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SCANNED JUL 2 3 2010

932001 02-04-10

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)

OMB No 1545-0047

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

Open to Public Inspection

	or the	2009 calendar year, or tax year beginning APR 1, 2009 and end	ing M	AR 31, 201	<u> </u>					
В	Check if applicable	Please use IRS	·	D Employer ident	ification number					
	Addre									
	Name	type		52-	2094677					
	Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Rooi	m/surte	E Telephone number						
	Termir ated	Instructive IZE / E STREET, SE		202-544-9355						
Ļ	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	898,822.71					
L	Applic tion pendir	_ WASHINGTON, DC 20003-2221	H(a) Is this a group for affiliates?							
		Yes X No								
_		6520 CINCINNATI-DAYTON ROAD, LIBERTY TOWN	NSHI	1						
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			a list. (see instructions)					
			I Vear	H(c) Group exemp	M State of legal domicile DC					
	art I	Summary	L Teal	or tormation 1990	I M State of legal doffliche DC					
		Briefly describe the organization's mission or most significant activities:								
Activities & Governance		EDUCATION OF HUMAN, ENVIORMENTAL AND WOL		RIGHTS						
rna	2	Check this box If the organization discontinued its operations or disposed	of more	than 25% of its net	assets.					
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)	1 1 6.	<u> </u>	3 12					
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 16)!	15.16.		4 0					
8	5	Total number of employees (Part V, line 2a)	JUN	₹ 4 2010 O L						
Ķ	6	Total number of volunteers (estimate if necessary)								
Act	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	GDI	1 1 1 7 7	a 0.00					
	Ь.	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		b 0.00					
		2	\vdash	Prior Year	Current Year					
97	1	Contributions and grants (Part VIII, line 1h)	\vdash	703,222.3 138,907.3	7 780,509.18					
Revenue	1	Program service revenue (Part VIII, line 2g)	\vdash	493.0						
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,507.0						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		841,115.7						
_	† 	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		305,448.6						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		333,11333						
Q	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		361,264.5	5 366,800.85					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			•					
ž Pe	Ь	Total fundraising expenses (Part IX, column (D), line 25) > 36, 264.30	0							
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		189,380.3						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		856,093.5						
	19	Revenue less expenses. Subtract line 18 from line 12		-14,977.7	4 170,025.28					
s or			Be	ginning of Current Yea	End of Year					
Sset	20	Total assets (Part X, line 16)		302,711.8						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		400,809.1						
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		<u>-98,097.2</u>	9 71,927.99					
	31 £ 51	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements.	and to the best of my know	ledge and belief, it is true, correct.					
		and complete Decignation of preparer (other than officer) is based on all information of which preparer has any kn	nowledge	, ,,	,					
Sig	n	- Charles S. Dustman		1 ~ 6/	9/10					
He		Signature of officer		Date	4					
		DONNA LEIST, BOARD CHAIR CHARLES E, KI	9UF	MAN, SECI	RETARY					
		Type or print name and title								
Pair	4	Preparer's Date	Cho		parer's identifying number					
_	parer's	signature 6/7/2010	em	ployed 🕨 🗓						
	Only	Firm's name (or yours if WILLIAM THEODORE RITMAN, CPA		EIN ►						
200	J,	self-employed), 3309 DUKE STREET			(202) (22 (22)					
		ZIP+4 ALEXANDRIA, VIRGINIA 22314-4522		Phone no	(703)671-6008					
Ma	y the If	AS discuss this return with the preparer shown above? (see instructions)			Yes No					
9320	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separ	ate ins	tructions.	Form 990 (2009)					

1	Briefly describe the organization's mission: NONE	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	ALLIANCE FOR GLOBAL JUSTICE PROJECTS: NICARAGUA NETWORK, CAMPAIC LABOR RIGHTS AND VENEZUELA SOLIDARITY NETWORK PROVIDE ISSUES AT THROUGH INTERNET PUBLICATION, CONFERENCES, STUDY AND SPEAKING	WARENESS
	REFORESTATION AND NATURAL DISASTER RELIEF	
4b	(Code:)(Expenses \$ 133,071.20 including grants of \$ 10,000.00)(Revenue \$ UNITED STUDENTS AGAINST SWEATSHOP EDUCATE STUDENTS ON SWEATSHOP ISSUES THROUGH INTERNET PUBLICATIONS, STUDY TOURS IN LATIN AMERICA, SPEAKING TOURS ON US CAMPUSES, CONFERENCE AND TRAINING	
4c	(Code:)(Expenses \$ 163,219.11 including grants of \$ 44,050.00)(Revenue \$ EMPOWER DC PROVIDES ISSUE AWARENESS ON DC HOUSING AND PUBLIC SISSUES THROUGH PUBLIC FORUMS, INTERNET PUBLICATIONS AND TRAINING	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 129,155.90 including grants of \$ 70,779.31) (Revenue \$)	

Form	990 (2009) ALLIANCE FOR GLOBAL JUSTICE52-2094	<u>677</u>	P	<u>age_3</u>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	_4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	l		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		i	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l
	If "Yes," complete Schedule D, Part V	10	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			1
	as applicable	11	X.	<u> </u>
•	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			
	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, line 16? 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			
	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			X
	Schedule D, Parts XI, XII, and XIII.	12	 	^
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes Vest Vest	1		
	Il Tes, Completing Schedule D, Faits XI, XII, and XIII is optional	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	╁──	X
14a		14a	+	TA A
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	146	1	X
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	┼	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		X
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	+	+
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16	1	X
4 -	located outside the United States? If "Yes," complete Schedule F, Part III	"	+-	+
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	—	+	† <u></u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ .~	+	+

Form **990** (2009)

19

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

P8	TEN Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No", go to line 25	24a		Λ
b	- Same and the sam	24b		-
С	,,,,,,,,,,,,,,,,,,,	24c		
d	any tax-exempt bonds?	24d		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь		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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	100	_	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	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	ļ	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		1	.,
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	x
22	Schedule N, Part II	32		
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	22		х
34	• • •	33	 	
J 44	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)?	34		
00	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_ 33	 	<u> </u>
	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	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	ا ا		
	Note: All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2009)

Form	990 (2009) ALLIANCE FOR GLOBAL JUSTICE 52-2094	677	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
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)		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3</u> b		
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	ļ	X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		}	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	1_		Х
_	provided to the payor?	7a		
	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?	7-		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
·	benefit contract?	7e	•	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8	•	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	[

11a

10a

10b

11b

Section 501(c)(12) organizations. Enter:

Section 501(c)(7) organizations. Enter:

a Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

b Did the organization make a distribution to a donor, donor advisor, or related person?

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Initiation fees and capital contributions included on Part VIII, line 12

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

12a

Form 990 (2009) 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.

			7.	
10	Enter the number of voting members of the governing body		Yes	No
		-		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was need: Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6		6		X
	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the			
<i>,</i> a	governing body?	7a		X
ь		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	''		
0	by the following:			
_	•	8a	х	
			X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		i	Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
٠	December on the first bound of the standard of	40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
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?	10b	Х	 -
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	^	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b_		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	In Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		X
þ	Other officers or key employees of the organization .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
	·			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
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		
	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		
Sec	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		
Sec	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?			
Sec	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? **Tion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed DC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.			
Sec	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? **Tion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed **DC** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availables.			
Sec 17 18	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? **Tion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed DC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	for	ncial	
Sec 17 18	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? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed DC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	for	ncial	
	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? **Etion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed DC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	for nd fina		
Sec 17 18	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? **Etion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed **DC** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	for nd fina		

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."
- 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.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours	(check a			tion			Reportable compensation	Reportable compensation	Estimated amount of	
	per week	ndwdual trustee or director				Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization	
		Individual	Institutional trustee	Officer	Key empl		Former			and related organizations	
DONNA LEIST											
BOARD CHAIR	1.00							0.00	0.00	0.00	
KATHERINE HOYT											
PRESIDENT	1.00	L						0.00	0.00	0.00	
ROBERT MOSES											
TREASURER	1.00	ļ						0.00	0.00	0.00	
CHUCK KAUFMAN	1 00							20 000 00	0 00	0.00	
SECRETARY BARBARA LARCOM	1.00	├	_	\vdash				30,000.00	0.00	0.00	
DIRECTOR	1.00							0.00	0.00	0.00	
TOM BAKER	1.00							0.00	0.00	0.00	
DIRECTOR	1.00							0.00	0.00	0.00	
ARNOLD MATLIN, MD			 								
DIRECTOR	1.00							0.00	0.00	0.00	
CHARLES DELANEY											
DIRECTOR	1.00	<u></u>						0.00	0.00	0.00	
JEAN MIDGE QUANDT					ĺ						
DIRECTOR	1.00	<u> </u>						0.00	0.00	0.00	
TIM JEFFRIES											
DIRECTOR	1.00	<u> </u>			ļ			0.00	0.00	0.00	
SHELLY SCRIBNER	1 00								0 00	0 0	
DIRECTOR	1.00	├	-		<u> </u>	<u> </u>		0.00	0.00	0.00	
ROBERT SIEGEL	1 00							0.00	0.00	0.00	
DIRECTOR	1.00					-		0.00	0.00	0.00	

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Form **990** (2009)

	(A) Name and title	(B) Average		ployees, and Highest (C) Position					(D) Reportable	(E) Reportable		(F) Estimated	
	raine and the	hours	<u> </u>				арр	ly)	compensation	compensation from related		amoun othe	t of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) 0	mpens from t rganiza and rela ganiza	sation he ation ated
													_
	~										-		
1 b	Total		<u> </u>	<u></u>					30,000.00	0.	00		0.00
2	Total number of individuals (including but compensation from the organization	not limited to the	nose	liste	ed al	bov	e) wh	no re	eceived more than \$100),000 in reportable	·		0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	plo	yee,	or t	nighest compensated er	mployee on	3	Ye	No X
4	For any individual listed on line 1a, is the sand related organizations greater than \$1	sum of reportab	ole c							the organization	4		X
5 Sec	Did any person listed on line 1a receive of the organization? If "Yes," complete Schellion B. Independent Contractors				rom	any	unr	elat	ed organization for serv	ices rendered to	5		х
1	Complete this table for your five highest of the organization. NONE	compensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	pensatio	n from	
	(A) Name and busines	s address							(B) Description of s	services	Com	(C) pensat	ion
							_						
		<u>.</u>	<u>.</u>									<u>. </u>	· · · · ·
													-
2	Total number of independent contractors \$100,000 in compensation from the organ		not li	mite	d to		se la O	stec	above) who received n	nore than		₂ QQr	(2009)

Pa	rt V	III	Statement of Reven	ue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns	1a				1	
g a		b	Membership dues	1b					
ts,		C	Fundraising events	1c					
<u>a</u> gi		d	Related organizations	1d					
Sim		е	Government grants (contribute						
er :		f	All other contributions, gifts, grant		0500 10				
문등			similar amounts not included above	re 1f / 8	0509.18				
Contributions, gifts, grants and other similar amounts		_	Noncash contributions included in lines	1a-1f \$		780,509.18			
9		h	Total. Add lines 1a-1f		 	1			.,,
	_	_	ADMINISTRATION	rrr	Business Code 900099		44,255.24		
Ş	2		DELGATIONS	ree	900099	5,690.00			
Ser			OTHER INCOME		900099	3,723.27			
Program Service Revenue		c d	DONOR LIST RENT	<u> </u>	900099	3,597.17			
200		u	CONFERENCE REGI		900099	2,415.00			
Pro		f	All other program service reve		900099	3,999.29	3,999.29		 -
		g	Total. Add lines 2a-2f	ilue	•	63,679.97			
	3	-	Investment income (including	dividends, inter	est, and			!	
	-		other similar amounts)		>	494.89			494.89
	4		Income from investment of tax	· ·exempt bond ;	oroceeds >				
	5		Royalties		>				
				(i) Real	(ii) Personal				
	6	а	Gross Rents	54138.67	'l				
		b	Less: rental expenses	55275.13]			
		C	Rental income or (loss)	-1136.46	<u> </u>]			
		d	Net rental income or (loss)		<u> </u>	-1,136.46	-1,136.46	·	
	7	a	Gross amount from sales of	(i) Secunties	(ii) Other				
			assets other than inventory						
		ь	Less: cost or other basis						
			and sales expenses		<u> </u>				
		C	Gain or (loss)		<u> </u>	1			
		d	Net gain or (loss)		<u> </u>				
Other Revenue	8	a	Gross income from fundraising including \$	of					
Jev.			contributions reported on line	1c). See					
e			Part IV, line 18	а	·				
듉			Less: direct expenses	b	·L				
•			Net income or (loss) from fund				}		
	9	a	Gross income from gaming ac						
		_	Part IV, line 19	a		-			
			Less: direct expenses		`——	1	1	:	
			Net income or (loss) from gam						
	10	а	Gross sales of inventory, less						
			and allowances	a		1			
			Less: cost of goods sold	t o of voyentons	`L	-{			
		C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	_			Business code	4	Î	: !	
	''	a b							
		C							
		d	All other revenue						
		_	Total, Add lines 11a-11d		>				
	12	-	Total revenue. See instructions		•	843,547.58	62,543.51	0.00	494.89
9320 02-0									Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	(A)	(B)	(C)	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			4,1111111111111111111111111111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	30,000.00		30,000.00	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	224 222 22	101 010 15	100 070 70	
	persons described in section 4958(c)(3)(B)	284,090.90	181,818.17	102,272.73	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	20 602 00	18,356.48	10 225 52	
9	Other employee benefits	28,682.00	15,146.56	10,325.52 8,881.39	
10	Payroll taxes	24,027.93	15,140.50	0,001.39	
11	Fees for services (non-employees):				
a	Management	-			
b	Legal				,
C	Accounting				
d	Lobbying Professional fundraising converse See Bort IV line 17				
f	Professional fundraising services See Part IV, line 17 Investment management fees				•
	Other				
9 12	Advertising and promotion				
13	Office expenses	2,560.10		2,560.10	-
14	Information technology				
15	Royalties			 	- · · · · · · · · · · · · · · · · · · ·
16	Occupancy	800.00	760.00	40.00	,
17	Travel				
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	6,229.23		6,229.23	
23	Insurance				
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	FISCAL & HUMANITARIAN E	150,748.05	150,748.05		
b	FISCAL SPONSOR ADMINIST	44,006.74	22,003.37	22,003.37	
C	FUNDRAISING-POSTAGE	23,494.85			23,494.85
d	REAL ESTATE-INTEREST	16,976.98		16,976.98	
e	TELEPHONE	16,135.84	16,135.84		
f	All other expenses	45,769.66	46,391.74		12,769.45
25	Total functional expenses. Add lines 1 through 24f	673,522.30	451,360.21	185,897.79	36,264.30
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		1		
	educational campaign and fundraising solicitation			<u> </u>	
	0.02-04-10				Form 990 (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,790.90	1	162,692.15
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe					
		of Schedule L			5		
	6	Receivables from other disqualified persons (as	r section				
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L			6		
ats	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other			,		
		basis. Complete Part VI of Schedule D	10a 3	365,177.00			
	b	Less. accumulated depreciation	10b	63,485.25	277,920.98	10c	301,691.75
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)		302,711.88	16	464,383.90
	17	Accounts payable and accrued expenses		17			
	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 Sch	edule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, ke	ey employees,	, -m		,
iab		highest compensated employees, and disqualif	ied persons. C	omplete Part II			
_	ŀ	of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third part	ies	400,809.17	23	392,455.91
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			400,809.17	26	392,455.91
		Organizations that follow SFAS 117, check he	ere 🕨 🛚 X	and complete			
es		lines 27 through 29, and lines 33 and 34.					
Ë	27	Unrestricted net assets			-98 , 097 . 29	27	71,927.99
39	28	Temporarily restricted net assets				28	
둳	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117, c	heck here	and	, , , , , , , , , , , , , , , , , , , ,		
ò		complete lines 30 through 34.				1	
ets	30	Capital stock or trust principal, or current funds	,			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or othe	r funds		32	
Z	33	Total net assets or fund balances			-98,097.29		71,927.99
	34	Total liabilities and net assets/fund balances			302,711.88	34	464,383.90

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			.,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Ll	X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	ļ!	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1		
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		l
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ł		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b_	L	
		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

Inspection

Name of the organization

Employer identification number

				E FOR GLOBAL						<u>52</u>	<u> -2094</u>	677			
Pa	ırt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	.) See inst	tructions.						
The	organ			because it is: (For lines											
1				s, or association of chur	_		•	•	١.						
2				0(b)(1)(A)(ii). (Attach Sc											
3				tal service organization	-		170(b)(1)	(A)(iii).							
4	一			operated in conjunction					(b)(1)(A)(ii	ii). Enter th	e hospital	l's nam	16.		
-		city, and stat				p.1 0000.			(-)(-)(-)	.,			,		
5		•		henefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	t described	d in				
•		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described.													
6															
7	=										مرامان	المماسي	_		
•		-	•	· ·	or its supp	ort from a	governme	entai unit c	or irom the	general po	ublic desc	nbea	111		
			(b)(1)(A)(vi). (Comple		(0 l - t -	D-AII)									
8		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment													
9															
				•	tion 511 ta	x) trom bu	sinesses a	acquirea b	y tne orga	inization at	ter June 3	30, 197	5.		
40			509(a)(2). (Complete	•				- 500/-1/	• \						
10	H			perated exclusively to te											
11	ш			perated exclusively for the									or		
				ations described in section				(). See se (euc noise	a)(3). Chec	K the box	tnat			
			· · · · · ·	organization and compl		_					T 411	^ 4L			
_	Г	a Type		• •	= -	e III - Func	-	-			Type III • (
e	· LJ		•	t the organization is not		-	-	•							
				han one or more publicly		_				9(a)(1) or se	ection 509	3(a)(2).			
f				ten determination from t	the IRS tha	atitisa ly	pe I, Type	II, or Type	e III						
			rganization, check th		•					•			لـــا		
8	l	-		organization accepted ar			•						Τ		
				irectly controls, either al	one or tog	etner with	persons o	escribed	in (II) and ((III) below,		Yes	No		
		-		upported organization?							11g(i)	1			
		•	•	n described in (i) above?		_					11g(ii)	1			
_				person described in (i) o							11g(iii)	<u> </u>			
h		Provide the f	ollowing information	about the supported or	ganizationi	(s).									
		_ .		(iii) Type of	I		T		(-2) (-	. Al					
(i)	Name	of supported	(ii) EiN	(iii) Type of organization	r ,	rganization		•	(vi) is organization		(vii) Ar	nount c	of		
	orga	anization		(described on lines 1-9		sted in your document?		r support?	(i) organiz U S	ed in the l	sup	port			
				above or IRC section											
		_		(see instructions))	Yes	No	Yes	No	Yes	No					
			 		 	 			 	 					
						1	ļ			 -	_				
					 	-				 	_				
										1					
	-		 		 	ļ	<u> </u>		 	 					
					 	 		<u> </u>	<u> </u>						
Γota	al		,,,				<u> </u>								

932021 02-08-10

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

P'E	(Complete only if you checke)(b)(1)(A)(IV) an	d 170(b)(1)(A)(\	/1)
Se	ction A. Public Support	C the box on line t	2, 1, 01 0 01 Fait 1.)				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(4) 2005	(0) 2000	(6) 2007	(4) 2000	(e) 2009	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				 		
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				 	-	
5	The portion of total contributions			 	T		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						
6	Public support. Subtract line 5 from line 4					1	
	ction B. Total Support		•				•
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					İ	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		•				
10	Other income. Do not include gain				1		
	or loss from the sale of capital		:				
	assets (Explain in Part IV.)				1		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage		···		
14	Public support percentage for 2009 (line 6, column (f) c	livided by line 11,	column (f))		14	
15	Public support percentage from 2008	Schedule A, Part	: II, line 14			15	%
168	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶∟
t	33 1/3% support test - 2008.If the o	rganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶∟⊥
17a	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶[]
t	10% -facts-and-circumstances tes	t - 2008. If the org	anızatıon dıd not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	ımstances" test, o	heck this box and	l stop here. Explai	n in Part IV how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	janization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2009

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 763750.00|771030.00|869737.69|842129.70 3246647 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 119207.0070,382.00 189589.00 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess 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 882957.00841412.00869737.69842129.70 3436236 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0.00 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 255000.00280550.00 535550.00 amount on line 13 for the year 255000.00280550.00 535550.00 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 2900686 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 882957.00841412.00869737.69842129.70 3436236 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 20.00 20.00 103.38 493.08 636.46 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 493.08 20.00 20.00 103.38 636.46 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 carried on 12 Other income. Do not include gain or loss from the sale of capital 7,280.00 | 118261.00 | -704.49 | -1,507.01123329.50 assets (Explain in Part IV.) 890257.00959693.00869136.58841115.77 3560202 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 81.48 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 73.29 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .02 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % .02 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 $\triangleright X$ 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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE

Employer identification number 52-2094677

Pai	Organizations Maintaining Donor Advise		or Accou	nts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		_	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	used only	
_	for charitable purposes and not for the benefit of the donor of	• •	•	
	impermissible private benefit?	or deriver devices, or for any exist purposes	ooong	Yes No
Pa		panization answered "Yes" to Form 990. P	art IV. line 7.	
1	Purpose(s) of conservation easements held by the organizat			
-	Preservation of land for public use (e.g., recreation or p		torically impo	ortant land area
	Protection of natural habitat	Preservation of a certi	-	
	Preservation of open space	i reservation or a serti		311401410
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserva	ition essement on the last
_	day of the tax year.	ned conservation contribution in the form	or a conserva	ation casement on the last
	out of the tacyour.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	110.0 01.110 1.110 1.02 1.021
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	` '	2d	
3	Number of conservation easements modified, transferred, re			during the tay
Ŭ	year >	reased, extinguished, or terminated by the	Olganization	during trie tax
4	Number of states where property subject to conservation ea	sement is located -		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year	· •
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 🕏	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)	<u> </u>
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organizati	ion's accounting for
	conservation easements.			
Par	★Ⅲ Organizations Maintaining Collections o	f Art, Historical Treasures, or Of	ther Simila	ar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	alance sheet	works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service, p	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	ce sheet worl	ks of art, historical treasures,
	or other similar assets held for public exhibition, education, of	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	_	▶ \$	5
	(ii) Assets included in Form 990, Part X		> \$	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	l gain, provide	e
	the following amounts required to be reported under SFAS 1		•	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$	B
b	Assets included in Form 990, Part X		▶ \$	\$
-			`	

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

301,691.75

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
				
			_	
				·
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, Iir	e 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year mar	
			<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			=
				
, <u>.</u>	, ,			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
	 			
				
	· · · · · · · · · · · · · · · · · · ·	·-·		
	· · · · · · · · · · · · · · · · · · ·			
				
				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(b) A	<u> </u>	
1. (a) Description of liability		(b) Amount	_	
Federal income taxes				
			_	
			_	
			_	
	_ ·			
			_	
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. FIN 48 Footnote. In Part XIV, provide the text of the foot	tnote to the organization	on's financial stateme	ents that reports the org	anization's liability for
uncertain tax positions under FIN 48.				
932053 02-01-10			Sch	edule D (Form 990) 200

22

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.

2009 Open to Public Inspection

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE

Employer identification number 52-2094677

Schedule O (Form 990) 2009

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ANARCHISTS AGAINST THE WAR(\$31,039.46), WORLD CAN'T
WAIT(\$24,669.87), PEACE OF THE ACTIONS (\$ 13,995.00) AND OTHER
PROGRAMS(\$59,451.57) PROVIDE ISSUE AWARENESS THROUGH INTERNET
PUBLICATIONS, CONFERENCES, PRINT AND VIDEO.
EXPENSES \$ 129156. INCLUDING GRANTS OF \$ 70779. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: ALLIANCE FOR GLOBAL JUSTICE DOES
NOT PROVIDE THE GOVERNING BODY A COPY OF FORM 990 PRIOR TO ITS FILING, BUT
PRESENT THE RETURN AT THE NEXT BOARD OF DIRECTOR'S MEETING FOR REVIEW AND
APPROVAL BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: ALLIANCE FOR GLOBAL JUSTICE HAS
MADE AVAILABLE UPON REQUEST THE ORGANIZATION'S GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FORM 990.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
DONNA LEIST - 6520 CINCINNATI-DAYTON ROAD, LIBERTY TOWNSHIP, OH 45044
KATHERINE HOYT - 1112 SEACOAST DRIVE, ALP. 6, IMPERIAL BEACH, CA 91932
ROBERT MOSES - 1247 E STREET, SE APT B, WASHINGTON, DC 20003
CHUCK KAUFMAN - 1247 E STREET, SE , WASHINGTON, DC 20003
BARBARA LARCOM - 2743 MARYLAND AVENUE, BALTIMORE, MD 21218

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

932211 02-03-10

SCHEDULE O (Form 990) ·

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

2009 Open to Public Inspection

Department of the Treasury Attach to Form 990. Inspection Internal Revenue Service Name of the organization **Employer identification number** ALLIANCE FOR GLOBAL JUSTICE 52-2094677 TOM BAKER - 1221 WEST LUNT, # 1A, CHICAGO, IL 60626 ARNOLD MATLIN, MD - 2290 ANDERSON ROAD, LINWOOD, NY 14486 CHARLES DELANEY - P.O. BOX 5862, BURLINGTON, VT 05402 JEAN MIDGE QUANDT - 162 SPRINGDALE ROAD, PRINCETON, NJ 08520 TIM JEFFRIES - 60850 WINDSOR DRIVE, BEND, OR SHELLY SCRIBNER - 1621 GOLDEN GATE DRIVE, MODESTO, CA 95359 ROBERT SIEGEL - 444 EAST 86TH, APT 36-J, NEW YORK, NY 10028

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

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return. Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 67 Identifying number

	LIANCE FOR GLOBAL J	USTICE		FOR	<u>m 9</u>	90 1	PAGE 10		<u>52-2094</u> 677
Pa	t Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty,	complete Part	V before y	ou complete Part I.
1 1	Maximum amount. See the instruction	s for a higher limit	for certain b	usinesses				1	250,000.00
2 T	otal cost of section 179 property pla	ced in service (see	instructions)				2	
	hreshold cost of section 179 propert							3	800,000.00
	Reduction in limitation. Subtract line 3			er -0-				4	
	ollar limitation for tax year Subtract line 4 from lin				e instruc	tions		5	
6	(a) Description of p			(b) Cost (busin			(c) Elected	cost	
				-					
									
7 1	isted property. Enter the amount from	n line 20				7			
	otal elected cost of section 179 prop		n a column (a) lines 6 and	7			8	
	entative deduction. Enter the smalle		s iii columiii (c), illies o allu	,			9	
	Carryover of disallowed deduction from		000 Earm 45	:60				10	
	•	•			\ !				
	Business income limitation. Enter the				-	ine 5		11	
_	Section 179 expense deduction. Add				ne 11	40	-	12	
	Carryover of disallowed deduction to a control of the control of t					13			
					الموال مام				
	Special depreciation allowance for qui	alitied property (ot	ner than liste	ed property) p	laced I	n servi	ce during		
	he tax year							14	
	Property subject to section 168(f)(1) e	lection						15	6 220 22
	other depreciation (including ACRS)	- A						16	6,229.23
1 (2)	MACRS Depreciation (Do n	ot include listed p			<u>·) </u>				
				ection A				 -	
	MACRS deductions for assets placed							_ <u>17</u>	.=
18 If	you are electing to group any assets placed in se								
	Section B - Asset				Using	the Ge	neral Deprecia	ition Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use einstructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property				<u> </u>				
b	5-year property								
c	7-year property								
d	10-year property								
е	15-year property								
f	20-year property					·			
9	25-year property	T			2	5 yrs.		S/L	
	5				27	.5 yrs	MM	S/L	
ħ	Residential rental property	/			1	.5 yrs.	MM	S/L	·
		1			1	9 yrs.	MM	S/L	
İ	Nonresidential real property	/					MM	S/L	
	Section C - Assets	Placed in Service	During 200	9 Tax Year U	sing tl	ne Alte			tem
20a	Class life				T		<u> </u>	S/L	
b	12-year				1	2 yrs.	_	S/L	
c	40-year	,			1	0 yrs.	MM	S/L	
	Summary (See instructions.)				· · ·	,			·
	usted property. Enter amount from Irr							21	
	otal. Add amounts from line 12, lines		es 10 and 0	O in column /s	// acd	line 91		-21	
	inter here and on the appropriate line							00	6,229.23
				•		See ins	ы	22	0,22,023
	for assets shown above and placed in		e current yea	a, enter the		000			
91625	ortion of the basis attributable to sec			-44		23			F 4500 (0000)
11-04-	09 LHA For Paperwork Reduction	n act notice, see	separate in	Structions.					Form 4562 (2009)

			of Section B,						Ann						ns (a)	
			on and Other					1						1 v [
24a	Do you have evidence to s	(b)	siness/investmi	ent use cia		Ye	es (e)	<u>No</u>	24b if "Y	es," is the				」Yes ∟	<u> No</u> ji)	
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percenta	t ot	Cost or other basis of depreciation (business/investment use only)			Recovery period	Meth Conve	nod/	Depre	h) ciation iction	Elec section co:	ted n 179		
25	Special depreciation allo	L.		<u> </u>	placed	in servic	e during	the ta	ax year an	d				•	11 11 11	
	used more than 50% in	a qualified b	usiness use								25					
26	Property used more tha	n 50% in a c	ualified busin	ess use:						г .			·			
				%	-							ļ				
				%						<u></u>						
		<u> </u>		%						<u> </u>						
27	Property used 50% or le	ess in a quali		1		-			Т	100		Γ				
				%		_				S/L·						
		<u> </u>		%		_				S/L·		-				
		<u></u>	·	%					<u></u>	S/L·		-				
	Add amounts in column		_				page 1				28	1	29			
29	Add amounts in column	(ı), line 26. E		on line 7 Section E				- 437-1					29			
f y	mplete this section for ve ou provided vehicles to y se vehicles.	hicles used our employe	by a sole propess, first answ	prietor, payer the qu	artner, c lestions	r other " in Section	more the	an 5% see if	6 owner," o	or related an excep	i person tion to d	n. completi	ng this s	ection fo)r 	
			(4	a)	(1	b)		(c)	(d	í)	-	e)	(f)			
30	Total business/investment	miles driven d	uring the	Vet	ııcle	Veh	ncie	\	/ehicle	Veh	ıcle	Vet	Vehicle		Vehicle	
	year (do not include comi	muting miles)	•							ļ				—		
31	Total commuting miles	driven during	the year							 						
32	Total other personal (no driven	ncommuting	i) miles													
33	Total miles driven during	g the year.		ļ		ļ										
	Add lines 30 through 32			<u> </u>		ļ			1			 	T			
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?							-		1						
35	Was the vehicle used p		more											1	ı	
^^	than 5% owner or relate	•	1	-			 			 		 				
36	Is another vehicle availa	able for perso	onal		•					i l		1			i	
	use?	Section C	- Questions	for Empl	lovers V	Vho Prov	vide Vel	icles	for Use b	y Their F	mploy	1	·			
	swer these questions to		-	•	-					_			re not m	ore than	5%	
_	ners or related persons. Do you maintain a writte	an policy eta	tement that n	robibite s	all nerso	nal use d	of vehicle	e inc	dudina co	mmutina	by you			Yes	No	
J/	employees?	on policy sta	септент татр		" hei20	use () + 6 (110)	١١١٠, ١١١١	ading 60	uuing,	, Sy you	••			† 	
30	Do you maintain a writte	an nolicy eta	tement that n	robibits r	ersona	use of v	ehicles	exce	ot commu	tina by v	our			-	†	
•	employees? See the ins										· ·					
39	_ ` `															
4 0						ınformat	tion from	your	employee	s about						
	the use of the vehicles,							-						<u></u>		
41	Do you meet the require					monstra	ation use	?								
	Note: If your answer to								covered v	ehicles.					<u> </u>	
P	art VI Amortization															
	(a) Description of	of costs	Dar	(b) te amortization begins		(c) Amortizat amount			(d) Code section		(e) Amortiza period or pe	ation	Ai fo	(f) mortization or this year		
42	Amortization of costs th	at begins di	unng your 200	9 tax ye	ar:											
_																
												149				
<u></u>	Amortization of costs th	nat began be	fore your 200	9 tax yea	ar							43				