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Form **990** 

Department of the Treasury

### **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)

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

OMB No 1545-0047 2008

Open to Public

itemai	Revenue :	Service		, ,	·	, ,	'	Inspection
Fo	rthe 2	2008 cal	endar yea	r, or tax year beginning 04-01-200	8 and ending 03-31-2009	9	D Employer ide	etification number
_			Please	C Name of organization INTL CENTER FOR TRANSITIONAL JUS	D Employer identification number			
Add	Iress cha	ange	use IRS label or	Doing Business As			11-3580024 E Telephone nu	
Nar	ne chan	· 5 -	print or type. See	Boning Basiness / is			-	
Inıt	ıal retur	n :	Specific Instruc-	Number and street (or P O box if ma	l is not delivered to street addre	ss) Room/suite	(917) 637-3	
– Ter	mınatıoı		tions.	5 HANOVER SQUARE 24 FLOOR			<b>G</b> Gross receipts \$	5 19,465,590
- Am	ended r	eturn		City or town, state or country, and ZII	P + 4			
– App	lication	pending		NEW YORK, NY 10004				
		-	F Nar	ne and address of principal officer		H(a) In this		far
			DAVID	) TO LBERT		affiliat	es?	⊤Yes <b>▼</b> No
				OVER SQUARE 24TH FLOOR ORK,NY 10004				
			NEW I	5 KK, WT 10004			affiliates include	
Ta	x-exem	pt status	<b>▼</b> 501(c)	) ( 3 ) ◀ (insert no )	<b>5</b> 27		," attach a list ( exemption num	(see instructions)
\A/	obcit o				·	H(C) GIOGF	exemption nan	ibel F
		: ► www						
				tion Trust Association Other		<b>L</b> Year of for	mation 2001 M	State of legal domicile DE
Pa	rt I	Summ	•					
		•		ie organization's mission or most s NTRIES PURSUING ACCOUNTA	-	CITY OR HUM	AN RIGHTS AR	USE
2		10 4331	31 6001	NTRIEST ORSOING ACCOUNTA	DILITITOR MASS ATROC	CITT OR HOM	AN RIGHTS AL	032
ŧ								
<u> </u>								
ankellidilee	2	Check th	ıs box 🛏	fthe organization discontinued	its operations or disposed	of more than ?	25% of its asse	ts
	3	Number	of voting r	members of the governing body (P	art VI, line 1a)			20
ACHVIII AS A	4	Number	ofindeper	ndent voting members of the gover	ning body (Part VI, line 1b	)	. 4	19
ļ	5	Total nur	mber of er	nployees (Part V, line 2a)		5	67	
3	6	Total nur	mber of vo	olunteers (estimate if necessary)			6	
•	1	-		ted business revenue from Part V	, , , , , , , , , , , , , , , , , , , ,	•		
	b	Net unre	lated busi	iness taxable income from Form 9	90-T, line 34		7b	
						Prio	r Year	Current Year
g <sub>i</sub>	8			d grants (Part VIII, line 1h) .		20,158,691	20,835,375	
enue	9	•		revenue (Part VIII, line 2g) .				0
Reven	10			me (Part VIII, column (A), lines 3			220,695	66,285
_	11		-	art VIII, column (A), lines 5, 6d,			-1,436,070	
	12			dd lines 8 through 11 (must equal		е	20,379,386	19,465,590
	13			ar amounts paid (Part IX, column (			133,896	1,505,318
	14	Benefits	s paid to c	or for members (Part IX, column (A	(x), line 4)			0
	15	Salaries	s, other co	ompensation, employee benefits (I	5 –			
Expenses		10)					7,095,928	9,204,335
₹ T	16a	Profess	ional fund	draising fees (Part IX, column (A),	line 11e)			0
Ĭ	ь	Total fund	draising exp	penses (Part IX, column (D), line 25) 🛌	5,103			
-	17	Othere	xpenses (	(Part IX, column (A), lines 11a-1	1d, 11f-24f)		9,778,976	9,670,237
	18		-	Add lines 13-17 (must equal Part			17,008,800	20,379,890
(en	19	Revenu	e less exp	penses Subtract line 18 from line	12		3,370,586	-914,300
5 ğ 2 Z						Beginniı	ng of Year	End of Year
į į	20	Totalas	ssets (Pai	rt X, line 16)			16,941,154	16,116,510
net Assets or Fend Balances	21	Total lia	abilities (F	Part X, line 26)			889,808	979,464
Ž.	22	Netass	ets or fun	nd balances Subtract line 21 from	line 20	_	16,051,346	15,137,046
Pai	t II	Signa	ture Bl	ock			•	
				erjury, I declare that I have examined this				
		1.		correct, and complete Declaration of prej	parer (other than officer) is base	1		r has any knowledge
Sign		***** Signat	ure of office	ar .		2011-   Date	02-15	
lere	2					Jaco		
			kong CHIE or print nam	F FINANCIAL OFFICER ne and title				
		<b>F</b> ''	•		Date (	Check If	Preparer's identify	ung number
ا۔!۔		Preparer's signature			s	self-	(see instructions)	ring number
Paid Prop	,,,,,	,	7		€	empolyed 🕨 🦵		
repa Jse (	arer's	Firm's nan	ne (or your ployed),	s EISNERAMPER LLP			EIN Þ	
, 3E (	JIII <b>y</b>		ind ZIP + 4	750 THIRD AVENUE				
				NEW YORK, NY 100172703			Phone no 🕨 (21	.2) 797-8700
	L - ID2	<u> </u>			. /			Evan Ena

### Part III Statement of Program Service Accomplishments (see instructions.)

<ul> <li>Briefly describe the organization's miss</li> </ul>
--

1		e organization's mission				
VIO ACC TO D CAP STRO REPI PRO	LATIONS OF HUMA OUNTABILITY AND OO SO THE ORGANI ACITY BUILDING CONG LEADERS AND RESSIVE RULE OR A VIDES COMPARAT	N RIGHTS BY CONFR CREATE JUST AND ZATION WORKS TO REATES A MULTIPLI THE STRONG TECHI ARMED CONFLICT, A IVE INFORMATION,	ONTING LEGACI PEACEFUL SOCI CONNECT INDIV ER EFFECT, EFFE NICAL SKILLS TH S WELL AS IN OT LEGAL AND POLI	ES OF MASS ABUS TIES ICTJ PLACES IDUALS, GROUPS CTIVE JUSTICE PO AT ICTJ PROMOTE HER SOCITIES WH CY ANALYSIS, DOO	S A HIGH PRIORITY ON BU AND DISCIPLINE ICTJ B OLICIES REQUIRE THE S ES ICTJ WORKS IN SOCIE	SOLUTIONS TO PROMOTE JILDING CAPACITY, AND ELIEVES SUCCESSFUL TRONG PARTNERS, ETIES EMERGING FROM E REMAIN UNRESOLVED IT ATEGIC RESEARCH TO
2	the prior Form 990	or 990-EZ?			r which were not listed on	┌ Yes ┌ No
		hese new services on				
3	services?			changes in how it co	enducts, any program	┌ Yes ┌ No
	If "Yes," describe to	hese changes on Sche	dule O			
4	Section 501(c)(3)		ations and section	4947(a)(1) trusts a	largest program services bare required to report the ar service reported	
4a	(Code	) (Expenses \$	16,250,391	ıncludıng grants of \$	1,505,318 ) (Revenue \$	0)
	THE ORGANIZATION A	SSISTS IN THE DEVELOPME	NT OF STRATEGIES FO ROUGH NONJUDICIAL	R TRANSITIONAL JUSTIC	CE COMPRISING OF FIVE KEY ELE COMMISSIONS, REFORMING ABU	MENTS PROSECUTING
4b	(Code	) (Expenses \$	II	ncluding grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	II	grants of \$	) (Revenue \$	,
	0.11	(5)				
4d	Other program set (Expenses \$	rvices (Describe in Sc	chedule O ) cluding grants of \$		) (Revenue \$	)
40	Total program ser					/
4e	iotai program ser	vice expensesF≯	16,250,391	(must equal Part 1)	X, Lıne 25, column (B).)	

art IV	Check	list of	Required	Schedules
	CIICCE	11136 01	IXC GGII CG	Schoules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
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, Part II	15	Yes	
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, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			165	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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		Νο
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		Νo

	1990 (2008)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		V	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►BE, BY, CO, CG, LI, NP, SF, SZ  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>L</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

(917) 637-3891

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management					
			Yes	No		
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 1a 20					
b	Enter the number of voting members that are independent 19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes			
3	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		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990					
11	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	11		Νο		
Se	ction B. Policies			_		
			Yes	No		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official?	15a	Yes			
Ь	Other officers or key employees of the organization?	15b	Yes			
	Describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted 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?	16b				
	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Form 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					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of					
	interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the NANCY KONG 5 HANOVER SQUARE 24TH FLOOR new york, NY 10004	ie orga	nızatıor	ı <b>►</b>		

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
  - List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ♦ 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, or 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 the	organizat	ion did not compensate any officer,	direc	tor,	trus	tee o	rke	y employee		
		<b>(C)</b> Position (check all that apply)		(D)	<b>(E)</b>	<b>(F)</b> Estimated				
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
ALEXANDER BORAINE CHAIRMAN OF THE BOARD	40 0	Х		х				123,450	0	12,345
VINCENT MAI VICE-CHAIRMAN OF THE BOARD	2 0	Х		х				0	0	0
KOFI APPENTENG SECRETARY	2 0	Х		Х				0	0	0
PETER COBB TREASURER/VP FINANCE & ADMIN	40 0	X		х				175,099	0	17,510
LOUISE ARBOUR DIRECTOR	2 0	Х						0	0	0
HARVEY P DALE DIRECTOR	2 0	Х						0	0	0
SIRI FRIGAARD DIRECTOR	2 0	Х						0	0	0
YASH PAL GHAI DIRECTOR	2 0	Х						0	0	0
JOHN GITHONGO DIRECTOR	2 0	Х						0	0	0
RICHARD J GOLDSTONE DIRECTOR	2 0	Х						0	0	0
E GYIMAH-BOADI DIRECTOR	2 0	Х						0	0	0
DAVID A HAMBURG DIRECTOR	2 0	X						0	0	0
LUC HUYSE DIRECTOR	2 0	Х						0	0	0
ALEXIS KELLER DIRECTOR	2 0	Х						0	0	0
KATI MARTON DIRECTOR	2 0	Х						0	0	0
DONALD F MCHENRY DIRECTOR	2 0	Х						0	0	0
KEN MILLER DIRECTOR	2 0	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position (check all that apply)						(D)	(E)	<b>(F)</b> Estimated
<b>(A)</b> Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
MINNA SCHRAG DIRECTOR	2 0	Х						0	0	
THEODORE C SORENSEN DIRECTOR	2 0	Х						0	0	
YOZO YOKOTA DIRECTOR	2 0	Х						0	0	
JOSE ZALAGUETT DIRECTOR	2 0	Х						0	0	
JUAN MENDEZ PRESIDENT	40 0			х				225,487	0	22,54
PAUL VAN ZYL EXECUTIVE VICE- PRESIDENT	40 0			х				169,278	0	16,92
CAROL SKYM DEVELOPMENT DIRECTOR	40 0			Х				139,428	0	13,94
GRAEME SIMPSON DIRECTOR THEMATIC PROGRAMS	40 0				х			150,543	0	15,05
HANNY MEGALLY MENA DIRECTOR	40 0				х			142,450	0	14,24
PABLO DEGREIFF RESEARCH DIRECTOR	40 0				х			136,570	0	13,65
LOUIS BICKFORD DIRECTOR PCSU	40 0				х			136,340	0	13,63
SULIMAN BALDO AFRICA DIRECTOR	40 0					х		122,846	0	12,28
BRUNI BURRES EXECUTIVE PRODUCER	40 0					х		108,014	0	10,80
MARINA CAPARINI DEPUTY DIRECTOR, SSR PROGRAM	40 0					х		103,738	0	10,37
EDUARDO GONZALEZ AMERICAS DEPUTY DIRECTOR	40 0					х		103,557	0	10,35
ROBERT RUBY COMMUNICATIONS DIRECTOR	40 0					х		102,542	0	10,25
1b Total					Þ	-		1,939,342	0	193,93

compensation from the organization►20

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
KIWI PARTNERS 381 PARK AVENUE SOUTH NEW YORK, NY 10016	CONSULTING	451,779
SSI US Inc PO BOX 98991 CHICAGO, IL 60693	RECRUITER	122,963
LAPIANA ASSOCIATES 440 GRAND AVENUE OAKLAND, CA 94610	CONSULTING	102,000

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►3

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
3 3 3 4	1a	Federated campaigns 1a				
	Ь	Membership dues 1b				
SÉ.	c	Fundraising events 1c				
ii ii	d	Related organizations 1d				
% <u>Ε</u>	l e	Government grants (contributions) 1e 14,595,242				
<u></u>						 
重量	f	All other contributions, gifts, grants, and similar amounts not included above 6,240,133				
きき	g	Noncash contributions included in				
contributions, gins, grants and other similar amounts		lines 1a-1f \$0				
क ट्	h	Total. Add lines 1a-1f	20,835,375			
g.		Business Code				
E	2a					
99 34	ь					
σ Œ	l c					
Ş						
Ì	d					
Ξ	е					
Program Serwice Revenue	f	All other program service revenue				
ڄ	_	Total. A dd lines 2a-2f	0			
	g 3					
		Investment income (including dividends, interest	66,285			66,285
	_	and other similar amounts)	00,203			00,203
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	U			
		(i) Real (ii) Personal				
	6a	Gross Rents				
	Ь	Less rental expenses				
	c	Rental income				
		or (loss)  Net rental income or (loss)				
	d	Necrement mediae of (1055) 1 1 1 1 1 1 1				
	7a	(i) Securities (ii) O ther  Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
ψ	8a	Gross income from fundraising events (not including				
Other Kevenu		\$ of contributions reported on line 1c) See Part IV, line 18				
ž		a				
ψ.	ь	Less direct expenses b				
£	c	Net income or (loss) from fundraising events	0			
,	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities	О			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory •	0			
		Miscellaneous Revenue Business Code				
		FOREIGN CURRENCY 900,099 TRANSLATION	-1,436,070			-1,436,070
	b					
	c					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a-11d	-1,436,070			
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	19,465,590			-1,369,785

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organiz

	Section $501(c)(3)$ and $501(c)(4)$ organizations mu	st complete all c	olumns.	(D)	
	ll other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,505,318	1,505,318		
4	Benefits paid to or for members	0		]	
5	Compensation of current officers, directors, trustees, and key employees	1,252,741	1,039,167	134,767	78,807
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			
7	Other salaries and wages	6,140,762	5,093,851	660,612	386,299
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	429,095	313,408	71,678	44,009
9	Other employee benefits	705,058	437,650	216,363	51,045
10	Payroll taxes	676,679	572,940	67,551	36,188
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	18,136	11,583	6,553	
c	Accounting	203,341	139,054	64,287	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,234,044	2,962,876	182,185	88,983
12	Advertising and promotion	803	803		
13	Office expenses	995,304	897,502	81,045	16,757
14	Information technology	253,195	87,058	165,261	876
15	Royalties	0			
16	Occupancy	878,396	602,747	174,398	101,251
17	Travel	1,943,114	1,739,881	148,421	54,812
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · ·
19	Conferences, conventions, and meetings	342,430	273,020	27,611	41,799
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	322,704	146,876	146,876	28,952
23	Insurance	51,136	10,829	40,307	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PUBLICATIONS/PUBLIC RELATION	262,256	215,791	42,715	3,750
ь	PROVISION/DOUBTFUL ACCOUNT	480,000		480,000	
c	BAD DEBT EXPENSE	252,732		252,732	
d	OTHER EXPENSES	432,646	200,037	231,034	1,575
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	20,379,890	16,250,391	3,194,396	935,103
26	Joint Costs. Check here ► ☐ If following SOP 98-2		, , , , , , , , , , , , , , , , , , , ,	' '	
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	<u> </u>				rm 000 (2009)

Pa	rt X	Balance Sheet							
					<b>(A)</b> Beginning of year		(B End of		
	1	Cash—non-interest-bearing			681,841	1		479,157	
	2	Savings and temporary cash investments	•		3,787,086	2	;	3,099,266	
	3	Pledges and grants receivable, net	-		11,094,263	3	10	0,474,278	
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, trustees, other related parties   Complete Part II of Schedule L		loyees or		5			
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6			
	7	Notes and loans receivable, net				7			
ets	8	Inventories for sale or use				8			
Assets	9	Prepaid expenses and deferred charges			423,856	9		350,023	
⋖	10a	Land, buildings, and equipment cost basis	d, buildings, and equipment cost basis 1,366,455						
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	719,160	761,774	10c		647,295	
	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		192,334	15		1,066,491		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,941,154	16	16	6,116,510	
	17	Accounts payable and accrued expenses .	-		799,371	17		599,696	
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities			20				
gr gr	21	Escrow account liability Complete Part IV of Schedule D		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
<u> </u>		persons Complete Part II of Schedule L		22					
_	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable			24				
	25	Other liabilities Complete Part X of Schedule D		90,437	25		379,768		
	26	Total liabilities. Add lines 17 through 25		889,808	26		979,464		
		Organizations that follow SFAS 117, check here ▶   and complete through 29, and lines 33 and 34.	ete lines	27					
Balance	27	Unrestricted net assets			5,489,320	27	;	3,188,817	
<u> </u>	28	Temporarily restricted net assets			10,562,026	28	1.	1,948,229	
=	29	Permanently restricted net assets				29			
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	complet	e					
S O	30	Capital stock or trust principal, or current funds				30			
Ą	31	Paid-in or capital surplus, or land, building or equipment fund				31			
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32			
Net	33	Total net assets or fund balances			16,051,346	33	15	5,137,046	
Ž	34	Total liabilities and net assets/fund balances			16,941,154	34		6,116,510	
Pa	rt XI				1010 11110 1		·		
							Yes	No	
1		unting method used to prepare the Form 990 Cash 🔽 A							
2a	Were	the organization's financial statements compiled or reviewed by a	n ındepei	ndent account	ant?	2a		No	
b	Were	the organization's financial statements audited by an independent	account	ant?		2b	Yes		
c	c If "Yes" to 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?								
3a	Singl	result of a federal award, was the organization required to undergo e Audit Act and OMB Circular A-133?			et forth in the	3a		N o	
b	If "Y∈	es," did the organization undergo the required audit or audits? .				3b			

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DLN: 93493042001461

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizati						Em	Employer identification number				
INIL	LENIER	FOR TRANSITI	ONAL JUSTICE INC					111	-358002	1			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					_	
				ation because it is (Please					11150100	101107		_	
1	Ē			nurches, or association of ch					(A)(i).				
2	Ē	•		tion 170(b)(1)(A)(ii). (Attac					. ,,,				
3	Ē			e hospital service organizati			t ion 170(l	b)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedul	e H )		
4	Ė		·	zation operated in conjuncti			-		- '		•		
	·		name, city, and	,					( )( )	. ,. ,			
5	Г	•			universit	v owned o	r operated	l by a gov	ernmental	unit desc	ribed in	_	
	·	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II)											
6	Г		A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>										
7	Ī	•	-	ally receives a substantial p						n the gene	ral public		
	·	=		)(1)(A)(vi) (Complete Par		• •				J			
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)						
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	, and gross		
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2	) no more	than 331/	3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	k) from bu	sinesses		
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	( <b>a)(4).</b> (S	ee instruc	tions )		
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of		
				orted organizations describe						Section 5	<b>09(a)(3).</b> Chec	k	
		a T		type of supporting organiza	tion and c Type III				h al	Γ <sub>τνρα</sub>	III - Other		
_	_		• •	rtify that the organization is			-		u na ar mai				
е	'			agers and other than one or									
		section 50		- <b>9</b>		,	<b>3</b>				(,(-,		
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,	_	
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			J		
g		following pe		as the organization accepted	u any gni	or continu	ution nom	ally of the	;				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	-	
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)	•	
		(ii) a family	/ member of a p	erson described in (i) above	,?					11g(	ii)	-	
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	•	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					•	
							,						
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) A mount	οf	
		orted ization		(described on lines 1-9 above or IRC section	-	ation in Iisted in		inization i) of your		ation in rganized	support?		
	Organ	12411011		(See Instructions))		verning		ort?		US?			
				(		ment?							
					Yes	No	Yes	No	Yes	No			
												_	
												_	
												_	
												_	

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	11 lille 5, 7, or	o or Part I.)				
	ublic Support	1	· · · · ·					
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,541,336	11,724,301	14,010,014	20,158,691	;	20,835,375	73,269,717
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	6,541,336	11,724,301	14,010,014	20,158,691	:	20,835,375	73,269,717
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							9,724,630
6	(f) <b>Public Support</b> subtract line 5 from line							
U	4							63,545,087
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	6,541,336	128,105	14,010,014	20,158,691	2	20,835,375	73,269,717
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	26,140	128,105	28,728	220,965	66,285		470,223
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 )			1,432,456	-1,027,089		-1,436,070	-1,030,703
11	Total Support (Add lines 7 through 10)							72,709,237
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perce		rst, second, third	l, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		87.396 %
15	Public Support Percentage for 2007 Sched		-	· · · ·		15		65.116 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on				<b>▶</b>  ✓
17a	box and <b>stop here.</b> The organization qualifiem <b>10% Facts and Circumstances Test - 2008.</b> It more, and if the organization meets the "factor"	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: ck this box and	stop here. Exp	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organization	on did not check	a box on line 13	3, 16a, 16b, or	17a ar	nd line 15 i	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Internal Revenue Service Name of the organization Employer identification number

TL CENT	TER FOR TRANSITIONAL JUSTICE INC		11-3580024	
art I	Organizations Maintaining Donor Ad			unts. Complete if the
	organization answered "Yes" to Form 99		/b) =d-	
Toto	al number at end of year	(a) Donor advised funds	(b) Funds	and other accounts
	regate contributions to (during year)			
	regate grants from (during year)			
	regate value at end of year			
Dıd	the organization inform all donors and donor advi	•	radvised	☐ Yes ☐ No
	the organization inform all grantees, donors, and		nay be	
us e ımp	d only for charitable purposes and not for the ben ermissible private benefit?	efit of the donor or donor advisor or other		┌ Yes ┌ No
rt II	<b>Conservation Easements.</b> Complete	ıf the organization answered "Yes" to	Form 990, Pa	irt IV, line 7.
	pose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space nplete lines 2a-2d if the organization held a quali	on or pleasure)	tified historic st	ructure
on t	he last day of the tax year			
				ld at the End of the Yea
То	tal number of conservation easements		2a	
То	tal acreage restricted by conservation easement	S	2b	
Nu	imber of conservation easements on a certified hi	istoric structure included in (a)	2c	
Nu	ımber of conservation easements ıncluded ın (c) a	acquired after 8/17/06	2d	
Nun	nber of conservation easements modified, transfe	rred, released, extinguished, or terminated	by the organiza	ation during
the	taxable year ►			
Nun	nber of states where property subject to conserva	ation easement is located ►		
	es the organization have a written policy regarding procement of the conservation easements it holds?	- · · · · · · · · · · · · · · · · · · ·	ions, and	┌ Yes
Staf	ff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the y	⁄ear <b>►</b>	
A mo	ount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	ar <b>►</b> \$	
	es each conservation easement reported on line 2 0(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of secti	ion	□Yes □No
In P bala	Part XIV, describe how the organization reports co ance sheet, and include, if applicable, the text of t	he footnote to the organization's financial s	•	ent, and
the	organization's accounting for conservation easen  Organizations Maintaining Collectio		r Other Simi	ilar Assets
	Complete if the organization answered "		other Silli	iidi Assets.
art,	ne organization elected, as permitted under SFAS historical treasures, or other similar assets held vide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ın furtherance	
If th	ne organization elected, as permitted under SFAS orical treasures, or other similar assets held for p vide the following amounts relating to these items	116, to report in its revenue statement an public exhibition, education, or research in	d balance shee	•
(i)	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
(ii)	Assets included in Form 990, Part X		<b>F</b> \$	
	ne organization received or held works of art, histo owing amounts required to be reported under SFA	·	financial gain, į	provide the
Rev	enues ıncluded ın Form 990, Part VIII, line 1		<b>►</b> \$	

Cat No 52283D

**b** Assets included in Form 990, Part X

ar	<b>Till</b> Organizations Maintaining Co	llections of Art	:, His	<u>tori</u>	<u>cal Trea</u>	sures	, or O	thei	<u>r Similar</u>	Asse	ts (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing that	tare a s	ıgnıfıc a	nt us	se of its col	lection	า	
а	Public exhibition		d	Γ	Loan or e	exchang	e progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ın hov	v the	further th	ne organ	ızatıon'	sex	empt purpo	se in		
•	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
aı	t IV Trust, Escrow and Custodial	_		•		_	tion ar	ารพ	ered "Yes	" to Fo	orm 9	90,
	Part IV, line 9, or reported an ar		•									
а	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontributio	ns or oth	nerasse	ets n	ot	Г	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following tab	le									
	, , ,	J					Г			A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990. Part X. line	e 21?							Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											,
	rt V Endowment Funds. Complete		n ans	were	ed "Yes"	to Forn	າ 990,	Part	t IV, line	10.		
	<u> </u>	(a)Current Year		Prior \		<b>)</b> Two Yea			hree Years B		<b>)</b> Four Ye	ears Back
1	Beginning of year balance											
)	Contributions											
:	Investment earnings or losses											
ŀ	Grants or scholarships											
е	Other expenditures for facilities											
F	and programs											
g	End of year balance											
9	Provide the estimated percentage of the year	r end halance held a										
a	Board designated or quasi-endowment	Tena balance nela t										
	•											
b	Permanent endowment -											
C 3	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiz	ation t	·hat s	ro bold ar	d admir	uctorod	fort	·ho			
•	organization by	ssion of the organiza	ationi	.iiat c	ire ireiu ai	iu auiiiii	iisteieu	101 1	.iie		Yes	No
	(i) unrelated organizations								[	3a(i)		
	(ii) related organizations								[	3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization								[	3b		
	Describe in Part XIV the intended uses of th											
a I	t VI Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee F</u>	orm 990	, Part X	I, line	10.				
	Description of investment				) Cost or otl		Cost or o		(c) Deprec	iation	<b>(d)</b> Bo	ok value
1	Land											
o	Buildings											
Ε	Leasehold improvements						323	,039		33,458		235,557
d	Equipment						816	,390	2	64,664		344,505
e	Other						227	,026		24,583		67,233

647,295

<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		,
Closely-held equity interests		
T-1-1 (C-1::::: (b) should:::15-:::: 000	<b>.</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. S		12
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	•	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
ENTITIES (a) Desc	Приоп	1,066,49
LNTITLS		1,000,43
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)	1,066,49
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED RENT	379,768	
		]
		1
		1
		1
		1
		1
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	<u> </u>	1
Total: (Column (b) Should Equal Form 330, Part Λ, Col (b) lifle 23 )	<b>▶</b> 379,768	Ī

FIN 4	8 DISCLOSURE	FORM 990, SCHEDULE D, PART			EAR 2010, ICTJ WILL		
	Ident if ier	Return Reference			Explanati	on	
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X				iit iv , li	mes id and 20,
	Supplemental Inf		·	O D-=+	III lines to and 4. De	ا ۱۱۷ مین	nee 1h and 2h
5		nd <b>4c.</b> (This should equal Form 990, Pa	art I, lır	ne 18)		5	
_ C	Add lines <b>4a</b> and <b>4b</b>					4c	
b	·			4b		∤ <u> </u>	
a	·	luded on Form 990, Part VIII, line 7b		4a			
4		00, Part IX, line 25, but not on line 1:		1 1			
3	Subtract line <b>2e</b> from line <b>1</b> .					3	
e	Add lines <b>2a</b> through <b>2d</b>					2e	
d				2d		{	
с		, Part IX, line 25		2c			
Ь	· -			2b			
a		facilities		2a			
2		ut not on Form 990, Part IX, line 25		_			
1		r audited financial statements				1	
		xpenses per Audited Financia				T T	Return
5		nd <b>4c.</b> (This should equal Form 990, Pai				5	_
c	Add lines <b>4a</b> and <b>4b</b>					4c	
b	Other (Describe in Part XIV)		. [	4b			
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b	.	4a			
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>					
3	Subtract line $\mathbf{2e}$ from line $1$ .					3	
e	Add lines <b>2a</b> through <b>2d</b> .					2e	
d	Other (Describe in Part XIV)		[	2d			
c	Recoveries of prior year grant	s		2c			
b	Donated services and use of f	facilities	. [	2b			
а	Net unrealized gains on invest	tments		2a			
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12					
1		er support per audited financial statem				1	
<u>Part</u>		evenue per Audited Financial			s With Revenue p	er Re	turn
10		per financial statements Combine line	s 3 and	d 9		10	
9	Total adjustments (net) Add III	nes 4 - 8				9	
8	Other (Describe in Part XIV)					8	
7	Prior period adjustments					7	
6	Investment expenses					6	
5	Donated services and use of fa	cilities				5	
4	Net unrealized gains (losses) o	on investments				4	
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	
2	Total expenses (Form 990, Par	rt IX, column (A), line 25)				2	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	
Pal	Reconciliation of C	nange in Net Assets from For	m 990	) to FI	nanciai Statemen	ITS	

UNCERTAINTY IN INCOME TAXES DUE TO ICTJ'S

FINANCIAL STATEMENTS

GENERAL TAX-EXEMPT STATUS, ASC 7401-10-05 IS NOT ANTICIPATED TO HAVE A MATERIAL IMPACT ON ICTJ'S

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493042001461

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization					Employer ide	entification number
INT	L CENTER FOR TRANSIT	TIONAL JUSTICE	INC			11-358002	4
Pa	art I General Info	rmation on Ac	tivities Outsi	ide the United States	<b>s.</b> Complete		
		990, Part IV, lır					
1	_	<del>-</del>		ecords to substantiate		_	
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assista	nce					✓ Yes
2	<b>For grant makers.</b> Descr United States	ribe in Part IV the	organization's pi	ocedures for monitoring tl	ne use of grai	nt funds outsic	e the
3	Activites per Region (L	Jse Schedule F-1	(Form 990) ıf ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in
Sou	th A merica	1	16	Program Services	HUMAN RIC		909,062
					ADVOCACY		
Sub	-Saharan Africa	3	19	Program Services	HUMAN RIC		687,605
Sou	th Asıa	1	6	Program Services	HUMAN RIC		106,627

1,703,294

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	-	Europe/Iceland/Greenland	human rights advocacy	736,635	wire			
		Europe/Iceland/Greenland	human rights advocacy	284,597	wire			
		Sub-Saharan Africa	human rights advocacy	64,077	wire			
		East Asia/Pacific	human rights advocacy	420,009	wire			
	umber of orga							<u> </u>

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1	1				l	

Schedule F (Form 990) 2008

		in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
monitoring of foreign grants	FORM 990, SCHEDULE F, PART I, LINE 2	ICTJ MONITORS THE EXPENSES OF EACH GRANT CLOSELY AND ENSURES THAT THE SPENDING IS IN ACCORDANCE WITH THE PROPOSAL CLOSE COMMUNICATION IS KEPT WITH THE DONOR ON PROGRRAMMATIC AND FINANCIAL PROGRESS OF EACH GRANT ADDITIONALLY, A NUMBER OF OUR GRANTS REQUIRE A SPECIFIC AUDIT FOR COMPLIANCE

efile GRAPHIC print - DO NOT PROCESS

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493042001461

OMB No 1545-0047

2008

**Schedule J Compensation Information** 

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Internal Revenue Service	that answered "Yes" to Form 990, Part IV, line 23.	Inspection
Name of the organi INTL CENTER FOR TRAN	SITIONAL JUSTICE INC	Employer identification number
		11-3580024
Part I Questi	ons Regarding Compensation	

					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive		,	2		
3	Indicate which, if any, of the following the organization organization organization.		·			
	Compensation committee	<u> </u>	Written employment contract			
	☐ Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	ত	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PETER COBB	(ı) (ıı)	175,099 0	0	0	0 0	17,510 0	192,609 0	<b>4</b> 3,775 0
JUAN MENDEZ	(ı) (ıı)	225,487 0	0	0	0	22,549 0	248,036 0	56,372 0
PAUL VAN ZYL	(ı) (ıı)	169,278 0	0	0	0	16,928 0	186,206 0	42,320 0
CAROLSKYM	(ı) (ıı)	139,428 0	0	0	0 0	13,943 0	153,371 0	34,857 0
GRAEME SIMPSON	(I) (II)	150,543 0	0	0	0 0	15,054 0	165,597 0	37,636 0
HANNY MEGALLY	(1) (11)	142,450 0	0	0	0 0	14,245 0	156,695 0	35,613 0
PABLO DEGREIFF	(1) (11)	136,570 0	0	0	0 0	13,657 0	150,227 0	34,143 0
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
l	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
INTL CENTER FOR TRANSITIONAL JUSTICE INC

**Employer identification number** 

11-3580024

ldentifier	Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	CERTAIN MEMBERS OF THE BOARD OF DIRECTORS MAINTAIN A BUSINESS RELATIONSHIP WITH OTHER MEMBERS OF THE BOARD OF DIRECTORS OF ITS RELATED FOREIGN ENTITIES LOCATED IN BRUSSELS, CAPE TOWN, GENEVA AND JAKARTA

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION A, LINE 10	THE FORM 990 IS REVIEWED IN DETAIL BY MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM AND A DRAFT IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO THE FORMS BEING FILED WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION A, LINE 10	ALL BOARD MEMBERS ARE REQUIRED TO SIGN AND SUBMIT ANNUAL STATEMENTS OF ANY CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
COMPENSATION OF OFFICERS AND KEY	1	ICTJ REVIEWS EXTERNAL COMPENSATION SURVEYS AND COMPARABLE ORGANIZATIONS' FORMS 990 ALL EXECUTIVE COMPENSATION ARRANGEMENTS
EMPLOYEES	AND 15B	ARE APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
AVAILABILITY OF ORGANIZING DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	ICTJ'S FORM 990 IS AVAILABLE FROM THE ORGANIZATION UPON REQUEST

ldentifier	Return Reference	Explanation
FOREIGN	FORM 990,	ICTJ CONDUCTS INVESTMENT ACTIVITY IN THE FOLLOWING FOREIGN REGIONS EUROPE SOUTH
INVESTMENTS	SCHEDULE F	AMERICA SOUTH ASIA SUB-SAHARAN SOUTH AFRICA

ldentifier	Return Reference	Explanation
NAME OF CORPORATION	FORM 990 AND ALL APPLICABLE SCHEDULES	THE LEGAL NAME OF THE CORPORATION IS INTERNATIONAL CENTER FOR TRANSITIONAL JUSTICE INC

DLN: 93493042001461

2008

**QUUO**Open to Public

Inspection

OMB No 1545-0047

### **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

**SCHEDULE R** 

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Employer identification number

INTL CENTER FOR TRANSITIONAL JUSTICE INC					
_				11-3580024	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
ICTJ INTERNATIONAL LLC 5 HANOVER SQUARE NEW YORK, NY 10004	INT'L SUPPORT	NY	0	0	
ICTJ MEDIA LLC 5 HANOVER SQUARE NEW YORK, NY 10004	MEDIA	NY	0	0	
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	( <b>E</b> ) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
justice transitionnelle bruxelles					
11 bischoffsheim boulevard 8th fl brussels, belgium 1000 BE	program	BE			
justice transituionnelle geneva rue de varembe n1 5th fl geneva, switzerland ch-1202 SZ	program	SZ			
centre transitional justice cape town pickwick road salt river 8001 cape town, south africa 7735 SF	program	SF			
yayasan pusatbkeadılılan transısı ınt'l jl hos cokroamınoto no 81 menteng jakarta, ındonesia 10310 ID	program	ID			

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

No

No

No No No

No No No No

No No No No No

No No

No No

Part V	Transactions with Related Organizations
--------	---

Part \	V Transactions with Related Organizations		
No	te. Complete line 1 if any entity is listed in Parts II, III or IV		Yes
<b>1</b> Durın	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
<b>b</b> Gı	ift, grant, or capital contribution to other organization(s)	1b	Yes
<b>c</b> Gr	ft, grant, or capital contribution from other organization(s)	1c	
<b>d</b> Lo	pans or loan guarantees to or for other organization(s)	1d	
<b>e</b> Lo	pans or loan guarantees by other organization(s)	1e	
			1
<b>f</b> Sa	ale of assets to other organization(s)	<b>1</b> f	
<b>g</b> Pu	urchase of assets from other organization(s)	1g	
h Ex	xchange of assets	1h	
i Lea	ase of facilities, equipment, or other assets to other organization(s)	1i	
<b>j</b> Le	ase of facilities, equipment, or other assets from other organization(s)	1j	
<b>k</b> Pe	erformance of services or membership or fundraising solicitations for other organization(s)	1k	
<b>I</b> Pe	rformance of services or membership or fundraising solicitations by other organization(s)	11	
m Sh	naring of facilities, equipment, mailing lists, or other assets	1m	
n Sh	naring of paid employees	1n	
o Re	eimbursement paid to other organization for expenses	10	
<b>p</b> Re	eimbursement paid by other organization for expenses	1р	
<b>q</b> 01	ther transfer of cash or property to other organization(s)	1q	
r Ot	ther transfer of cash or property from other organization(s)	1r	

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	justice transitionnelle bruxelles	1b	767,453
(2)	justice transitionnelle geneva	1b	284,597
(3)	centre transitional justice cape town	1b	64,077
(4)	yayasan pusatbkeadılılan transıs ınt'l	1b	420,009
(5)			
(6)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	Organizations		(E) Share of end-of-year assets  (F) Dispropriallocation			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID:

**Software Version:** 

**EIN:** 11-3580024

Name: INTL CENTER FOR TRANSITIONAL JUSTICE INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Europe/Iceland/Greenland	human rights advocacy	736,635	wire			
		Europe/Iceland/Greenland	human rights advocacy	284,597	wire			
			human rights advocacy	64,077	wire			
		<i>'</i>	human rights advocacy	420,009	wire			