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# 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

Department of the Treasury Internal Revenue Service

032001 02-22-11

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

Open to Public Inspection

•	A F	or the	2010 calendar year, or tax year beginning $APR 1$ ,	2010 and	ending M	AR 31, 2011	- ' - III' III					
	B c	heck if	C Name of organization			D Employer identific	cation number					
	a	oplicable										
		Address change	ALLIANCE FOR GLOBAL JUSTICE									
		Name change	Doing Business As	· <del>-</del>		52-2	094677					
		Initial  return	Number and street (or P 0 box if mail is not delivered to st	treet address)	Room/suite	e E Telephone number						
		Termin- ated	1247 E STREET, SE			202-	544-9355					
		Amende	City or town, state or country, and ZIP + 4			G Gross receipts \$	1,486,841.76					
		Application pending				H(a) Is this a group re						
		pending	F Name and address of principal officer: ROBERT M		_	for affiliates? Yes X No						
			247 E STREET, SE, WASHINGTON			H(b) Are all affiliates inc						
			mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert	no) 4947(a)(1)	or 527		list. (see instructions)					
			x ➤ AFGJ@AFGI.ORG	Other N	1	H(c) Group exemption						
1			rganization X Corporation Trust Association	Other -	L Year	of formation 1990 N	State of legal domicile DC					
			Summary									
	8	1 E	refly describe the organization's mission or most significan באוור איז		MOBKEB	RICHTS	<del></del>					
	nau	2 -	EDUCATION OF HUMAN, ENVIORMENTAL AND WORKER RIGHTS  heck this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.									
	Activities & Governance		lumber of voting members of the governing body (Part VI, II		sea or more	3	12					
	8		lumber of independent voting members of the governing body (i ait vi, ii	<u>-</u>		4	0					
	S S		otal number of individuals employed in calendar year 2010	5	0							
2011	ritie		otal number of volunteers (estimate if necessary)	(i dit v) iiio Lay		6	0					
	cti		otal unrelated business revenue from Part VIII, column (C),	line 12		7a	0.00					
ro	A		let unrelated business taxable income from Form 990-T, line			7b	0.00					
7.5						Prior Year	Current Year					
AUG	0	8 (	Contributions and grants (Part VIII, line 1h)			780,509.18						
	Revenue	9 F	Program service revenue (Part VIII, line 2g)			63,679.97	17,995.66					
Ω	3ev	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			494.89	633.87					
SCANNED	_		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			-1,136.46						
Z			otal revenue · add lines 8 through 11 (must equal Part VIII,				1,410,526.30					
$\ddot{c}$		13 (	Grants and similar amounts pad-(Fartix, onlymb A), lines 1	-3)		0.00	0.00					
တ			Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.00 366,800.85	0.00 481,186.08					
	Expenses		calaries, other compensation, employee benefits (PartIX, co	olumn (A), lines 5-10)		0.00	0.00					
	pen		Professional fundraising rese (Part IX, column (A), line 11% otal fundraising expenses (Part IX, column (B), line 25)	<b>29,815</b>	.28	0.00						
	Ex		otal full draising expenses trade, continuo, integral 23)	237013	-20	306,721.45	600,450.22					
			otal expenses. Add lines 13-17 (must equal Part IX, column	(Δ) line 25)		673,522.30						
			Revenue less expenses. Subtract line 18 from line 12	, (, (), iii () 20)		170,025.28						
	-06 88				Be	ginning of Current Year	End of Year					
	Net Assets or Fund Balances	20 1	otal assets (Part X, line 16)			464,383.90	784,621.81					
	d Big	•	otal liabilities (Part X, line 26)			392,455.91	383,803.82					
			let assets or fund balances. Subtract line 21 from line 20			71,927.99	400,817.99					
			Signature Block	<del>-</del>								
		-	ties of perjury, Leeclare that I have examined this return, including a				knowledge and belief, it is					
	true,	correct	, and complete Declaration of preparar (other than officer) is based		hich preparei	has any knowledge	<del></del>					
			Signature of officer			Date	2   11					
	Sig		ROBERT MOSES, TREASURER			Outo .	′					
	Her	e	Type or print name and title			<u></u>						
			<u> </u>	e clanature -	<del>-</del>	Date Check	X PTIN					
	Paid		Print/Type preparer's name  WILLIAM T. RITMAN	s signature		8/11/11 if self-employe	<del></del>					
		- F	Firm's name WILLIAM THEODORE RITM	IAN, CPA		Firm's EIN	<u> </u>					
	•		Firm's address 3309 DUKE STREET									
		•	ALEXANDRIA, VA 22314-	-4522		Phone no (	703)671-6008					
	May	the IR	S discuss this return with the preparer shown above? (see		-		Yes No					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III
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?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.
	If "Yes," describe these changes on Schedule O.
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.
<b>4a</b>	0.000
4b	(Code:) (Expenses \$30,000.00 including grants of \$30,000.00 ) (Revenue \$
4c	(Code:) (Expenses \$114,990.00 including grants of \$114,990.00 ) (Revenue \$
	ISSUES THROUGH PUBLIC FORUMS, INTERNET PUBLICATIONS AND TRAINING.
	Other program convices (Decembe in Schedule O.)
4d	Other program services. (Describe in Schedule O.)  (Expenses \$ 835,583.38 including grants of \$ 96,735.24) (Revenue \$ )
	Total program service expenses ▶ 1,005,573.38

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
-	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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>'</b>		<u> </u>
٠	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		-	<del></del>
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			U.
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
_	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	İ		
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	(2010)

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

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

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

X Form 990 (2010)

Х

X

X

X

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	ADDIANCE TOK GEODAL OUDTICE 52-2094	0 / /	<u> </u>	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	[		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<del></del>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		X
ь	if "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	•	Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<del></del>		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	·	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	L	
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9ь		<u></u>
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	ļ	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\vdash$	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>

Form 990 (2010) 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.

	to mile ed, ed, ed, ed edem, edecine and encountries, proceeding, or or angles of edecine ed, ed, ed, ed, ed, ed, ed, ed, ed, ed			
	Check if Schedule O contains a response to any question in this Part VI		_	X
Sec	tion A. Governing Body and Management			<del></del>
		·L	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 12	4		ĺ
ь	Enter the number of voting members included in line 1a, above, who are independent  1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	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			v
	of officers, directors or trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	_	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?	6		X
7a		-		
	governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	10		
•	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			•
			Yes	No
10a	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		<u> </u>
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		v
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?	45.		v
a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	136		
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		Х
ь	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		1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are person of the person who possesses the books are person of the person of	ition: 🕨	<b>-</b>	
	ALLIANCE FOR GLOBAL JUSTICE - 202-544-9355			
	1247 E STREET, SE, WASHINGTON, DC 20003			
		Form	agn	/2010\

032006 12-21-10

### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and independent Contractors**

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

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

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

<b>(A)</b> Name and Title	(B) Average			(0 Pos	C) Itlor	,		( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and The	hours per	(c		all that apply)			compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DONNA LEIST										
BOARD CHAIR	1.00		ļ_		_	ļ		0.00	0.00	0.00
KATHERINE HOYT			İ				l			
PRESIDENT	1.00		_			_		0.00	0.00	0.00
ROBERT MOSES										
TREASURER	1.00							10,582.00	0.00	0.00
CHUCK KAUFMAN						ļ		04 005 00		
SECRETARY	1.00		ļ	ļ		<u> </u>		31,285.80	0.00	0.00
BARBARA LARCOM	1 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	_	├	<u> </u>	_	-		0.00	0.00	0.00
ARNOLD MATLIN, MD	1 00			ŀ				0.00	0 00	0.00
DIRECTOR	1.00		-	├	-	├		0.00	0.00	0.00
CHARLES DELANEY	1.00							0.00	0.00	0.00
DIRECTOR JEAN MIDGE QUANDT	1.00					1	1	0.00	0.00	0.00
DIRECTOR	1.00						ļ	0.00	0.00	0.00
TIM JEFFRIES				$\vdash$	$\vdash$	$\vdash$	╁─╌		0.00	0.00
DIRECTOR	1.00			İ	1			0.00	0.00	0.00
SHELLY SCRIBNER								<u> </u>		
DIRECTOR	1.00			ŀ			l	0.00	0.00	0.00
ROBERT SIEGEL										
DIRECTOR	1.00							0.00	0.00	0.00

<del></del>	Section A. Officers, Directors, Tra (A)	(B)	p.	yee		<u>na i</u> C)	- mgn	<u>1621</u>	(D)	(E)	(F)			
	Name and title	Average			Pos	-	1		Reportable	Reportable	Es	tımate	ed .	
		hours per week (describe hours for related organizations in Schedule O)	stee or director	nectrotional trustee	call t		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org	nount of other pensation the anization d relate anization	ition e ion ed	
												-		
							<u> </u>					· · · · ·		
					-		-							
					_		-	<u> </u>						
								i						
	Sub-total		<u> </u>		<u> </u>	L		<u> </u>	41,867.80	0.00	)	0	.00	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					<b>&gt;</b>		0.00	0.00			.00	
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			C	
3	Did the organization list any former officer.	, director or tru	stee	e, ke	y en	nplo	yee,	or t	highest compensated er	mployee on		Yes	No	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le c						•	the organization	3		X	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services	4		X	
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J i	or s	uch	per	son				5		X	
1	Complete this table for your five highest continuous the organization.	ompensated in	dep	ende	ent c	cont	racto	ors t		\$100,000 of compens				
	(A) Name and business	address	_						(B) Description of s	services (	(Compe	c) nsatio	ก	
							_							
_														
	Total number of independent contractors (	includina but r	not l	mite	ed to	the	se li	ste	d above) who received n	nore than				
_	\$100,000 in compensation from the organ						0					990 (		

Page 9

Part VIII **Statement of Revenue** (D) (A) (B) (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512. revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c Fundraising events d Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and 1f 1399432.23 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 1399432.23 Total. Add lines 1a-1f Business Code 2 a EXPENSE REIMBURSEMENT 900099 16,981.94 16,981.94 Program Service Revenue 900099 938.72 OTHER INCOME 938.72 MEMBERSHIP DUES 900099 75.00 75.00 All other program service revenue 17,995.66 Total. Add lines 2a-2f Investment income (including dividends, interest, and 633.87 633.87 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 68780.00 6 a Gross Rents 76315.46 b Less: rental expenses 7535.46 c Rental income or (loss) -7,535.46 -7,535.46d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 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 \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 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 Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total. Add lines 11a-11d 1410526.30 10,460.20 0.00 633.87 Total revenue. See instructions 032009 12-21-10 Form 990 (2010)

## Part IX Statement of Functional Expenses

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

	All other organizations must comnot 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,	41,867.80	41,867.80		
	trustees, and key employees	41,007.00	41,007.00		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	358,423.36	346,153.07	12,270.29	
7	persons described in section 4958(c)(3)(B) Other salaries and wages	330/423.30	340/133.07	12/2/0.25	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits	50,272.64	50,015.24	257.40	
10	Payroll taxes	30,622.28	30,622.28	•	
11	Fees for services (non-employees):	·			
а	Management				
b	Legal	24,643.81		24,643.81	
c	Accounting	880.00		880.00	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	2 127 22			
12	Advertising and promotion	9,187.30	9,187.30		
13	Office expenses	9,940.87	9,940.87		
14	Information technology				
15	Royalties	10,250.36	10,250.36		
16	Occupancy	10,230.30	10,230.30		<del></del>
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,549.74	6,549.74		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount list line 24f expenses on Schedule (A)				
а	amount, list line 24f expenses on Schedule 0) FISCAL SPONSOR	321,566.44	321,566.44		
h	FISCAL SPONSOR ADMINIST	75,544.52	75,544.52		<del></del>
c	FISCAL & HUMANITARIAN E	33,559.85	33,559.85		
d	POSTAGE & DELIVERY	19,487.08			
е	FUNDRAISING-POSTAGE	15,599.16	•		15,599.16
f	All other expenses	73,241.09			14,216.12
25	Total functional expenses. Add lines 1 through 24f	1,081,636.30	1,005,573.38	46,247.64	29,815.28
26	Joint costs. Check here   if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
03201	0 12-21-10				Form <b>990</b> (2010)

032010 12-21-10

art :	X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	162,692.15	1	489,479.80
:	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, directors, trustees, key			
İ		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
-   '	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instructions)		6	
ASSELS	7	Notes and loans receivable, net		7	
€   ₹	8	Inventories for sale or use		8	
'	9	Prepaid expenses and deferred charges		9	
1	0a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 365, 177.00	201 601 75		005 140 01
		Less: accumulated depreciation 10b 70,034.99	301,691.75		295,142.01
1		Investments - publicly traded securities		_11_	
	2	Investments · other securities. See Part IV, line 11		12	
	3	Investments - program-related. See Part IV, line 11		13	
	4	Intangible assets		14	
- 1	5	Other assets. See Part IV, line 11	464,383.90	15	701 621 01
$\rightarrow$	<u>6</u> -	Total assets. Add lines 1 through 15 (must equal line 34)	404,303.90		784,621.81
- 1	7	Accounts payable and accrued expenses		17	- · - · · · · · · · · · · · · · · · · ·
11		Grants payable		18	
2	-	Deferred revenue		19 20	
۱.		Tax-exempt bond liabilities		21	
<u>₽</u>	2	Escrow or custodial account liability. Complete Part IV of Schedule D  Payables to current and former officers, directors, trustees, key employees,		۷۱	
*	<b>.</b>	highest compensated employees, and disqualified persons. Complete Part II			
ן ב		of Schedule L		22	
9	:3	Secured mortgages and notes payable to unrelated third parties	392,455.91	23	383,803.82
	4	Unsecured notes and loans payable to unrelated third parties	0,2,1001,1	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
- 1	:6_	Total liabilities. Add lines 17 through 25	392,455.91		383,803.82
		Organizations that follow SFAS 117, check here ▶ X and complete			
g		lines 27 through 29, and lines 33 and 34.			
ဋ    2	27	Unrestricted net assets	71,927.99	27	400,817.99
B 2	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
B   2	29	Permanently restricted net assets		29	
된		Organizations that do not follow SFAS 117, check here			
5		complete lines 30 through 34.			
울   3	80	Capital stock or trust principal, or current funds		30	
§ 3	11	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund balances	2	Retained earnings, endowment, accumulated income, or other funds		32	
²   3	13	Total net assets or fund balances	71,927.99		400,817.99
3	4	Total liabilities and net assets/fund balances	464,383.90	34	784,621.91

Form	990 (2010) ALLIANCE FOR GLOBAL JUSTICE	52-	-2094677	Pa	ige 12	
Par	t XI Reconciliation of Net Assets	•				
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,410,	526	.30	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,081,			
3	Revenue less expenses. Subtract line 2 from line 1	3	328,			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<u> </u>		.99	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	400,	817	.99	
Par	t XII Financial Statements and Reporting		<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
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	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	).		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
	separate basis, consolidated basis, or both:					
	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 Sir	ngle Au	dıt	[		
	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 requi	red au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		1	

# SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

a section

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

			ALLIANC:	<u>E FOR GLOBAL</u>	JUST	ICE				52	<u> -2094</u>	<u>677</u>	
Pa	rt i	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.				
he	organ	ization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	nly one b	ox.)					
1			•	, or association of churc	-								
2				<b>0(b)(1)(A)(ii).</b> (Attach Sc									
3	$\sqcap$			al service organization of	•	n section	170(b)(1)(	A)(iii).					
4	一	•	•	perated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ne.
•	_	city, and state				p.n 4455.			(-)(-)(-)(-	<b>,</b>	p		,
5				benefit of a college or ur	niversity ov	vned or on	erated by	a governr	mental uni	t described	d in		
Ŭ			(b)(1)(A)(iv). (Comple			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o.u.oo o,	a govo					
6				ent or governmental unit	describer	lus costic	a 170/b\/1	1/A\63					
7	二		•	•					r from the	gonoral ni	ublio doso	nbod i	_
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
		-		ection 170(b)(1)(A)(vi). (	(Camplete	Dord II.)							
8	$\mathbf{x}$									- f	d araaa ra		fra
9	41	-	•	erves: (1) more than 33 1		• •					-	•	
			•	octions - subject to certa		•	•				-		
				exable income (less sect	ion o i i la	x) irom bu:	sinesses a	ecquirea b	y me orga	inization ai	iter Julie 3	0, 197	Э.
40	$\overline{}$		<b>509(a)(2).</b> (Complete	•	at far aubli	a aafatu C		- E00/s\/4					
10	$\exists$	-	•	perated exclusively to te	•				•	u out the n		of one	<b>~</b> r
• •	L	-		perated exclusively for that tions described in section		•					•		OI .
								.). 3 <del>66</del> <b>36</b> 0	,11011 308(	<b>a)(3).</b> Onec	A THE DOX	lliai	
	describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Other												
e				t the organization is not			-	-	more disc				ın
•				han one or more publicly									
f			-	ten determination from t		_				<i>σ</i> (α)(1) Οι σι		(4)(2)	
•		=	rganization, check th				30 I, I <b>y</b> po	11, OI 17PC	, ,,,				
		• • •	-	rganization accepted ar	w aft or co	ontribution	from any	of the follo	nwing ner	sons?			<b>-</b>
8	,	-		rectly controls, either al			_					Yes	No
				upported organization?	one or tog	outor with	porsons c	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	() (	, 00.011,	11g(i)	1.00	
		_		described in (i) above?							11g(ii)		
			•	**		2					11g(iii)	<u> </u>	
h		(iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s).											·
•		T TOVIGO LITO I	ollowing information	about the supported of	gameanom	ω,.							
	N NI n are n	-6	(ii) F(N)	(iii) Type of	(iv) is the c	rganization	(v) Did voi	u notify the	(vi) Is	the	(v.13) A		
(i		of supported anization	(ii) EIN	organization		sted in your	organizat		organizáti (i) organiz	on in col	(Vii) An	port	) ;
	uige	amzation		(described on lines 1-9 above or IRC section		document?		r support?	US	2 11 116	Jup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
								]					
									<u></u>				
			-										
								<u> </u>	<u> </u>				
	_												
<u> Fot</u>	al							<u> </u>					

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Pε	Support Schedule for (Complete only if you checke	d the box on line	5, 7, or 8 of Part I	or if the organizati			•
	fails to qualify under the tests	isted below, plea	ase complete Part	III.)			
	ction A. Public Support		T	1		T	
	indar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")	-					<del> </del>
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		-		<u> </u>		
5	The portion of total contributions						
Ī	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						
<u>Sec</u>	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		_				
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		-				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				<del>- </del>		
10	- · · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	<u></u>		<del> </del>	··-		
	Total support. Add lines 7 through 10		1	<u> </u>	.1	10	<u> </u>
	Gross receipts from related activities, First five years. If the Form 990 is for			rd fourth or fifth	tay year on a coatu	12	
	organization, check this box and stop		s ilist, second, tili	ia, ioartii, or iiitii i	lax year as a secul	on 50 1(c)(5)	ightharpoonup
Sec	ction C. Computation of Publ		ercentage			<del></del>	
14	Public support percentage for 2010 (	line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Pari	t II, line 14			15	%
16a	33 1/3% support test - 2010.If the o	rganization did no	ot 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						. ▶□
b	33 1/3% support test - 2009.If the o	rganization did no	ot check a box on	ine 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - <b>2010.</b> 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 organization	ation qualifies as a	publicly supporte	ed organization		▶ □
b	10% -facts-and-circumstances tes	t - <b>2009</b> .If the org	janization did not d	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circi	umstances" test, c	heck this box and	d <b>stop here.</b> Explai	n in Part IV how the	e
	organization meets the "facts-and-cire		-				. ▶□
<u> 18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>3a, 16b, 17a, or 17</u>	7b, check this box	and see instruction	ns. ▶□

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	piete Part II.)	•	· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(-)	, , , , , , ,	(4) = 333	(4, 2000	39/2013	(7 · · · · ·
	membership fees received. (Do not						
	ınclude any "unusual grants.")	771030.00	869737.69	842129.70	844189.15	141742	28 4744514
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	70,382.00					70,382.00
3	Gross receipts from activities that		···				
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	841412.00	060727 60	042120 70	044100 15	1 4 1 7 4 4	20 4014006
		041412.00	009/3/.09	842129.70	844189.13	141742	28 4814896
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.00
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the	200552					
		280550.00					280550.00
		280550.00					280550.00
_	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>	<u> </u>	<u> </u>		4534346
	ction B. Total Support	1 1 2000	#1.0007	4 ) 0000	/ n 0000	4 ) 0040	10.7.1
	endar year (or fiscal year beginning in)	(a) 2006 841412.00	(b) 2007	(c) 2008	(d) 2009	(e) 2010 141742	(f) Total 28 4814896
-	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20.00					87 1,745.22
t	Unrelated business taxable income		_				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b,	20.00	103.38	493.08	494.89	633.	87 1,745.22
12	whether or not the business is regularly carried on Other income. Do not include gain					<b></b>	
12	or loss from the sale of capital assets (Explain in Part IV.)	118261.00					46107377.58
13	Total support (Add lines 9, 10c, 11, and 12)	959693.00	869136.58	841115.77	<u> 843547.58</u>	14105	26 492401 <u>9</u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (			column (f))		15	92.09 %
	Public support percentage from 2009					16	81.48 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	, ,	•	•	ne 13, column (f))		17	.04 %
18	, ,					18	.02 %
198	a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box a	-					ne 17 is not ►X
t	o 33 1/3% support tests - 2009. If the	organization did n	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	%, and
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization		•	~		-	tion
	23 12-21-10						990 or 990-EZ) 2010

## **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

Par	TI Organizations Maintaining Donor Advise		s or Accou	Ints Complete if the
	<del></del>		S OF ACCOU	irts: complete il trie
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Euo	ds and other accounts
_		(a) Donor advised funds	(b) 1 dil	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			<del></del>
3	Aggregate grants from (during year)			<del></del>
4	Aggregate value at end of year			<del></del>
5	Did the organization inform all donors and donor advisors in		ised funds	
_	are the organization's property, subject to the organization's	<u>-</u>		Yes No
6	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conterring	
D-	impermissible private benefit?	IN IN E. OOO	D. 4 B/ b 7	Yes No
Pa			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e	· <del></del>		
	Protection of natural habitat	Preservation of a cer	rtified historic	structure
_	Preservation of open space	<b>.</b>	_	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conserva	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	weeks we should also (a)	2b	
С.	Number of conservation easements on a certified historic str	• •	2c	
d	Number of conservation easements included in (c) acquired	arter 8/1 //06, and not on a historic struc		
_	listed in the National Register			- dura - Ab - Ao -
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	ne organization	n during the tax
	year -			
4	Number of states where property subject to conservation ea		•	
5	Does the organization have a written policy regarding the per	· ·	1	Yes No
2	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		durana tha yas	
6 7			_	
8	Amount of expenses incurred in monitoring, inspecting, and			Ψ
0	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	0(1)(4)(6)(1)	Yes No
9	In Part XIV, describe how the organization reports conservat	ion agraments in its revenue and expens	e etatement	
•	include, if applicable, the text of the footnote to the organiza			
	conservation easements.	mon s ilitariciai statements triat describe.	s me organiza	tion 3 accounting to
pa	t III Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Simil	ar Assets.
	Complete if the organization answered "Yes" to Form		J	
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and hal	ance sheet works of art.
	historical treasures, or other similar assets held for public ex	•		
	the text of the footnote to its financial statements that descri		a.100 01 pas.10	, 55, 7,55, p. 67,55, a 7, ,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance	e sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e			
	relating to these items:	accuracy or recommend in terminates of p		
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	ial gain, provid	
_	the following amounts required to be reported under SFAS 1		ga, provid	<del></del>
а	Revenues included in Form 990, Part VIII, line 1	vice easy rotating to those items.	•	\$
b			•	\$
	, acceptation and control of the con			T

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

295,142.01

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

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	C	(c) Method of value ost or end-of-year mar	
) Financial derivatives				<del></del>
c) Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)			<del></del>	····-
(E)				
(F)				
(G)				
(H) (I)			<del></del>	
(I) otal. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶				
Part VIII Investments - Program Related.		 a 13.	······································	
			(c) Method of value	ation:
(a) Description of investment type	(b) Book value	c	ost or end-of-year mai	ket value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)			<del> </del>	
(8)	<u> </u>	<del></del>		
(9)	<del></del>	<u>-</u>		
(10) otal. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX Other Assets. See Form 990, Part X, III	ne 15		<del></del>	·····
	a) Description			(b) Book value
(1)	<del></del>	<del> </del>		-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<del> </del>			
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)				<u> </u>
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	(b) Amount		
(1) Federal income taxes		(5) 1 1100111	-	
(2)			1	
(3)			7	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
(10)			_	
(11)			_	
otal. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote in Part XIV, provide the taxt of the footnot FIN 48 (ASC 740)	line 25.)	tamanta that man to the	no refrence liabilità france	in tay positions under
FIN 48 (ASC 740) Poornote in Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	e to the organization's financial str	ium nenus unau reports the orga	enization s liability for uncerta	un tax positions under
032053 12-20-10			Sch	edule D (Form 990) 201

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

- Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR GLOBAL JUSTICE

**Employer identification number** 52-2094677

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COURAGE TO RESIST (\$ 142,916.), WORLD CAN'T WAIT (\$ 70,865.), BILIN
CENTER FOR JOINT STRUGGLE (\$ 36,110.) ISRAELI ANARCHISTS AGAINST THE
WAR (\$ 28,785) AND OTHERS PROVIDE ISSUE AWARENESS,
HUMANITARIAN AID AND DISASTER RELIEF.
EXPENSES \$ 835,583. INCLUDING GRANTS OF \$ 96,735. 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 , WASHINGTON, DC 20003
CHUCK KAUFMAN - 1247 E STREET, SE, WASHINGTON, DC 20003
BARBARA LARCOM - 2743 MARYLAND AVENUE, BALTIMORE, MD 21218
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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

Name of the organization  ALLIANCE FOR GLOBAL JUSTICE	Employer identification number 52-2094677
TIM JEFFRIES - 60850 WINDSOR DRIVE, BEND, OR 97702	
SHELLY SCRIBNER - 1621 GOLDEN GATE DRIVE, MODESTO, CA 953	59
ROBERT SIEGEL - 444 EAST 86TH, APT 36-J, NEW YORK, NY 100	
-	

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

ALI	LIANCE FOR GLOBAL J	USTICE		FOR	<u>m 9</u>	90 1	PAGE 10			52-2094677
Par	★ I Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty,	complete Part	V befo	re y	ou complete Part I.
1 1	Maximum amount (see instructions)						·		1	500,000.00
2 T	otal cost of section 179 property place	ced in service (see	Instructions	)					2	
	hreshold cost of section 179 propert								3	2,000,000.00
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				Γ	4	
<b>5</b> _0	ollar limitation for tax year Subtract line 4 from lin	ne 1 If zero or less, enter	-0- If marned fil	ling separately, se	e instruc	enou		Γ	5	
6	(a) Description of p	•		(b) Cost (busin			(c) Electe	d cost		
7 L	isted property. Enter the amount from	n line 29				7				
8 T	otal elected cost of section 179 prop	erty. Add amounts	s ın column (	c), lines 6 and	17				8	
9 T	entative deduction. Enter the <b>smalle</b>	r of line 5 or line 8						. L	9	
10 (	Carryover of disallowed deduction from	m line 13 of your 2	009 Form 45	62				L.	10	
11 E	Business income limitation. Enter the	smaller of busines	s income (no	t less than ze	ro) or l	ine 5		L	11	
12 8	Section 179 expense deduction. Add	lines 9 and 10, but	t do not ente	er more than li	ne 11				12	
	Carryover of disallowed deduction to 2				<u> </u>	13				
	: Do not use Part II or Part III below fo									
Pa	Tt II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	ide list	ed prop	perty.)			
14 8	Special depreciation allowance for qua	alified property (ot	her than liste	ed property) p	laced ı	n servi	ce during			
	he tax year								14	
	Property subject to section 168(f)(1) e	lection							15	6 5 40 5 4
	other depreciation (including ACRS)			<del></del>	<del></del>				16	6,549.74
Pal	** III MACRS Depreciation (Do n	ot include listed p			i.)					
				ection A						<u></u>
	MACRS deductions for assets placed							_  -	17	
18 If	you are electing to group any assets placed in se									<del> </del>
	Section B - Asset	(b) Month and	<del>.                                      </del>	or depreciation	Using	the Ge	nerai Depreci	ation 5	yst	em
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(a)	Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property	_			<u> </u>					
<u>b</u>	5-year property				<u> </u>					
_ c	7-year property	_						ļ		
<u>d</u>	10-year property	4						<u> </u>		
_е	15-year property	_						ļ		
<u>f</u>	20-year property				ļ			ļ		
_ 9	25-year property	<u> </u>			2	5 yrs.		S/		
h	Residential rental property	/			7	7.5 yrs.	MM	S/		
		/			27	7.5 yrs.	MM	S/		
i	Nonresidential real property	/			3	9 yrs.	MM_	S/I		
		/			<u> </u>		MM	S/		<u> </u>
	Section C - Assets	Placed in Service	During 201	0 Tax Year U	Ising t	he Alte	mative Depre	1		stem T
20a	Class life	_	<b></b>		ļ			S/		
<u> </u>	12-year		<u> </u>			2 yrs.	<del></del>	S/		
C	40-year	/	<u> </u>		4	0 yrs.	MM	S/	<u> </u>	<u> </u>
	rt IV Summary (See instructions.)			<del> </del>				<del></del>		
	usted property. Enter amount from lin							$\vdash$	21	·
	Total. Add amounts from line 12, lines									6 540 74
	nter here and on the appropriate line	-	-		ations -	see ins	str.		22	6,549.74
	or assets shown above and placed in	-	e current yea	ar, enter the		_				
01625	portion of the basis attributable to sec			- <b>4 4</b> *	<del></del> .	23	<del></del>			Form 4562 (2010)
10 01	46 I DA POT PROPINCIK REGUCTIO	IN ACT NOTICA CAG	senarate in	STRICTIONS						FORM 4582 (201())

P	rm 4562 (2010)	ALL		OIL G		<u> </u>						<u> </u>	<u> 2094</u>	077	rage z
	Listed Propert amusement.)	ty (Include at	utomobiles, d	ertain oth	ner vehic	les, cert	ain com	puters,	and prop	perty us	ed for e	ntertainn	nent, rec	reation,	or
	Note: For any	ehicle for wi	hich you are	using the	standarç	l mileage	e rate or	deduc	ting lease	expens	e, com	olete <b>onl</b>	y 24a, 24	4b, colur	nns (a)
	through (c) of S	Section A, all ∙ Depreciatio						nota roti	ana far li	mita far	22222		no biloo \		
24	a Do you have evidence to s		_			Ye		<b>–</b> – –						Yes	- Na
240		(b)	(c)	lent use ci		<u></u>	e) (e)	_ No	<u> </u>		10 0VIGE (g)	ence writt			<u> </u>
	(a) Type of property	Date	Business		(d) Cost or		s for depre		Recovery		thod/		( <b>h)</b> eciation	Ele	cted
	(list vehicles first )	placed in service	investmer use percent		her basis	(bus	iness/inve use only	sument	period Conventi				uction		ก 179 ost
)5	Special depreciation alle		· ·	<u> </u>	, placed	ID CODUC		·	V VOOT OD	d				<u> </u>	
-0	used more than 50% in			property	placeu	III Selvic	e dumi	, ille la	k year arr	u	25				
)A	Property used more that			1666 1166.								1		<u> </u>	
	Troporty asses more tha	1 00 70 111 4 4	damed bosi	%		1			•	1		1			
				%								1			
				%		_						1			
7	Property used 50% or le	es in a disali	fied husines			- 1				1		1		L	
	1 Toperty asea 5070 OF R	333 III a quaii	nea basines	% Susc.		$\overline{}$				S/L·		Τ .		·	
		<u> </u>		%						S/L·					
-		<u> </u>	<u> </u>	%						S/L·		<del> </del>			
20	Add amounts in column	/h) lines 25	through 27	1	and on	line 21	page 1			[ 0/L -	28	<del> </del>			
	Add amounts in column		-				page i				_ 20	. <del> </del> .	29		
.0	Add amounts in column	(I), III 10 20. L		Section I			on lise	of Vahi	cles				1 20		
<u>بر</u>	mplete this section for ve	hicles used I								or ralata	d naren	n			
	ou provided vehicles to y												na this s	ection fo	or
	se vehicles.	, ,	,												
				1	a)	(t	<b>-</b>		(c)	1	 d)	T	e)	(1	
เก	Total business/investment	miles driven di	uring the	1 '	nicle	Veh	-	L	hicle	1	nicle	1	nicle	Veh	•
	year (do not include com		uning the	701	iioio	V 0.11	iloie		IIICIO	¥61	IICIG	761	11010	Ven	ICIC
11	Total commuting miles	• ,	the vear							-				<u> </u>	
	Total other personal (no	_	•									-		-	
_	driven	ancommutating	) IIIIes							İ					
13	Total miles driven during	the veer		-											
_	Add lines 30 through 32											1			
14	Was the vehicle availab		al usa	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
_		ie ioi person	ai 030	163	140	103	110	163	110	163	140	163	140	163	140
	during off-duty hours?				1				+		1	+			
15	Was the vehicle used n	5 Was the vehicle used primarily by a more			1										
35	•		111018												
	than 5% owner or relate	ed person?							1						
	than 5% owner or related is another vehicle available.	ed person?													
	than 5% owner or relate	ed person? ble for perso	onal	for Emp	lovoro M	lho Dro	rido Vot	iolog fr	ar Hoo by	y Thoir	Empley				
36	than 5% owner or relate is another vehicle availause?	ed person? able for person Section C	onal - Questions										ro not m	ore these	504
36 	than 5% owner or related is another vehicle available.  use?  swer these questions to the second control of th	ed person? able for person Section C	onal - Questions										re not m	ore than	5%
36 An:	than 5% owner or related is another vehicle available.  use?  swer these questions to eners or related persons.	ed person?  ble for perso  Section C  determine if y	onal  - Questions you meet an	exception	to com	pleting S	Section	B for ve	hicles us	ed by e	mploye	es who a	re not m		
ln:	than 5% owner or related is another vehicle available.  use?  swer these questions to owners or related persons.  Do you maintain a written	ed person?  ble for perso  Section C  determine if y	onal  - Questions you meet an	exception	to com	pleting S	Section	B for ve	hicles us	ed by e	mploye	es who a	re not m	Yes	
36 An: 5W	than 5% owner or related is another vehicle available.  swer these questions to orners or related persons.  Do you maintain a writted employees?	sed person?  Section C  determine if y	- Questions you meet an ement that p	exception prohibits a	n to com	pleting S al use c	Section   	B for ve	hicles us	ed by e	, by you	es who a	re not m		
36 An: 5W	than 5% owner or related is another vehicle available.  swer these questions to eners or related persons.  Do you maintain a written employees?  Do you maintain a written and the complexity of	sed person?  Section C  determine if y  en policy state	- Questions you meet an ement that p	exception prohibits a prohibits p	n to com all person personal	pleting S nal use of use of v	Section	B for ve	hicles us iding con	ed by e	, by you	es who a	re not m		
36 An: 37	than 5% owner or related is another vehicle available.  swer these questions to express or related persons.  Do you maintain a written employees?  Do you maintain a written employees? See the instance.	Section C determine if y en policy state tructions for	- Questions you meet an tement that present the present that present the present that present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present that present the present the present that present the present that present the present t	exception prohibits a prohibits prod by corp	n to compali personal porate of	pleting S nal use of use of v	Section	B for ve	hicles us iding con	ed by e	, by you	es who a	re not m		5% No
36 An: 37 38	than 5% owner or related is another vehicle available.  swer these questions to express or related persons.  Do you maintain a written employees?  Do you maintain a written employees? See the instance of vehicles and the service of vehicles are related to the service of vehicles.	Section C determine if y en policy state tructions for ehicles by en	- Questions you meet an tement that prement the prement that prement the prement that prement the prement that prement that prement the prement that preme	exception prohibits a prohibits p and by corp personal	n to compall personal porate of use?	pleting S nal use of use of v ficers, d	Section   of vehicle ehicles, irectors,	except or 1%	uding con	ed by e	, by you	es who a	re not m		
36 An: 37 38	than 5% owner or related is another vehicle available.  swer these questions to orners or related persons.  Do you maintain a writted employees?  Do you maintain a writted employees?  See the instance of vehicles of vehicl	Section C determine if y en policy state tructions for ehicles by en an five vehicle	- Questions you meet an ement that perment hat perment that perment that perment that perment that permet	exception prohibits a prohibits prohibits prohibits prohibits prohibits prohibits prohibits prohibits prohibits and prohibits	n to compall personal porate of use?	pleting S nal use of use of v ficers, d	Section   of vehicle ehicles, irectors,	except or 1%	uding con	ed by e	, by you	es who a	re not m		
16 \n: \ <u>17</u> 18	than 5% owner or related is another vehicle available.  swer these questions to orners or related persons.  Do you maintain a writted employees?  Do you maintain a writted employees? See the instance in the proposition of the vehicles, is another than the use of the vehicles,	Section C determine if y en policy state tructions for ehicles by en an five vehicl and retain th	- Questions you meet an ement that p ement that p vehicles use mployees as les to your el	exception prohibits a prohibits prohibits proh	n to compall personal porate of use?	use of versions of the contract of the contrac	Section    of vehicle  ehicles, irectors,	except or 1%	uding con	ed by e	, by you	es who a	re not m		
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