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Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

	<u>A</u> F	or the	2009 calendar year, or tax year beginning		and	l ending_			· · · · · · · · · · · · · · · · · · ·					
	Вс	heck if pplicabl	Please use IRS				D Employer ide	ntification	on number					
		Addre chang	ss label or TAHIRIH JUSTICE CENTER				1							
	\vdash	Name	type David David A				54	-185	8176					
	\vdash	Initial return	See Number and street (or P.O. box if mail is not delin	vered to street add	dress)	Room/suite			0170					
	F	Termir	\C===6=	rerea to saleet au	•	300			2-6161					
	F	Jated Ameno return				1500	G Gross receipts \$	<u> </u>	1,921,409.					
	\vdash	Application					H(a) Is this a gro	un returr						
		pendir		ILLER-M	TRO		for affiliates		☐ Yes X No					
			SAME AS C ABOVE				H(b) Are all affiliate							
	1 7	ax-ex		947(a)(1) or	527		~		(see instructions)					
	-		e: NWW.TAHIRIH.ORG		_		H(c) Group exem							
	K F	orm of	organization: X Corporation Trust Association			ite of legal domicile: VA								
	Pa	rt I	Summary											
	ي ا		Briefly describe the organization's mission or most significa	_					RVICES					
	Governance		AND PUBLIC POLICY ADVOCACY, T											
6	e l		Check this box 🕨 🔛 if the organization discontinued		r dispo	sed of mor	e than 25% of its n	et assets						
2010	اچ		Number of voting members of the governing body (Part VI,					3	10					
		i	Number of independent voting members of the governing l	body (Part VI, lii	ne 1b)			4	10					
9	ies		Total number of employees (Part V, line 2a)					5	34					
	Activities &		Total number of volunteers (estimate if necessary)					6	87					
SEP	Pe	i	Total gross unrelated business revenue from Part VIII, colu					7a	0.					
	\dashv	D	Net unrelated business taxable income from Form 990-T, I	ne 34 .		-	5 da . W	7b	0.					
iii		0	Contributions and grants (Part VIII, line 1b)		Prior Year 1,450,66	- -	Current Year							
	Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)				35,83		1,694,639. 10,647.					
8	ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d	`			22,20		8,841.					
SCANNED	e e		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d				62,10		82,993.					
U D			Total revenue - add lines 8 through 11 (must equal Part VIII)	•	ne 12)		1,570,79		1,797,120.					
	一		Grants and similar amounts paid (Part IX, column (A), lines		10 12)		1,310,13	- 	1,131,120.					
	g		Salaries, other compensation, employee benefits (Part IX, o	1,123,05	0.	1,308,412.								
	nse	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		-									
	Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	▶ 18	32,0	48.								
	Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			349,52	9.	493,083.					
		18	Total expenses Add lines 13-17 (must equal Part IX, colum	n (A), line 25)	A Ed. 1		71,472,57	9.	1,801,495.					
		19	Revenue less expenses Subtract line 18 from line 12	REC	LIV	EU	98,21		<u>-4,375.</u>					
	Net Assets or Fund Balances					6	ginning of Current Y		End of Year					
	Sset		Total assets (Part X, line 16)	AtiG	177	7010 HS	1,166,79		1,287,317.					
	닯		Total liabilities (Part X, line 26)	[타]					194,943.					
į		rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1 1000	LNI		$\frac{1}{1},096,74$	9.	1,092,374.					
	a		Under penalties of perjury, I declare that I have examined this return, including	Certamoannin sch	iedūles ai	nd statements	and to the best of my kno	wledge an	1 belief it is this correct					
			and complete Declaration of preparer (other than officer) is based on all inform	nation of which prep	arer has	any knowledge	and to and best of my kind	/)					
	Sigr		~ 100				1 1	~ / Y	1/2					
	Here		Signature of officer				Date	3 / •	//					
		•	LAYLI MILLER-MURO, EXECUTI	VE DIREC	TTOR									
			Type or print name and title	<u>, , , , , , , , , , , , , , , , , , , </u>		•								
	D-:-		Preparer's		Date,			reparer's id	entifying number					
	Paid Pren	arer's	signature / Carles Buc		8/6/	se en	nployed 🕨 🔲							
	Use		Firm's name (or yours if LARSONALLEN LLP				EIN ►							
	536	Vy	self-employed), address, and 2900 SOUTH QUINCY ST	., SUITE	3 1 5	0		·						
			ZIP+4 ARLINGTON, VA 22206				Phone no.	<u> 703</u>	-998-5100					
	MAN	+ha 10	RS discuse this return with the preparer shown above? (see	t					V Vac Na					

932002 02-04-10 Form 990 (2009)

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part II	4	х	
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 similar funds or 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		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		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable .	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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			
•	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, fine 167 If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ا مم ا	v	
404	Schedule D, Parts XI, XII, and XIII	12	X	
1ZA	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170	ļ	^
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part 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, Part II	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, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

			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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			1
	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? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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	056		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		X
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	000		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26_		X
21				
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			7,
00	Schedule L, Part III	27		X
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		X
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		X
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		X
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		X
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	Ì	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2009)

54-1858176

			Yes	No
12	Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of		103	140
14	U.S. Information Returns. Enter -0 if not applicable	al .		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ń		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
·	(gambling) winnings to prize winners?	10		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	 	
Za	filed for the calendar year ending with or within the year covered by this return 2a 34	d		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	20		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	 	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	 	
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		Х
L	If "Yes," enter the name of the foreign country	4a	 	
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		Ì	
	Financial Accounts.			
E-		-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	ļ	X
b		5b	 	^
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	E		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	 	
oa	any contributions that were not tax deductible?	6-		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	 	
D	were not tax deductible?	G.L	1	
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
а	provided to the payor?	70	x	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
0	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
·	to file Form 8282?	7c	1	x
А	If "Yes," indicate the number of Forms 8282 filed during the year	10		A
u _	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
٠	benefit contract?	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
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		ļ
9	Sponsoring organizations maintaining donor advised funds.			
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
···	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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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.

sec	tion A. Governing Body and Management						
		1	1	ا۔ ہ		Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>	 	10			
þ	Enter the number of voting members that are independent	1b	<u></u>	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	<u> </u>			
	officer, director, trustee, or key employee?			.	2_	_X_	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	1			
	of officers, directors or trustees, or key employees to a management company or other person?			.	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	.	_4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?	••	.	_ 5		<u>X</u>
6	Does the organization have members or stockholders?			}	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the				
	governing body?			}	7a	X	
b				. }	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	the year				
	by the following			-			
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			}	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9_		<u>_x</u> _
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)				
	- " "			ſ		Yes	No
	Does the organization have local chapters, branches, or affiliates?	: .			10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,	1			
	and branches to ensure their operations are consistent with those of the organization?	~.			10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	tiling th	e form?		11	X	
11A							
	Does the organization have a written conflict of interest policy? If "No," go to line 13			}	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e nse				
	to conflicts?			ŀ	<u>12b</u>	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	-yes,	describe			37	
	in Schedule O how this is done				12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?		-	}	13	X	
14	Does the organization have a written document retention and destruction policy?			ł	14	_X	
15	Did the process for determining compensation of the following persons include a review and approv		naepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
	The organization's CEO, Executive Director, or top management official		•	.	15a	Х	
b	Other officers or key employees of the organization			. }	15b		<u>X</u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		م طفیہ	}			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	ment '	with a		16-		Х
_					16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva- in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.		•	١			
	exempt status with respect to such arrangements?	yai iizai	1011 5		164		
200	tion C. Disclosure				16b		
	List the states with which a copy of this Form 990 is required to be filed NONE				-	_	
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ulable	for		
10	public inspection Indicate how you make these available Check all that apply	, 1501	CONCORS CHIRD AVA	aDIC			
	Own website Another's website X Upon request						
10		conflic	t of interest and	10V 0=	d fine	noist	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, is statements available to the public	COI IIIIC	t of interest pol	icy,at⊓	u iiia	iicidi	
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books a	and re-	ords of the ora	anizat	ion. 🕨		
20	DIRECTOR OF OPERATIONS - 571-282-6161	20 10 1 6 0	orus or the org	jai uzdl	iOi I. 🏴	_	
		2042					
	0402 MULHOTON DEVD, DIE 300, PADES CHUNCH, VA ZA	<u> </u>	<u> </u>				

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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.

Chook the box is the organization did not of	inpondate wi	7				, (1)	0010	ii, or trustee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	iy)	compensation	compensation	amount of
	per week	cto						from the	from related organizations	other
	Week	ğ				Ē		organization	(W-2/1099-MISC)	compensation from the
		ndividual trustee or director	Institutional trustee		١.,	Highest compensated employee		(W-2/1099-MISC)	(** 2 1033 141130)	organization
		ם	ala		joy.	8 8		(** = *********************************		and related
		Į į	struti	Officer	Key employee	plest	Former			organizations
		Ĕ	Ë	5	호	至5	æ			
PAUL GLIST		Ì								
BOARD CHAIR	5.00	X		X				0.	0.	0.
LEAH RAMPY										
BOARD VICE-CHAIR	1.50	X		Х				0.	0.	0.
LIDIA SOTO-HARMAN										
MEMBER	1.00	X						0.	0.	0.
KENNETH EWING										
MEMBER	1.00	X						0.	0.	0.
LAURIE DUPERIER										
MEMBER	1.00	X			ĺ			0.	0.	0.
JEANNIE NGUYEN		Γ								
MEMBER	1.00	X						0.	0.	0.
EMMANUEL IRONO										
MEMBER	1.00	X						0.	0.	0.
RUTH SAKWA										
MEMBER	1.00	X						0.	0.	0.
BARBARA MILLER										· · · · · · · · · · · · · · · · · · ·
MEMBER	1.00	X				ļ		0.	0.	0.
SARA GLENN										
MEMBER	1.00	X						0.	0.	0.
SARAH COMPTER	-									
SECRETARY	1.50	X		X	l			0.	0.	0.
KELLYE JENNINGS										
TREASURER	1.50	X		X	L.			0.	0.	0.
FRANK KENDALL										
MEMBER	1.00	X						0.	0.	0.
WARREN MARTIN										
MEMBER	1.00	X						0.	0.	0.
JACQUELINE EGHRARI-SABET										
MEMBER	1.00	X						0.	0.	0.
RANDALL MILLER										
MEMBER	1.00	X				L		0.	0.	0.
LAYLI MILLER-MURO]				
EXECUTIVE DIRECTOR	40.00			X				89,681.	0.	4,352.
								·		F 000 (0000)

Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mpk	yee	s, ar	nd t	High	<u>est</u>	Compensated Employ	ees (continued)			· · · · · ·
(A)	(B)	(C)						(D)	(E)			(F)
Name and title	Average			Posi				Reportable	Reportable	1		imated
	hours per week	⊢∸		all t	-			compensation from the organization	compensation from related organizations (W-2/1099-MIS	,	comp	ount of other pensation om the
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог шег	(W-2/1099-MISC)			orga and	anization related nizations
MAEVE O'HIGGINS DIRECTOR OF OPERATIONS	32.00			х				68,188.		0.		0.
								-				
		-										
1b Total								157,869.		0.		1,352.
Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed at	oove		no re	·				0 Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual				- '						3	X
For any individual listed on line 1a, is the su and related organizations greater than \$156 Ordany person listed on line 1a receive are all the second organizations.	0,000? If "Yes,	* co	mple	ete S	Sche	edule	e <i>J f</i>	or such individual		_	4	х
Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched Section B. Independent Contractors				rom	arry	/ Urir	eiat	ed organization for serv]	5	X
Complete this table for your five highest co the organization. NONE	mpensated in	depe ——	ende	ent co	onti	racto	ors t		\$100,000 of com	pensa		-
(A) Name and business	address							Description of s	services	Co	(C omper) isation
	· · · · · · · · · · · · · · · · · · ·											
										_		
Total number of independent contractors (\$100,000 in compensation from the organi		not la	mrte	d to		se li:	stec	l above) who received n	nore than			

Form 990 (2009) TAHIRIH JUSTICE CENTER 54-1858176 Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 3,584 1 a Federated campaigns 1a 1b b Membership dues 167,542. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 805,228 f All other contributions, gifts, grants, and 718,285 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 1694639. h Total. Add lines 1a-1f Business Code Program Service 2 a MISCELLANEOUS INCOME 900099 6,172. 6,172. 4,475. b HONORARIUM 900099 4,475. f All other program service revenue g Total. Add lines 2a-2f 10,647. Investment income (including dividends, interest, and 8,841 8,841. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 167,542. of contributions reported on line 1c) See 207282 Part IV. fine 18 124289 b Less direct expenses 82,993. c Net income or (loss) from fundraising events 82,993. 9 a Gross income from gaming activities See Part IV, line 19 .. **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue ... e Total. Add lines 11a-11d 1797120. Total revenue See instructions. 10,647. 0. 91,834.

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		-		
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	1.50.001	45 000		
_	trustees, and key employees	162,221.	46,993.	85,823.	29,405
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	242 455			
7	Other salanes and wages	949,467.	768,467.	108,383.	72,617.
8	Pension plan contributions (include section 401(k)		1		
	and section 403(b) employer contributions)				
9	Other employee benefits	89,642.	66,958.	15,235.	7,449.
10	Payroll taxes	107,082.	78,652.	18,675.	9,755.
11	Fees for services (non-employees)				
a	· · · · · · · · · · · · · · · · · ·				
b	· · · · · · · · · · · · · · · · · · ·	10 055			
C	Accounting	12,275.		12,275.	
d	, , , , , , , , , , , , , , , , , , ,				
е	· F				
f	Investment management fees	00.005	4 44 2		
g	· F	23,025.	4,418.	14,782.	3,825.
12	Advertising and promotion				
13	Office expenses	50,371.	34,452.	4,914.	11,005.
14	Information technology .	51,229.	41,139.	2,848.	7,242.
15	Royalties				
16	Occupancy	228,784.	168,008.	35,460.	25,316.
17	Travel	21,056.	15,442.	2,886.	2,728.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,993.	8,808.	2,092.	1,093.
23	Insurance	7,636.	5,865.	1,714.	57.
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	OMITED TANDAMANA	46,154.	25,250.	9,348.	11,556.
b	DIRECT CLIENT EXPENSES	31,902.	31,902.	0.	0.
С	DUES AND SUBSCRIPTIONS	8,658.	7,861.	797.	0.
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,801,495.	1,304,215.	315,232.	182,048.
26	Joint costs. Check here Infollowing				
	SOP 98-2. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation				

Pai	t X	Balance Sheet				
	_			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		42,098.	1	6,205.
	2	Savings and temporary cash investments	. [660,328.	2	932,355.
	3	Pledges and grants receivable, net		325,219.	3	233,104.
	4	Accounts receivable, net	. [47,103.	4	38,342.
	5	Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees. Complete Part II	1			
		of Schedule L	L		5	
	6	Receivables from other disqualified persons (as defined under section				
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
		Part II of Schedule L	Ĺ		6	
ş	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use		3,617.	8	2,993.
ä	9	Prepaid expenses and deferred charges		40,125.	9	2,993. 12,773.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 87,	532.			
	ь	Less. accumulated depreciation 10b 43,	831.	30,464.	10c	43,701.
	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	. L		14	
	15	Other assets See Part IV, line 11		17,844.	15	17,844.
	16	Total assets, Add lines 1 through 15 (must equal line 34)		1,166,798.	16	1,287,317.
	17	Accounts payable and accrued expenses		70,049.	17	91,760.
	18	Grants payable	-		18	
	19	Deferred revenue .	. \		19	
	20	Tax-exempt bond liabilities			20	··
S	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employe				
jab		highest compensated employees, and disqualified persons. Complete P	art II			
_		of Schedule L	. L		22	<u> </u>
	23	Secured mortgages and notes payable to unrelated third parties	-		23	
	24	Unsecured notes and loans payable to unrelated third parties]_		24	
	25	Other liabilities. Complete Part X of Schedule D	<u> </u>	0.	25	103,183.
	26_	Total liabilities. Add lines 17 through 25		70,049.	26	194,943.
		Organizations that follow SFAS 117, check here	olete			
Ses		lines 27 through 29, and lines 33 and 34.		000 600	1 . 1	006 000
and	27	Unrestricted net assets	-	933,693.		926,928.
Ba	28	Temporarily restricted net assets	-	163,056.	28	165,446.
<u>n</u>	29	Permanently restricted net assets			29	
Ť	İ	•	nd			
S		complete lines 30 through 34.	1			
set	30	Capital stock or trust principal, or current funds	}	<u>,</u>	30	·
As	31	Paid-in or capital surplus, or land, building, or equipment fund	· · }		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	· }	1 006 740	32	1 000 274
_	33	Total lebition and act seeds found belonges	}	1,096,749.	33	1,092,374.
	34	Total liabilities and net assets/fund balances		1,166,798.	34	1,287,317.

orm	990 (2009) TAHIRIH JUSTICE CENTER	<u> 4-1858176</u>	Pag	ge 12
Par	t XI	Financial Statements and Reporting			
				Yes	No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Other			
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
b	Were	the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,		
	revie	w, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
	If the	organization changed either its oversight process or selection process during the tax year, explain in Schedu	ile O.		
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o	na		
	cons	olidated basis, separate basis, or both:			
	X	Separate basis Consolidated basis Both consolidated and separate basis			
За	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 a	and OMB Circular A-133?	. 3a	Х	
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the required	i audit		

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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

Open to Public Inspection

Name of the organization

		TAHIRI	H JUSTICE CEN	NTER					54	-1858	176	;
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	ıst comple	te this par	t.) See ins	tructions.				
he organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox)		-			
1 🔲	A church, co	nvention of churche	s, or association of chur	rches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E.))							
з 🗔	A hospital or	a cooperative hosp	ital service organization	described	ın ection	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospital	l's nan	ne,
	city, and stat								·			
5	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describe	d in		
		(b)(1)(A)(iv). (Compl										
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X												
	section 170(b)(1)(A)(vi). (Complete Part II)											
в 🔲	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲			ceives: (1) more than 33			rom contr	butions, r	nembersh	ip fees, and	d aross re	ceipts	from
			nctions - subject to certa						-	-	•	
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization af	fter June 3	30, 197	75.
		509(a)(2). (Complet			,		,				•	
10 🗀	An organizati	on organized and o	perated exclusively to te	st for publ	ic safety.	See section	on 509(a)(4).				
11 🗀			perated exclusively for the						y out the p	ourposes o	of one	or
			ations described in secti							-		
			organization and compl									
	a Type	l b □	☐ Type II	с 🔲 Тур	e III · Fund	tionally in	tegrated		d 🗔	Type III - 0	Other	
е 🗔	By checking	this box, I certify the	at the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified po	ersons oth	ner tha	เท
	foundation m	nanagers and other	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or se	ection 509)(a)(2)	
f			tten determination from									
		rganization, check t					_			_		
g	Since August	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or inc	firectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and i	(iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	•						11g(ii)		
	(iii) A 35% (controlled entity of a	a person described in (i) (or (ii) above	e? .	••				11g(iii)	1	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	u notify the	(vi) !	s the	nA (iiv)	agunt c	nf
	nization	``	organization (described on lines 1-9		sted in your			organizati (i) organiz	red in the l		port	•
			above or IRC section	1	document?	(i) of you	r support?	U.S	5.7	•		
			(see instructions))	Yes	No	Yes	No	Yes	No			
					1							
]							
		İ		ļ								
							1	_				
							<u> </u>		<u> </u>			
					1						· <u> </u>	_
									LL			
			1	1	1	1	1	1	1 1			

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 TAHIRIH JUSTICE CENTER 54-1858176 Page 2

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

	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	797,717.	1,047,419,	1,460,474.	1,450,661.	1,694,549,	6,450,820,
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3 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	797,717.	1,047,419,	1,460,474.	1,450,661.	1,694,549,	6,450,820,
	amount shown on line 11,						572 000
_	column (f)						573,922.
	Public support Subtract line 5 from line 4						5,876,898,
		(a) 2005	(b) 2006	(-) 0007	(-1) 00000	(-) 0000	(O Tabel
	endar year (or fiscal year beginning in) Amounts from line 4	797,717.		(c) 2007	(d) 2008	(e) 2009	(f) Total
•	,	131,1110	1,047,419.	1,460,474.	1,450,661.	1,694,549.	6,450,820.
8	Gross income from interest,		1				
	dividends, payments received on						
	securities loans, rents, royalties	6,584.	11,223.	28,769.	22,201.	8,841.	77,618.
^	and income from similar sources	0,364.	11,223.	20,109.	22,201.	0,041.	11,010.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income Do not include gain		 -				
10	or loss from the sale of capital						
	assets (Explain in Part IV)	59,133.	70,277.	75,913.	62,101.	83,083.	350,507.
11	Total support. Add lines 7 through 10	35,11331	, , , , , ,	75,713.	02/101.	037003.	6,878,945.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	80,802.
	First five years. If the Form 990 is for			I fourth or fifth tax	vear as a section		00/0021
	organization, check this box and stor	=	,	.,		00 .(0)(0)	▶□
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2009 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	85.43 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	79.92 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				. ▶ \
b	33 1/3% support test - 2008.If the o	rganization did not	check a box on lir	ne 13 or 16a, and li	ne 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion			. ▶□
17a	10% -facts-and-circumstances tes	t - 2009.If the orga	ınızatıon did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% i	or more,
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain ın Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organization	tion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2008.If the orga	ınızatıon did not ch	eck a box on fine	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	he "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	anization	. ▶□
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	ind see instruction	s ▶ □
					Sche	dule A (Form 990	or 990-EZ) 2009

Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services 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 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 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss 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 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009 TAHIRIH JUSTICE CENTER	54-1858176 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line	
and Part III, line 12. Provide any other additional information. See instructions.	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
HONORARIUM	
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
	
	
	· ======
	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III			
Name of organization			Emp	loyer identification number
TAHIRIH	JUSTICE CENTER			54-1858176
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 of	organization.
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV.	
2 Political expenditures .			▶\$	3
3 Volunteer hours				
	anization is exempt und		(3).	·- · · · · · · · · · · · · · · · · ·
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955	. • \$	S
2 Enter the amount of any excise tax	, ,		5 ▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?	•	Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV.	onization is even nt und	or costion 501(s)	avant parties 504	(-\(0)
	anization is exempt und		·	
1 Enter the amount directly expended				
2 Enter the amount of the filing organi	ization's funds contributed to of	her organizations for s	section 527	
exempt function activities	Add has 1 and 0. Established		> \$	·
3 Total exempt function expenditures line 17b	Add lines I and 2 Enter here a	na on Form 1120-POL	¬	
4 Did the filing organization file Form				Yes No
5 Enter the names, addresses and en	•	 N) of all section 527 o	 olitical organizations to whic	. — —
For each organization listed, enter t				
that were promptly and directly deli-				
(PAC) If additional space is needed				•
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
` '	(2)	(4)	filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization
				If none, enter -0-
		ļ		

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

Schedule C (Form 990 or 990-EZ) 2009

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Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	TAHIRIH JUS	STICE CENTE	R = 501(a)(3) and fil	54-1	858176 Page 2
Part II-A Complete if the org		ipt under section		ea rorm 5/00	
				<u> </u>	
	tion belongs to an affilia				
B Check ▶ ☐ If the filing organiza	tion checked box A and	a "limited control" pro	visions apply.	()5-	() A (())
	ts on Lobbying Expenditures" means amour			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (g	rass roots lobbying)		1,603.	
b Total lobbying expenditures to infli	uence a legislative body	(direct lobbying)		24,781.	
c Total lobbying expenditures (add l	ines 1a and 1b)	•		26,384.	
d Other exempt purpose expenditure	es	•••		1,775,111.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)			1,801,495.	
f Lobbying nontaxable amount. Enter	er the amount from the	following table in both	columns.	240,075.	
If the amount on line 1e, column (a) o	or (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	20% of ti	ne amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,000	plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,000	plus 10% of the exce	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	,000,000 \$225,000	plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	00			
		 .			
g Grassroots nontaxable amount (er	· ·			60,019.	
h Subtract line 1g from line 1a. If zer	•	•		0.	<u> </u>
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		ne 11, did the organiza	tion file Form 4720	۲	
reporting section 4911 tax for this				<u>L</u>	Yes No
	4-Year Aver ations that made a se الاسns below. See the	• •	do not have to comp		
	Lobbying Expend	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	156,033.	191,712.	222,258.	240,075.	810,078.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,215,117.
c Total lobbying expenditures	7,142.	9,714.	19,710.	26,384.	62,950.
d Grassroots nontaxable amount	39,008.	47,928.	55,565.	60,019.	202,520.
e Grassroots ceiling amount	22,000	2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,200	- 00,013.	
(150% of line 2d, column (e))					303,780.
f Grassroots lobbying expenditures				1,603.	1,603.

1,603. 1,603. Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 TAHIRIH JUSTICE CENTER 54-1858176 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(2	3)	(t	"
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
• • • • • • • • • • • • • • • • • • • •		. 2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines III-A, lines III-A, lines III-A, lines III-A, li		2 3 (5), or se		
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Schedule DS

(Form 990)

Department of the Treasury Internal Revenue Service

upplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization **Employer identification number** TAHIRIH JUSTICE CENTER 54-1858176 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes $\lceil_{No}\rceil$ are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, fine 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) □ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures. or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		Collections of A		rossuros	or Other		3581/6	
<u> </u>								
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that	t are a sigr	nificant use of its	collection ite	:ms
	(check all that apply):		. — .					
а	Public exhibition	C		change progra	ıms			
b	Scholarly research	•	e L Other					
С	<u> </u>							
4	Provide a description of the organization's of			_			rt XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or other	er simılar a	ssets		
_	to be sold to raise funds rather than to be m						_ Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if organization	answered "Yes	to Form	990, Part IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ons or other as:	sets not in	cluded		
	on Form 990, Part X?			•		L	_l Yes L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.					
							Amount	
С	Beginning balance .					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance			-		1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?] Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV					·		
Pai	t V Endowment Funds. Complete	if the organization ar	swered "Yes" to F	orm 990, Part	IV, line 10			
		(a) Current year	(b) Prior year	(c) Two year	s back (d	Three years back	(e) Four yea	rs back
1a	Beginning of year balance .							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held a	as			_		
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment	 %						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administer	red for the	organization		
	by.					_	Yes	s No
	(i) unrelated organizations						3a(i)	1
	(ii) related organizations	_			•		3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?			•	3b	1
_4	Describe in Part XIV the intended uses of the	e organization's endo	owment funds.		•	•	1	
Par	t VI Investments - Land, Building			0, Part X, line 1	10.			
	Description of investment	(a) Cost or o	other (b) Cos	st or other	(c) Acci	umulated	(d) Book val	lue
_	·	basis (investr	1 ,	s (other)		eciation	, ,	
1a	Land							
b	Buildings			-				
С	Leasehold improvements			Ì	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
d	Equipment			87,532.	4	13,831.	43.	701.
	Other							
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, ∞lumn (B), line	10(c))			43.	701.
								<u>_</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 TAHIRIH JUS	STICE CENTER		54-1858176 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12	2.	
(a) Description of security or category	(b) Book value		od of valuation.
(including name of security)	, , , , , , , , , , , , , , , , , , ,	Cost or end-	of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			··-
	-		
	<u> </u>		
		-	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. S	See Form 990, Part X, line 1	3	
(a) Description of investment type	(b) Book value	(c) Meth	od of valuation.
(a) Description of Investment type	(b) book value	Cost or end-o	of-year market value
	ļ		
	 		
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, fine	15	<u> </u>	
	Description		(b) Book value
			(2, 222, 122, 122, 122, 122, 122, 122, 1
	, , , , ,		
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X			<u> </u>
1 (a) Description of liability	, une 25.	(b) Amount	
Federal income taxes		(D) Tillouin	
DEFERRED RENT		103,183.	
		103/103.	
Total. (Column (b) must equal Form 990, Part X, ∞l (B) lin		103,183.	<u> </u>
2. FIN 48 Footnote In Part XIV, provide the text of the for	otnote to the organization's	financial statements that repo	rts the organization's liability for

Sche	dule D (Form 990) 2009 TAHIRIH JUSTICE CENTER	54-1858176 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,797,120.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,801,495.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-4,375.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities 5	
6	Investment expenses 6	
7	Prior period adjustments 7	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-4,375.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	
1	Total revenue, gains, and other support per audited financial statements	1 9,509,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 373037003.
_ а	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b 7,712,763	
c	Recovenes of prior year grants 2c	'
d	Other (Describe in Part XIV)	-
	Add lines 2a through 2d	2e 7,712,763.
3	Subtract line 2e from line 1	$\frac{26}{3}$ $\frac{7,712,703}{1,797,120}$.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3 1,757,120.
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	-
	Add lines 4a and 4b	4c 0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,797,120.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
1	Total expenses and losses per audited financial statements	1 9,514,258.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	7,314,230.
а	Donated services and use of facilities	
ь	Prior year adjustments 2b	러
c	Other losses 2c	-
d	Other (Describe in Part XIV)	-
	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3 1,801,495.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	3 2/002/1333
a	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIV)	-
	Add lines 4a and 4b	4c 0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,801,495.
	t XIV Supplemental Information	1 3 1 1 1 0 0 1 7 1 2 3 3 .
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines	1h and 2h: Part V line 4: Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any a	
	RT X: TAHIRIH ADOPTED THE INCOME TAX STANDARD FOR UNCERTA	
	THE PROPERTY OF THE PROPERTY O	
TAX	POSITIONS ON JANUARY 1, 2009. TAHIRIH EVALUATED ITS TA	X POSTTIONS AND
	TODELLOS ON OTHER LY HOUSE LINES HAVE AND THE TRANSPORTED TO THE	11 TODITIOND TEND
DET	PERMINED THAT ITS TAX POSITIONS ARE MORE-LIKELY-THAN-NOT	TO BE SUSTAINED
	THE TOTAL THE TOTAL TOTAL TOTAL TOTAL DIRECTION OF THE TOTAL THE TOTAL T	10 DE BOBININED
ON	EXAMINATION. TAHIRIH'S TAX RETURNS ARE SUBJECT TO REVIE	CINA W!
<u> </u>	BREITHITTON. THEIRIN D THE RETOINED FAIL BODORET TO REVIE	W AND
EXA	AMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE	TAX RETURNS FOR
4		NUT CHILDICIA
тнг	YEARS 2006 TO 2008 ARE OPEN FOR EXAMINATION BY FEDERAL,	STATE, AND
	- 12.2.0 2000 TO 2000 TALL OF DATE TON DATE THAT TON DE PEDERAD,	DIVIE! WIN
LOC	CAL AUTHORITIES.	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization	, tata or to 1 or 1 or 1 or 1 or 1 or 1 or 1 o		500 0.	sparate madactions		Employer ide	ntification number
	JUSTICE CENTER					54-1858	
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "\	es" to	Form 990, Part IV,	line 1	7. Form 990-E2	I flers are not
1 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p inviduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover asing ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	☐ Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
							-
		1					
Total	n is registered or licensed to solicit	funds o	or has	been notified it is ex	emp	t from registrati	on or licensing
					-	_	
						· · · · · · · · · · · · · · · · · · ·	
					-		

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

Schedule G (Form 990 or 990 EZ) 2009 TAHIRIH JUSTICE CENTER 54-1858176 Pace Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, Ine 6a List events with		·			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			ANNUAL	PEARLS SALES		(add col. (a) throu	
			BENEFIT	EVENT	1	col. (c))	,gri
Ф			(event type)	(event type)	(total number)	COI. (C))	
Revenue							_
Ř	1	Gross receipts	215,970.	158,029.	5,600.	379,59	<u> 99.</u>
_	2	Less: Charitable contributions	167,542.		5,600.	173,14	12.
	_	Lood. On a read of the second	207/0220		370001	2.0723	
	3	Gross income (line 1 minus line 2) .	48,428.	158,029.		206,45	<u>57.</u>
	4	Cash prizes	465.			46	55.
Ses	5	Noncash prizes .	7,743.			7,74	13.
Direct Expenses	6	Rent/facility costs	4,050.			4,05	<u> 50.</u>
Direct	7	Food and beverages					
	8	Entertainment					
1	9	Other direct expenses	25,024.	94,345.	2,585.	121,95	54.
	10	Direct expense summary Add lines 4 through			. •	(134,21	
		Net income summary. Combine line 3, colum				72,24	
Pa	irt l		answered "Yes" to Form	990, Part IV, line 19, or re	eported more than		
		\$15,000 on Form 990-EZ, Ine 6a.		T	 		
ę			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col	
Revenue				Unigo/progressive unigo	 	co. (a) through cor	(C)
æ	1	Gross revenue					
	<u> </u>	GIOSS TEVELIDE					
ses	2	Cash prizes .					
Direct Expenses	3	Noncash prizes			.		
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes%	☐ Yes%	Yes%		
	6	Volunteer labor	☐ No	☐ No	No		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	()_
	8	Net gaming income summary Combine line	I, column (d), and line 7				
						Yes	No
		ter the state(s) in which the organization opera	_				
		the organization licensed to operate gaming ac	ctivities in each of these	states?		9a	
b	ıt "	No," explain					
	_						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	ear?	10a	
		Yes," explain:		3 ,		·	
	_						
11		es the organization operate gaming activities v	with nonmembers?			11	
		the organization operate gaming activities the organization a grantor, beneficiary or truste		 r of a partnership or other	entity formed to	 '' 	
		minister chartable gaming?		,	,		

Yes Yes Table organization facility 13a 96 13b 96	990 EZ) 2009 TAHIRIH JUSTICE CENTER 54-1858176 Page 3
a The organization's facility b An outside facility 13a	Yes No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ fit "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ becomes formation. Description of services provided ▶	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$ c if "Yes," enter name and address of the third party Name ► Address ► Gaming manager information. Name ► Description of services provided ►	
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b if "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party Name Address Gaming manager information. Name Gaming manager compensation \$ Description of services provided	ddress of the person who prepares the organization's gaming/special events books and records.
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ or If "Yes," enter name and address of the third party Name ▶ Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party Name ▶	
of gaming revenue retained by the third party ▶\$	have a contract with a third party from whom the organization receives gaming revenue?
c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	
Name ▶	
Address	and address of the third party
16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	
Gaming manager compensation ▶ \$ Description of services provided ▶	rmation.
Description of services provided ▶	
	pensation ► \$
	s provided
Director/officer Employee Independent contractor	
1 1	Employee Independent contractor
17 Mandatory distributions.	1 1 1
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	· · · · · · · · · · · · · · · · · · ·
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	· - · · ·

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

TAHIRIH JUSTICE CENTER

Employer identification number 54-1858176

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JUSTICE IN THE UNITED STATES FROM GENDER-BASED VIOLENCE SUCH AS FEMALE
GENITAL MUTILATION, TORTURE, RAPE, TRAFFICKING, HONOR CRIMES, FORCED
MARRIAGE, AND DOMESTIC VIOLENCE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VIOLENCE. TAHIRIH'S DIRECT LEGAL SERVICES, PROVIDED BOTH IN-HOUSE AND
BY OUTSIDE PRO BONO ATTORNEYS, EMBRACE A HOLISTIC APPROACH, OFFERING A
RANGE OF SOCIAL AND MEDICAL SERVICE REFERRALS AND FAMILY LAW SERVICES.
ITS PUBLIC POLICY ADVOCACY IS DIRECTLY INFORMED BY CLIENT NEEDS AND IS
DESIGNED TO CREATE SYSTEMIC CHANGE TO ENSURE LONG-TERM PROTECTION FROM
VIOLENCE.
FORM 990, PART VI, SECTION A, LINE 2: LARRY MILLER (PERMANENT MEMBER) AND
LAYLI MILLER-MURO (EXECUTIVE DIRECTOR) ARE FAMILY MEMBERS.
FORM 990, PART VI, SECTION A, LINE 6: ONE CLASS OF FIVE PERMANENT
MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: UPON RECEIVING RECOMMENDATIONS BY
THE BOARD OF DIRECTORS, THE FIVE PERMANENT MEMBERS ELECT THE MEMBERS OF THE
CORPORATION'S BOARD OF DIRECTORS AND REMOVE EXITING MEMBERS OF THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR, DIRECTOR OF

OPERATIONS AND FINANCE COMMITTEE, WHICH INCLUDES THE TREASURER AND BOARD

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

Schedule O (Form 990) 2009
032211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

TAHIRIH JUSTICE CENTER	54-1858176
CHAIR, PERFORM A THOROUGH REVIEW OF 990 BEFORE SUBMISSIO	N. IN ADDITION,
EVERY BOARD MEMBER REVIEWS THE 990 AND HAS AN OPPORTUNTIY	FOR QUESTIONS.
FORM 990, PART VI, SECTION B, LINE 12C: TAHIRIH HAS A DOC	UMENT RETENTION
POLICY IN ACCORDANCE WITH CIRCULAR A-110. A DOCUMENT DES	TRUCTION POLICY IS
CURRENTLY BEING DEVELOPED.	
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD ESTABLE	SHES THE EXECUTIVE
DIRECTOR'S (ED) SALARY AND ALSO VOTES ON A SALARY INCREAS	E FOR THE ED
ANNUALLY. THE BOARD, ON OCCASION, REFERENCES ABBOTT LANG	ER'S CURRENT ALL
NON-PROFITS SALARY SURVEY TO SUBSTANTIATE THE SALARY; THE	BOARD ALSO
CONDUCTS A 360 DEGREE ANNUAL EVALUATION OF THE EXECUTIVE	DIRECTOR,
SOLICITING FEEDBACK FROM ALL STAFF AND SEVERAL OUTSIDE RE	VIEWERS. THIS
PROCESS WAS LAST UNDERTAKEN IN 2010.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S ARE MADE
AVAILABLE UPON REQUEST; FINANCIAL STATEMENTS VIA ORGANIZA	
VIA ANNUAL REPORT.	
FORM 990, PART XI, LINE 2C	
THE OVERSIGHT PROCESS OF THE AUDIT AND THE SELECTION PROC	ESS FOR
CHOOSING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM T	HE PRIOR YEAR.

Form **8868**

(Rev. April 2009)
Department of the Treasu

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this boxyou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	form)	. ▶
	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously t		
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		· · · · · · · · · · · · · · · · · · ·
	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor I only	nplete 	▶□
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a e income tax returns.	n exter	nsion of time
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi d below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or comust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for a composite or composite and click on e-file for Charities & Nonprofits.	ically r	f (1) you want the additional ated Form 990-T. Instead,
Type print		Emp	loyer identification number
File by	TAHIRIH JUSTICE CENTER	5	4-1858176
due da filing ye return	Number, street, and room or suite no. If a P.O. box, see instructions		
ınstruc			
Check type of return to be filed (file a separate application for each return) X Form 990			
Telephone No ▶ 571-282-6161 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ■ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.			
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named as for the organization's return for IX calendar year 2009 or tax year beginning , and ending		The extension
2	If this tax year is for less than 12 months, check reason.		Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	- 3	
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	See instructions.	3c	\$ N/A
Caut	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	EO for payment instructions