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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning JULY 01, 2012, and ending JUNE 30, 2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
VICTIMS FOR JUSTICE

D Employer identification number
920110889

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
1057 W FIREWEED LANE

E Telephone number
(907) 278-0977

City or town, state or country, and ZIP + 4
ANCHORAGE AK 99503

F Group Exemption Number ▶

G Accounting Method. ☐ Cash ☒ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.VICTIMSFORJUSTICE.ORG

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 140,910

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I. ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	27,974
	2	Program service revenue including government fees and contracts	2	98,369
	3	Membership dues and assessments	3	
	4	Investment income	4	21
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,753
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,793
c	Less: direct expenses from gaming and fundraising events	6c	12,251	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,295	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,659	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	11,909
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	111,577
	13	Professional fees and other payments to independent contractors	13	4,333
	14	Occupancy, rent, utilities, and maintenance	14	26,089
	15	Printing, publications, postage, and shipping	15	110
	16	Other expenses (describe in Schedule O)	16	22,379
	17	Total expenses. Add lines 10 through 16	17	176,397
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-47,738
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,485
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	25,739
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	12,486

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

SCANNED APR 14 2014

67 19

Check if the organization used Schedule O to respond to any question in this Part II

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of SEE ATTACHMENT #4 Telephone no. Located at ZIP + 4		
b 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)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. N/A	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *Joerene Savikko Hunt* Signature of officer *4-1-2014* Date
Joerene Savikko Hunt, Chairman Type of print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PATRICIA CASEY	<i>Patricia Casey</i>	<i>3/27/14</i>		P00384558
	Firm's name	Firm's EIN		Firm's address	
	HRB TAX GROUP INC	431871840	11900 INDUSTRY WAY STE 5		
	Firm's address	Phone no			
	11900 INDUSTRY WAY STE 5	907-348-7338			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").	354,731	337,382	296,583	210,066	126,343	1,325,105
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.	354,731	337,382	296,583	210,066	126,343	1,325,105
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						1,325,105

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	354,731	337,382	296,583	210,066	126,343	1,325,105
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	131	39	18		21	209
9 Net income from unrelated business activities, whether or not the business is regularly carried on.		4,511	4,347		2,295	11,153
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).		27,061	418			27,479
11 Total support. Add lines 7 through 10.						1,363,946
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	97.15 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	95.06 %
16a 33 1/3% support test -- 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test -- 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

**Open to Public
Inspection**

Name of the organization

VICTIMS FOR JUSTICE

Employer identification number

920110889

PART 1, LINE NUMBERS 1, 2, 10, AND 16, SEE DETAILED STATEMENTS FOR
EXPLANATIONS.

PART 1, LINE 20 - CHANGES IN NET ASSETS OR FUND BALANCES. ADJUSTMENT IS
MADE TO ACCOUNT FOR THE FACT THE ORGANIZATION DOES NOT OWN
LAND OR BUILDINGS, TO ADD IN-KIND DONATIONS NOT PREVIOUSLY RECORDED
AND TO DELETE IN-KIND DONATIONS FOR DISALLOWED SERVICES TO THE
ORGANIZATION.

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC	
INSPECTION	For calendar year 2012 or tax period beginning 07-01, and ending 06-30-2013
Name of Organization VICTIMS FOR JUSTICE	Employer Identification Number 920110889

Primary Purpose

THE ORGANIZATION SPECIALIZES IN SERVING AND ADVOCATING FOR CO-VICTIMS OF HOMOCIDE VICTIMS, AND VICTIMS OF OTHER VIOLENT CRIMES. VFJ HELPS VICTIMS COPE WITH TRAUMA AND GRIEF, ENSURES THEIR RIGHTS ARE NOT IGNORED WITHIN THE JUDICIAL SYSTEM, AND ADVOCATES FOR CHANGE.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC	
INSPECTION	For calendar year 2012 or tax period beginning 07-01-2012, and ending 06-30-2013
Name of Organization VICTIMS FOR JUSTICE	Employer Identification Number 920110889

Part III - Statement of Program Service Accomplishments

Grants and allocations	126,343	Amount includes foreign grants	Program service expenses	123,486
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Exempt Purpose Achievements

TO PROVIDE SHORT AND LONG TERM INDIVIDUAL AND PEER GROUP SPECIALIZED TRAUMA, GRIEF EDUCATION, AND SUPPORT SERVICES, FREE OF CHARGE TO UNDERSERVED VICTIMS OF VIOLENT CRIME , IN URBAN AND RURAL AREAS OF THE STATE. VICTIMS POPULATIONS INCLUDE THOSE WHO HAVE EXPERIENCED ASSAULT, ROBBERY, DRUNK DRIVING, ELDER ABUSE, BULLYING, ARSON AND KIDNAPPING, AND THE SURVIVING FAMILY MEMBERS OF HOMICIDE VICTIMS. TO PROVIDE AN ACADEMICALLY BASED SETTING FOR CRIME VICTIM SERVICE PROVIDERS, ADOCATES, CRIMINAL JUSTICE PERSONNEL AND ALLIED PROFESSIONALS A FOUNDATION IN THE PRINIPLE OF VICTIMS RIGHTS IN THE CONTEXT OF A WEEK-LONG ACADEMY FEATURING ALASKA-SPECIFIC TOPICS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2012 or tax period beginning 07-01-2012, and ending 06-30-2013.

Name of Organization

VICTIMS FOR JUSTICE

Employer Identification Number

920110889

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def. comp	(E) Expense account & other compensation
PEGGY ANDERSON CHAIRMAN	2.00	0	0	0
YULANDA JOHANSEN VICE CHAIRMAN	1.50	0	0	0
JOERENE SAVIKKO-HOUT SECRETARY	1.50	0	0	0
ROBERT CONWAY TREASURER	1.50	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2012 or tax period beginning

07-01

, and ending

06-30-2013

Name of Organization

VICTIMS FOR JUSTICE

Employer Identification Number

920110889

Part V - Line 42a

Individual Name

or

Business Name

BARBARA SISSON

Street Address

1057 FIREWEED LANE STE 101

U S Address

Zip code

99503

City

ANCHORAGE

State

AK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 5: SCH G PAGE 3, PART III, LINE 14

OPEN TO PUBLIC	
INSPECTION	For calendar year 2012 or tax period beginning 07-01-2012, and ending 06-30-2013.
Name of Organization	Employer Identification Number
VICTIMS FOR JUSTICE	920110889
Part III - Line 14	

Individual Name BARBARA SISSON
or
Business Name

Street Address 1057 FIREWEED LANE, STE 101

U.S. Address:

Zip code 99503 City ANCHORAGE State AK

or

Foreign Address

City

Province or State

Country

Postal code

2012 DETAIL STATEMENTS

VICTIMS FOR JUSTICE
920110889

PAGE 1

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

CASH CONTRIBUTIONS.....	15,782
NON CASH CONTRIBUTIONS.....	12,192

TOTAL CARRIED TO EZ1 LINE 1.....	27,974
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STATEMENT #2 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

AWARDS BANQUET.....	8,707
STATE OF ALASKA GRANT.....	84,662
NCVCA GRANT.....	5,000

TOTAL CARRIED TO 990-EZ PG 1 LINE 2.....	98,369
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STATEMENT #3 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

PROGRAM SUPPLIES.....	11,827
MEETING EXPENSES.....	82

TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....	11,909
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STATEMENT #4 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ADVERTISEMENT.....	783
TELEPHONE/INTERNET.....	7,564
OFFICE SUPPLIES.....	554
EQUIPMENT MAINTENANCE AND REPAIR.....	1,086
BANK CHARGES.....	782
INSURANCE.....	5,473
DUES AND SUBSCRIPTIONS.....	5,473
CONFERENCES/TRAINING/MEETINGS.....	10
COPIER.....	580
LICENSES AND PERMITS.....	70
MISCELLANEOUS EXPENSES.....	4

TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	22,379
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