | | | | |
| 6 | | | | | | |
| 7 Part IV | Supplemental Information. Com | nlete this part to p | rovide the informat | tion required in Pa | rt I line 2 Part III coli | ımn (h) and any other |
| Taitiv | additional information. | | | Torrequired in rai | | diffit (b), and any other |
| | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

► Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

52-2094677

ALLIANCE FOR GLOBAL JUSTICE

Part I Types of Property

| | | | | T | |
|-----|--|-------------------------------|--|---|--|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art — Works of art | | | | |
| 2 | Art – Historical treasures | | | | |
| 3 | Art – Fractional interests. | | | | |
| 4 | Books and publications. | | | | |
| 5 | Clothing and household goods | Х | | 18 579 | PURCHASE COST |
| 6 | Cars and other vehicles | | | 10,373. | TORCHISE COST |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities – Publicly traded | | | | |
| 10 | Securities — Closely held stock | | | | |
| 11 | Securities – Partnership, LLC, or trust interests . | | | | |
| 12 | Securities – Miscellaneous | | | | |
| | | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | |
| 14 | Qualified conservation contribution — Other | | | | |
| 15 | Real estate – Residential | | | | |
| 16 | Real estate – Commercial | | | | |
| 17 | Real estate – Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | X | 49 | 17,391. | PURCHASE COST |
| 20 | Drugs and medical supplies | Х | 5 | | PURCHASE COST |
| 21 | Taxidermy | | | , | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ► () | | | | |
| 26 | Other • () | | | | |
| 27 | Other • () | | | | |
| 28 | Other () | | | | |
| 29 | Number of Forms 8283 received by the organization d | uring the tax | vear for contributions for | r which the | |
| | organization completed Form 8283, Part IV, Done | | | | 29 |
| | | | | | Yes No |
| 302 | During the year, did the organization receive by co | ontribution a | ny property reported in | Part L lines 1.28 that | it must |
| Jua | hold for at least three years from the date of the initia | | | | |
| | | | | | 30 a X |
| b | If 'Yes,' describe the arrangement in Part II. | | | | |
| | Does the organization have a gift acceptance police | | | | ons? 31 X |
| 32a | Does the organization hire or use third parties or unoncash contributions? | • | · • | | 32a X |
| b | If 'Yes,' describe in Part II. | | | | |
| | If the organization did not report an amount in column | (c) for a typ | e of property for which c | olumn (a) is checked, | |
| | describe in Part II. | . 51 | | , , | |
| | | | | | |

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

Schedule M (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

ALLIANCE FOR GLOBAL JUSTICE 52-2094677 FORM 990, PART III, LINE 2 - NEW SERVICES THE ORGANIZATION COLLECTS MONEY FOR ORGANIZATIONS THAT FALL WITHIN ITS MISSION. ALLIANCE FOR GLOBAL JUSTICE ADAPTS AS THE FOCUS CHANGES. PROGRAMS ARE ADDED AND CLOSED AS THE PUBLIC NEEDS CHANGE. FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION UNITED STUDENTS AGAINST SWEATSHOPS RUNS CAMPAIGNS FOR ECONOMIC JUSTICE IN PARTNERSHIP WITH WORKER COMMUNITY ORGANIZATIONS. IT'S OUR ECONOMY SEEKS TO EDUCATE, ORGANIZE AND MOBILIZE AMERICANS TO SHIFT THE POWER FROM CONCENTRATED CAPITAL TO THE PEOPLE. MANY LANGUAGES ONE VOICE FOSTERS LEADERSHIP AND FACILITATES COMMUNITY-LED INITIATIVES TO INCREASE THE MEANINGFUL INCLUSION OF PEOPLE IN THE DISTRICT OF COLUMBIA WHO DO NOT SPEAK ENGLISH AS THEIR PRIMARY LANGUAGE. ANARCHISTS AGAINST THE WALL WORKS IN COOPERATION WITH PALESTINIANS IN A JOINT POPULAR STRUGGLE AGAINST THE WALL ISRAEL IS BUILDING ON PALESTINIAN LAND. OCCUPY WALL STREET WAS THE USE OF STREET THEATRES, EDUCATION FORUMS, INTERNET AND PRINTING TO EDUCATE THE PUBLIC ABOUT ECONOMIC ISSUES. SURINAME INDIGENOUS HEALTH FUND PROVIDES INDIGENOUS PEOPLE IN SURINAME'S INTERIOR REGION WITH THE MATERIALS AND TECHNICAL SUPPORT THEY NEED TO SELF-DIAGNOSE THE EFFECTS OF DEVELOPMENT, RESOURCE EXTRACTION, GOLD MINING, AND POLUTION FROM GOLD MINING ON THE HEALTH OF THEIR COMMUNITIES AND THEIR ENVIRONMENT

| ALLIANCE FOR GLOBAL JUSTICE | 52-2094677 |
|--|---------------------------------------|
| FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS | |
| THE SECRETARY REVIEWS THE 990 WITH THE BOARD AT THE | NEXT REGULARLY SCHEDULED |
| BOARD/STAFF MONTHLY CONFERENCE CALL. | |
| FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AN | D ENFORCEMENT OF CONFLICTS |
| CONFLICT OF INTEREST IS POSTED AT HTTP://AFGJ.ORG. | |
| FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROV | VAL PROCESS - CEO, TOP MANAGEMENT |
| AFGJ'S CORE STAFF RECEIVE THE SAME PAY REGARDLESS OF | TITLE OR SENORITY WITH THE |
| EXCEPTION THAT NEW STAFF START AT \$2,000 BELOW THE B | ASE SALARY AND REACH PARITY ON |
| THEIR FIRST ANNIVERSARY. THERE IS A PRECEDENT AS WE | LL FOR A COST OF LIVING SALARY |
| ADDITION FOR STAFF IN EXPENSIVE LOCALS. AFGJ'S FISC | ALLY SPONSORED PROJECTS SET |
| THEIR OWN COMPENSATION POLICIES. | |
| FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROV | VAL PROCESS - OFFICERS & KEY EMPLOYEE |
| AFGJ'S CORE STAFF RECEIVE THE SAME PAY REGARDLESS OF | TITLE OR SENORITY WITH THE |
| EXCEPTION THAT NEW STAFF START AT \$2,000 BELOW THE B | ASE SALARY AND REACH PARITY ON |
| THEIR FIRST ANNIVERSARY. THERE IS A PRECEDENT AS WE | LL FOR A COST OF LIVING SALARY |
| ADDITION FOR STAFF IN EXPENSIVE LOCALS. AFGJ'S FISC. | ALLY SPONSORED PROJECTS SET |
| THEIR OWN COMPENSATION POLICIES. | |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS | PUBLICLY AVAILABLE |
| GOVERNING DOCUMNETS, BOARD BIOGRAPHIES, KEY POLICIES | AND 990S ARE POSTED ON THE |
| WEBSITE: HTTP://AFGJ.ORG. | |
| FORM 990, PART VII - COMPENSATION EXPLANATION | |
| KATHERINE HOYT | |
| COMPENSATION IS 100% RELATED TO PROGRAMS. NO COMPEN | SATION IS RECEIVED IN HER |
| CAPACITY AS PRESIDENT. | |
| ROBERT MOSES | |
| COMPENSATION IS 100% RELATED TO PROGRAMS. NO COMPEN | SATION IS RECEIVED IN HIS |
| CAPACITY AS TREASURER. | |

| Name of the organization | Employer identification number | | | | |
|--|--------------------------------|--|--|--|--|
| ALLIANCE FOR GLOBAL JUSTICE | 52-2094677 | | | | |
| FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED) | | | | | |
| CHUCK KAUFMAN | | | | | |
| COMPENSATION IS 100% RELATED TO PROGRAMS. NO COMPENSATION IS | RECEIVED IN HIS | | | | |
| CAPACITY AS SECRETARY. | | | | | |
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| 2012 | FEDERAL SUPPORTING DETAIL | | PAGE 1 |
|--|--|----------------|------------------------------|
| CLIENT RKW40052 | ALLIANCE FOR GLOBAL JUSTICE | | 52-2094677 |
| 2/13/14 | | | 10:55AM |
| STMT. OF FUNCTIONAL EXPE | NSES (990) | | |
| HEALTH INSURANCE | TOTAL | \$ 41 \$ 41 | L,559. L,559. |
| STMT. OF FUNCTIONAL EXPE | NSES (990) NS, ETC | | |
| MEETINGS & CONFERENCE CONF, CONVENTION, MEETIN | GTOTAL | | 813. 8,271. 9,084. |
| STMT. OF FUNCTIONAL EXPE | NSES (990) | | |
| | | | 3,095. |
| TUCSON BLDG INSUR | TOTAL | \$ 3 | 663. 3,758. |
| STMT. OF FUNCTIONAL EXPERIMENTING AND PUBLICATIONS | NSES (990) S | | |
| DM PRINTING | GRAM | \$ 25 | 5,450. 0,326. |
| TRINITING TIME COLLING TRO | TOTAL | | 5,776. |
| STMT. OF FUNCTIONAL EXPERIENCE AND SHIPPING | NSES (990) | | |
| | | | 3,300. 0,315. |
| | TOTAL | | 3,615. |
| | PLISHMENTS OOTS DISASTER RELIEF NETWORK THAT EMERGED TED BY SUPERSTORM SANDY. | | |
| OCCUPY SANDY NJSANDY STORYLINE | | | 3,452. 4,638. 0. 0. |
| | TOTAL | | 9,277. 2,367. |
| | | | |

FEDERAL SUPPORTING DETAIL

PAGE 2

| CI | IEN | T R | ΚW | / 40 | 052 |
|----|------------|-----|----|-------------|-----|
| | | | | | |

| CLIENT RKW40052 | ALLIANCE FOR GLOBAL JUSTICE | 52-2 | 2094677 |
|---|--|--------------------------|-------------------|
| 2/13/14 | | | 10:55AM |
| PROGRAM SERVICE ACCOMPLISH GRANTS OCCUPY SANDY IS A GRASSROOTS AID TO COMMUNITIES AFFECTED | S DISASTER RELIEF NETWORK THAT EMERGED | | |
| | TOTAL | 135,75 | 51. |
| PROGRAM SERVICE ACCOMPLISH REVENUES OCCUPY SANDY IS A GRASSROOTS AID TO COMMUNITIES AFFECTED | S DISASTER RELIEF NETWORK THAT EMERGED | | |
| OCCUPY SANDY NJSANDY STORYLINE | TOTAL | 266,26 17 189,27 | 58. 75. 77. |
| | | \$ 64,21 | 15. |
| BALANCE SHEET CASH-NON-INTEREST-BEARING | TOTAL | 21,21 \$ 85,42 | <u>25.</u> |
| OCCUPY NY VEHICLES. OCCUPY NYC. PEACE OF THE ACTION | TOTAL | 47,92 249,98 83,93 | 23. 36. 50. |
| | | \$ 279,30 135,00 | 00. |

| 2012 | FEDERAL WORKSHEETS | PAGE 1 |
|---|---|-------------------|
| CLIENT RKW40052 | ALLIANCE FOR GLOBAL JUSTICE | 52-2094677 |
| 2/13/14 RENTAL INCOME WORKSHEET | | 10:55AM |
| EXPENSES RENTAL EXPENSES | | , |
| TOTAL EXPENSES | NET RENTAL INCOME OR LOSS | \$ 23,190. |
| FORM 990, PART VIII, LINE 2F OTHER PROGRAM SERVICE REVI | NUE | |
| DESCRIPTION EXPENSE REIMBURSEMENT TOTALS | BUS. TOTAL EXEMPT FUNC BUSINES: CODE \$ 737. \$ 737. \$ 737. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | S EXCLUDED |
| FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES | | |
| | (A) (B) (C) PROGRAM MANAGEMEN TOTAL SERVICES & GENERA | |
| | TOTAL $\frac{10,567.}{\$ 10,567.}$ $\frac{7,893.}{\$ 7,893.}$ $\frac{2,67}{\$ 2,67}$ | 74. 74. \$ 0. |
| FORM 990, PART IX, LINE 24E OTHER EXPENSES | | |
| | (A) (B) (C) PROGRAM MANAGEMEN TOTAL SERVICES & GENERA | |
| AUTO BANKING EXPENSES BOARD MEETINGS BOOKS, SUBSCRIPT, REFERENCE BUSI REG FEES DATA ENTRY | 2,027. 2,027. 11,765. 54. 11,77 3,764. 3,76 2,581. 2,581. 220. 669. | 11. 54. 20. |
| DM LIST RENTAL EDUCATION MATERIALS MISC NEWS SERVICE OPERATIONS REIMBURSED EXPENSES SCHOOLING | 982. 340. 1,354. 100. 9,500. 4,009. 530. 361. 340. 100. 100. 9,500. 9,500. 3,50. 361. | 982. |
| SPEAKING TOURS SUBSCRIPT, MEMBERSHIP, DUES SUPPLIES TELELPHONE TERMITES | 14,764. 11,512. 3,25 | 06. 52. 78. |

| LIENT RKW40052 13/14 FORM 990, PART IX, LINE 24E (| ALLIANC | E FOR CLOR | | | | | | | | | | | |
|--|----------|-----------------------------|----------------|---------------------------------|-------------|--|--|--|--|--|--|--|--|
| | | ALLIANCE FOR GLOBAL JUSTICE | | | | | | | | | | | |
| FORM 990, PART IX, LINE 24E (| | 10:55A | | | | | | | | | | | |
| FORM 990, PART IX, LINE 24E (CONTINUED) OTHER EXPENSES | | | | | | | | | | | | | |
| | | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) | | | | | | | | |
| | | TOTAL | SERVICES | & GENERAL | FUNDRAISING | | | | | | | | |
| TUCSON BLDG R&M TUCSON BLDG UTILITIES | | 1,390. 316. | | 1,390. 316. \$ 24,546. \$ | | | | | | | | | |
| TOCSON DEDO OTTETTED | TOTAL \$ | 66,552. | \$ 40,355. | \$ 24,546. | 1,651. | | | | | | | | |
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3/31/13

2012 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT RKW40052

ALLIANCE FOR GLOBAL JUSTICE

52-2094677

| 3/14 | | | | | | | | | | | | | | 10:55 |
|-----------------------------|-------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|-----------|-----------------|
| NO. DESCRIPTION | DATE <u>ACQUIRED</u> | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE RATE | CURREN DEPR. |
| DEPR. SCHEDULE ONLY | | | | | | | | | | | | | | |
| BUILDINGS | | | | | | | | | | | | | | |
| 2 BUILDING | 3/27/00 | | 206,673 | | | | | | | 206,673 | 72,050 | S/L | 39 | |
| 8 TUCSON BUILDING | 3/01/13 | . <u>-</u> | 133,014 | | | | | | · | 133,014 | | S/L | 39 | |
| TOTAL BUILDINGS | | | 339,687 | | 0 | 0 | 0 | 0 | 0 | 339,687 | 72,050 | | | |
| FURNITURE AND FIXTURES | | | | | | | | | | | | | | |
| 1 FURNITURE & EQUIPMENT | 4/01/98 | _ | 4,900 | | | | | | | 4,900 | 4,900 | S/L | 8 | |
| TOTAL FURNITURE AND FIXTURE | | | 4,900 | | 0 | 0 | 0 | C | 0 | 4,900 | 4,900 | | | |
| IMPROVEMENTS | | | | | | | | | | | | | | |
| 4 IMPROVEMENTS | 4/01/02 | | 3,000 | | | | | | | 3,000 | | S/L | 39 | |
| 5 IMPROVEMENTS | 4/01/03 | | 15,767 | | | | | | | 15,767 | | S/L | 39 | |
| 6 IMPROVEMENTS | 9/01/09 | | 30,000 | | | | | | | 30,000 | | S/L | 39 | |
| 7 IMPROVEMENTS | 6/30/11 | - | 19,000 | | | | | | · ——— | 19,000 | | S/L | 39 | |
| TOTAL IMPROVEMENTS | | | 67,767 | | 0 | 0 | 0 | C | 0 | 67,767 | 0 | | | |
| LAND | | | | | | | | | | | | | | |
| 3 LAND | 3/27/00 | | 104,837 | | | | | | | 104,837 | | | | |
| 9 TUCSON LAND | 3/01/13 | - | 33,254 | | | | | | | 33,254 | | | | |
| TOTAL LAND | | | 138,091 | | 0 | 0 | 0 | C | 0 | 138,091 | 0 | | | |
| TOTAL DEPRECIATION | | - | 550,445 | | 0 | 0 | 0 | | 0 | 550,445 | 76,950 | | | - |

| 3/31/13 | | 2012 FEDERAL BOOK DEPRECIATION SCHEDULE | | | | | | | | | | | | PAGE 2 | | | |
|------------|--------------------|---|-----------------------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------------|------------------|--|--|
| CLIENT RK | W40052 | | ALLIANCE FOR GLOBAL JUSTICE | | | | | | | | | | | 52-2094677 | | | |
| 2/13/14 | | | | | | | | | | | | | | 10:55AN | | | |
| <u>NO.</u> | DESCRIPTION | DATE <u>ACQUIRED</u> | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE RATE | CURRENT DEPR. | | |
| GRAND | TOTAL DEPRECIATION | | | 550,445 | | 0 | 0 | | 0 0 | 0 | 550,445 | 76,950 | | | 7,320 | | |
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