

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **04/01/16** , and ending **03/31/17**

52-2094677

ALLIANCE FOR GLOBAL JUSTICE CORP

Net Asset / Fund Balance at Beginning of Year 753,909

Revenue

Contributions	<u>3,202,610</u>	
Program service revenue	<u>50,701</u>	
Investment income	<u>4,773</u>	
Capital gain / loss	<u>-7</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>-7,952</u>	
Total revenue		<u>3,250,125</u>

Expenses

Program services	<u>2,110,235</u>	
Management and general	<u>93,718</u>	
Fundraising	<u>22,045</u>	
Total expenses		<u>2,225,998</u>
Excess / (deficit)		<u>1,024,127</u>

Changes

Net Asset / Fund Balance at End of Year 1,778,036

CLIENT COPY

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>3,250,125</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>2,225,998</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>753,909</u>	<u>1,778,036</u>	
Liabilities			
Net assets	<u><u>753,909</u></u>	<u><u>1,778,036</u></u>	<u><u>1,024,127</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/15/17
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2016, or fiscal year beginning 4/01, 2016, and ending 3/31, 2017

2016

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

Name and title of officer

CHARLES E KAUFMAN SECRETARY/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, tax, balance due). Row 1a is checked with amount 3,250,125.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WENDTLAND & ASSOCIATES, P.C. to enter my PIN 94677 as my signature. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date }

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86031300001 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

RICHARD K WENDTLAND JR CPA

Date }

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 04/01/16, and ending 03/31/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	D Employer identification number 52-2094677
	Doing business as	E Telephone number 202-540-8336
	Number and street (or P.O. box if mail is not delivered to street address) 225 E 26TH STREET #1	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85713	G Gross receipts \$ 3,328,539

F Name and address of principal officer: CHARLES E KAUFMAN 225 E 26TH STREET #1 TUCSON AZ 85713	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
--	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u HTTP://AFGJ.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1998	M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER AND MORE UNIFIED GRASSROOTS MOVEMENT.		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,255,012	Current Year 3,202,610
	9 Program service revenue (Part VIII, line 2g)	28,400	50,701
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,434	4,766
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,730	-7,952
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,275,248	3,250,125
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	798,967	732,168
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	642,074	679,719
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 22,045		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	667,819	814,111
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,108,860	2,225,998	
19 Revenue less expenses. Subtract line 18 from line 12	166,388	1,024,127	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 753,909	End of Year 1,778,036
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	753,909	1,778,036

Part II Signature Block

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	Signature of officer CHARLES E KAUFMAN	Date SECRETARY/TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RICHARD K WENDTLAND JR CPA	Preparer's signature RICHARD K WENDTLAND JR CPA	Date 07/26/17	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00197175
	Firm's name WENDTLAND & ASSOCIATES, P.C.	Firm's EIN 86-0827971		
	Firm's address 2990 E FORT LOWELL RD TUCSON, AZ 85716	Phone no. 520-323-7600		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER AND MORE UNIFIED GRASSROOTS MOVEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,846,327** including grants of \$ **716,213**) (Revenue \$)

FISCAL SPONSORSHIP SERVICES ARE OFFERED TO GRASSROOTS NON-PROFITS THAT AGREE WITH THE AFGJ VISION AND MISSION STATEMENTS BUT DO NOT HAVE THEIR OWN 501(C)(3) STATUS. THE PURPOSE OF THE FISCAL SPONSORSHIP SERVICES IS TO HELP THE PROGRESSIVE MOVEMENT GROW AND GAIN MORE INFLUENCE ON REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS. AFGJ HAS ABOUT 85 DIFFERENT GROUPS IN THIS PROGRAM. AFGJ ACTS AS A PARENT AND PROVIDES HELP TO THESE GROUPS ADMINISTRATIVELY WHICH ALLOWS THE GROUPS TO CONCENTRATE ON THEIR MISSION, GROWTH, AND ACCOMPLISHING THEIR GOALS. AFGJ HELPS THIS EFFORT BY MAKING THE DONATIONS TO THESE GROUPS TAX-DEDUCTIBLE TO THE DONOR, OFFERING TAX ASSISTANCE, DONATION COLLECTION AND PROCESSING, PAYROLL SERVICES, GROUP HEALTH INSURANCE, LIABILITY INSURANCE, AND A LISTING ON THE AFGJ WEBSITE.

4b (Code:) (Expenses \$ **99,453** including grants of \$) (Revenue \$ **32,726**)

MULTIPLE DELEGATIONS AND CONFERENCES INCLUDING OBSERVING THE COLUMBIA PEACE REFERENDUM VOTE, A COMPARE AND CONTRAST DELEGATION TO NICARAGUA AND HONDURAS, A HONDURAS AND COLUMBIA HUMAN RIGHTS ACCOMPANIMENT, MEXICO PRISON RESEARCH, AND A HUMAN RIGHTS CONFERENCE AND COLUMBIAN LABOR SPEAKING TOUR IN THE UNITED STATES.

4c (Code:) (Expenses \$ **105,806** including grants of \$ **15,955**) (Revenue \$ **14,965**)

MONITOR HUMAN RIGHTS IN HONDURAS AND WRITE REPORTS WITH FOCUS ON UNITED STATES AND CANADIAN POLICY IMPACTS ON MILITARIZATION OF SECURITY FORCES AND LACK OF THE RULE OF LAW. PROVIDE ON THE GROUND SERVICES FOR DELEGATIONS, JOURNALISTS, AND RESEARCHERS. MONITOR ELECTIONS, PRODUCE EMERGENCY RESPONSES, AND EDUCATE PUBLIC IN UNITED STATES AND CANADA.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **58,649** including grants of \$) (Revenue \$ **3,010**)

4e Total program service expenses **2,110,235**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. 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		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u AZ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

CHARLES E KAUFMAN **225 E 26TH STREET #1** **AZ 85713** **202-540-8336**
TUCSON

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM BAKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) MARK BURTON	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) CHARLES DELANEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) JOHN OCAMPO	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) SHELLY SCRIBNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) ROBERT SIEGEL	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) IRENE RODRIGUEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) ARNOLD MATLIN MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) VICKI CERVANTES	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) NATALI SEGOVIA	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) KATHERINE HOYT	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHARLES E KAUFMAN	40.00									
SECRETARY/TREASURER	0.00			X			37,000	0	0	
(13) JAMES JORDAN	40.00									
PRESIDENT	0.00			X			35,000	0	0	
1b Sub-total u							72,000			
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u							72,000			

CLIENT COPY

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,202,610				
	g Noncash contributions included in lines 1a-1f: \$		49,600				
	h Total. Add lines 1a-1f	u	3,202,610				
Program Service Revenue	2a DELEGATION	Busn. Code	47,691	47,691			
	b DONOR LIST RENTAL		2,002	2,002			
	c PROGRAM INCOME - OTHER		788	788			
	d MEMBERSHIP DUES		220	220			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	50,701				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,773			4,773
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	17,795				
		(ii) Personal					
b Less: rental exps.			28,814				
c Rental inc. or (loss)			-11,019				
d Net rental income or (loss)		u		-11,019		-11,019	
7a Gross amount from sales of assets other than inventory		(i) Securities	49,593				
		(ii) Other					
b Less: cost or other basis & sales exps.			49,600				
c Gain or (loss)			-7				
d Net gain or (loss)		u		-7		-7	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a MISC INCOME			3,067			3,067	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		3,067				
12 Total revenue. See instructions.	u		3,250,125	50,701	0	-3,186	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	696,568	696,568		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	35,600	35,600		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,000	66,096	5,448	456
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	546,862	502,018	41,383	3,461
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	57,166	49,126	7,370	670
10 Payroll taxes	3,691	3,519	124	48
11 Fees for services (non-employees):				
a Management				
b Legal	31,073	31,073		
c Accounting	3,403		3,403	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	403,682	403,682		
12 Advertising and promotion	1,182	1,182		
13 Office expenses	38,395	20,985		17,410
14 Information technology				
15 Royalties				
16 Occupancy	36,524	36,524		
17 Travel	136,350	136,350		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,568	35,568		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,649		8,649	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	48,784	48,784		
b BANK AND CC FEES	41,972	22,376	19,596	
c SUPPLIES	14,966	14,966		
d PAYROLL SERVICES	3,881		3,881	
e All other expenses	9,682	5,818	3,864	
25 Total functional expenses. Add lines 1 through 24e	2,225,998	2,110,235	93,718	22,045
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	144,273	1	519,137
	2	Savings and temporary cash investments	152,634	2	796,236
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	4,303	5	2,860
	6	Loans and other 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). Complete Part II of Schedule L	1,705	6	25
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	370,929		
	b	Less: accumulated depreciation	38,248	10c	332,681
	11	Investments—publicly traded securities	45,334	11	61,939
	12	Investments—other securities. See Part IV, line 11	60,000	12	63,358
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,330	15	1,800
16	Total assets. Add lines 1 through 15 (must equal line 34)	753,909	16	1,778,036	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	140,983	27	250,398
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	612,926	29	1,527,638
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	753,909	33	1,778,036	
34	Total liabilities and net assets/fund balances	753,909	34	1,778,036	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,250,125
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,225,998
3	Revenue less expenses. Subtract line 2 from line 1	3	1,024,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	753,909
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,778,036

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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)	u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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							
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.							

Section B. Total Support

Calendar year (or fiscal year beginning in)	u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11 Total support. Add lines 7 through 10							

CLIENT COPY

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2016.** 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

b **33 1/3% support test—2015.** 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

17a **10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,094,525	2,349,469	1,703,342	2,255,012	3,202,610	12,604,958
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				28,400	50,701	79,101
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,094,525	2,349,469	1,703,342	2,283,412	3,253,311	12,684,059
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						12,684,059

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	3,094,525	2,349,469	1,703,342	2,283,412	3,253,311	12,684,059
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	473	727,394	6,894	18,573	22,568	775,902
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	473	727,394	6,894	18,573	22,568	775,902
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				7,442	2,067	9,509
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,927	-12,371	8,600			20,156
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,118,925	3,064,492	1,718,836	2,309,427	3,277,946	13,489,626
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	94.03 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	93.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	6 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	6 %

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

RENTAL \$ 9,220

MISCELLANEOUS \$ 10,936

CLIENT COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO CA 94129	\$ 143,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAMUEL RUBIN FOUNDATION 50 CHURCH ST 5TH FL CAMBRIDGE MA 02139	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SPARKPLUG FOUNDATION PARK WEST FINANCE STA, PO BOX 20956 NEW YORK NY 10025	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PEACE DEVELOPMENT FUND PO BOX 40250 SAN FRANCISCO CA 94140	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PATAGONIA.ORG 259 W SANTA CALARA ST VENTURA CA 93001	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WALLANCE GLOBAL FUND II GRANTS 2040 S STREET NW WASHINGTON DC 20009	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
--	--

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IMPACTASSETS 7315 WISCONSIN AVE STE 1000W BETHESDA MD 20814	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WINSLOW FOUNDATION 501 SILVERSIDE RD STE 103 WILMINGTON DE 19809	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	LUSH COSMETIC LLC 8680 CAMBIE ST VANCOUVER	\$ 37,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SILICAN VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW CA 94040	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FIREROLL FOUNDATION 1460 MARIA LANE STE 400 WALNUT CREEK CA 94596	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CRAIGSLIST CHARITABLE FUND 222 SUTTER ST 9TH FLOOR SAN FRANCISCO CA 94108	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PROTEUS FUND 15 RESEARCH DR #B AMHERST MA 01002	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BEN & JERRY FOUNDATION 30 COMMUNITY DRIVE SOUTH BURLINGTON VT 05403	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	AMERICAN ENDOWMENT FOUNDATION 1521 GEORGETOWN RD STE 104 HUDSON OH 44236	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	AMNESTY INTERNATIONAL OF THE USA INC 5 PENN PLAZA 16TH FLOOR NEW YORK NY 10001	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ANNE BASS HYATT 201 MAIN STREET STE 2400 FORT WORTH TX 76102	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ANONYMOUS	\$ 230,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ARCA FOUNDATION 1308 19TH ST NW WASHINGTON DC 20036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BARBARA FORD 7233 SE ALDER ST PORTLAND OR 97215	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BARCLAY CHARITABLE FUND 1 CHURCHILL PL LONDON	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BERGER-MARKS FOUNDATION 4301 CONNECTICUT AVE NW STE 140 WASHINGTON DC 20008	\$ 29,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BOB H JOHNSON FAMILY TRUST FOUNDATIO 6846 S CANTON STE 250 TULSA OK 74147	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BOREALIS PHILANTHROPY	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BRIGHTWATER FUND 10 TIMBER TRAIL RYE NY 10580	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CHARLES STEWART MOTT FOUNDATION N/A FLINT MI 48502	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CHORUS INC PO BOX 99804 BOSTON MA 02199	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CHRISTOPHER MISNER 2227 COBBLEHILL PL SAN MATEO CA 94402	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	CLEVELAND FOUNDATION 1422 EUCLID AVE CLEVELAND OH 44115	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	COMMON COUNSEL FOUNDATION 1624 FRANKLING ST #1022 OAKLAND CA 94612	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DAPHNE FUND LLC 3500 E OLIVE AVE STE 700 BURBANK CA 91505	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DUDLEY FOUNDATION 609 NORTHSHORE DR BELLINGHAM WA 98226	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	E DANIEL & MARIE RIEHL 72 SUNDROP LANE, 1001 E OREGON RD LITIZ PA 17543	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	E MARIANNE GABEL 49 FOREST AVE DELAWARE OH 43015	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ELIZABETH M & BRYAN R FALCON 3021 N GAIA PL TUCSON AZ 85745	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	FUNDS FOR DEMOCRATIC COMMUNITIES 712 SOUTH ELAM AVE GREENSBORO NC 27403	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	INTL BROTHERHOOD OF TEAMSTERS 25 LOUISIANA AVE NW WASHINGTON DC 20001	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	JAMES GRAY 2531 CRESTVIEW DR NEWPORT BEACH CA 92663	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	KAREN PITTELMAN 500 4TH AVE APT 8B BROOKLYN NY 11215	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	LYNN HANDLEMAN CHARITABLE FOUNDATION PO BOX 3610 OAKLAND CA 94609	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MARY JANE MARCUS 2090 CORNELL ST PALO ALTO CA 94306	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	MADEA BENJAMIN 666 G ST NE WASHINGTON DC 20002	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MELINDA OWENS 1218 QUINCE AVE SAN MATEO CA 94402	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MIZE FAMILY FOUNDATION 1815 11TH AVE E SEATTLE WA 98102	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	MORTON BROOKS 1633 EAST VIRGINIA AVE DENVER CO 80209	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MOVEMENT STRATEGY CENTER 436 14TH STE 500 OAKLAND CA 94612	\$ 19,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	NAOMI SOBEL&RABBI BECLAY SILVERSTEIN 4623 MELBOURNE AVE APT 1 LOS ANGELES CA 90027	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	NATNL NURSES UNITED PATIENT PROTECT 8630 FENTON STREET STE 100 SILVER SPRINGS MD 20910	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NEVILLE ROY SINGHAM 99 MADISON AVE FLOOR 15 NEW YORK NY 10016	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK NY 10025	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NORTH STAR FOUNDATION 20 DEERFIELD LANE STORRS CT 06268	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	O'BRIEN FOUNDATION LTD 600 DEERWOOD DR HANWELL	\$ 9,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	PASCUA YAQUI TRIBE 7474 SOUTH CAMINO DE OESTE TUCSON AZ 85757	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	PETER HIENEGG 1157 GLENWOOD BLVD SCHENECTDAY NY 12308	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	RICHARD MYER PO BOX 3046 NEWPORT CA 92658	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	ROBERT GRUBER 251 MANOR CIR TAKOMA PARK MD 20912	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	ROCKEFELLER FAMILY FUND 475 RIVERSIDE DR STE 900 NEW YORK NY 10115	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	SATTERBERG FOUNDATION 1904 3RD AVE STE 825 SEATTLE WA 98101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	SEIU GENERAL FUND GENUS 800 MASSACHUSETTS AVE NW WASHINGTON DC 20036	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	THE OTHER 98% PO BOX 1434 VASHON WA 98070	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	THE SHUGAR MAGIC FOUNDATION 249 KENT RD PACIFICA CA 94044	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	THE UNIVERISTY OF MISSISSIPPI UNIV OF MS 38677 OPERATION ACCT OXFORD MS 38655	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	ULTRAVIOLET ACTION 1015 15TH ST NW STE 100 WASHINGTON DC 20005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	UNITED STUDENTS AGAINST SWEATSHOPS 1155 CONNECTICUT AVE STE 500 WASHINGTON DC 20036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	UU VEATCH PROGRAM AT SHELTER ROCK 48 SHELTER ROCK RD MANHASSET NY 11030	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	WESLEY P CALLENDER 1088 MANNING ST GREAT FALLS VA 22066	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	ANONYMOUS	\$ 49,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
67	500 SHARES OF STOCK	\$ 49,600	02/03/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

CLIENT COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,254		33,254
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		337,675	38,248	299,427
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		332,681

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dotted lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

CLIENT COPY

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
u Attach to Form 990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND CARIBBEAN					
(1)	1	1	PROGRAM SERVICES	RURAL DEVELOPMENT	11,300
MID-EAST & NORTH AFRICA					
(2)	1		PROGRAM SERVICES	HUMAN RIGHTS	24,300
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2	1			35,600
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	1			35,600

CLIENT COPY

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				RURAL DEVELOPMENT	11,300	WIRE			CASH
(2)				LEGAL EXPENSES	19,300	WIRE			CASH
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

CLIENT COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **u** 0

3 Enter total number of other organizations or entities **u** 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

CLIENT COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

CLIENT COPY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND CARIBBEAN	\$ 11,300	\$ 0
MID-EAST & NORTH AFRICA	\$ 24,300	\$ 0

PART V - ADDITIONAL INFORMATION

PART 1, LINE 3F - METHOD OF ACCOUNTING

CASH BASIS

PART II, LINE 1 - METHOD OF ACCOUNTING

CASH BASIS

CLIENT COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACTION BAIL FUND			10,000		CASH		LEGAL EXPENSES
(2)	CONGO FRIENDS OF 1629 K ST NW STE 300 WASHINGTON DC 20006			14,850		CASH		PEACEFUL RELATIONS
(3)	FOSSIL FUEL DIVESTMENT 4840 WALTON ST PHILADELPHIA PA 19143			10,000		CASH		BUILD ALLIANCES
(4)	MILLION HOODIES MVMT FOR JUSTICE 348 W 57TH ST STE 216 NEW YORK NY 10019			76,000		CASH		RACIAL JUSTICE
(5)	MOVEMENT FOR BLACK LIVES 4216 S HALSTED CHICAGO IL 60609			15,097		CASH		CIVIL RIGHTS
(6)	POPULAR RESISTANCE 402 E LAKE AVE BALTIMORE MD 21212			11,877		CASH		GRASSROOTS EDUCATION
(7)	REFUSE FACISM 305 W BROADWAY #185 NEW YORK NY 10013			105,580		CASH		STOP FACISM
(8)	ROCKAWAY WILDFIRE 763 MONROE ST APT 2L BROOKLYN NY 11221			5,500		CASH		BUILD COMMUNITY
(9)	SOCIAL JUSTICE ACTION COMMITTEE 400 SE 12TH AVE PORTLAND OR 97214			22,202		CASH		BUILD COMMUNITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	STOP MASS INCARCERATION PO BOX 941 KNICKERBOCKER STN NEW YORK NY 10108			8,306		CASH		PRISON REFORM
(2)	SURANAME INDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN WA 98952			5,203		CASH		MEDICAL ASSISTANCE
(3)	UNIDOS PO BOX 1461 TUCSON AZ 85702			8,371		CASH		MEXICAN AMER STUDIES
(4)	UNITED STUDENTS AGAINST SWEATSHOPS 1155 CONNECTICUT AVE NW STE 500 WASHINGTON DC 20036			10,000		CASH		LABOR RIGHTS
(5)	WORLD BEYOND WAR PO BOX 1484 CHARLOTTESVILLE VA 22902			8,100		CASH		STOP WAR
(6)	WORLD CAN'T WAIT 305 W BROADWAY #185 NEW YORK NY 10013			35,776		CASH		STOP WAR
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 FISCAL PROJECTS SUBMIT QUARTERLY REPORTS ON HOW THEY HAVE SPENT THE GRANTS
 AND TO CERTIFY THEY HAVE USED THE MONEY FOR THEIR CHARITABLE PURPOSE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
u Attach to Form 990 or Form 990-EZ.

u Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 u \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	JAMES JORDAN CREDIT CARD ERROR			PRESIDENT		X		4,733	2,860
(2)	DANIELE KOHN CREDIT CARD ERROR	EMPLOYEE		X		1,076	25	X		X		X	
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							u \$	2,885					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) ELANE SPIVAK RODRIGUEZ	DIR DAUGHTER	35,000	COMPENSATION		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

CLIENT COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

U Attach to Form 990.

U Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	49,600	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

CLIENT COPY

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
----	--	-----------

	Yes	No
30a		X
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II.		
31		X
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		
32a		X
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b If "Yes," describe in Part II.		
33		
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

CLIENT COPY

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

ONLINE PUBLISHING OF INFORMATION AND ALERTS, PARTICIPATION IN COALITIONS,
HOSTING WEBINARS, CO-SPONSOR AND LOGISTICS FOR CONFERENCES, AND OTHER
MISCELLANEOUS SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE SECRETARY WILL EMAIL FORM 990 TO THE BOARD FOR DISCUSSION ON A
CONFERENCE CALL PRIOR TO FILING. THE SECRETARY WILL RECEIVE EMAIL
AUTHORIZATION BY BOARD MEMBERS TO FILE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST IS POSTED AT [HTTP://AFGJ.ORG](http://AFGJ.ORG).

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

AFGJ'S CORE STAFF RECEIVE THE SAME PAY REGARDLESS OF TITLE OR SENORITY
WITH THE EXCEPTION THAT NEW STAFF START AT \$2,000 BELOW THE BASE SALARY AND
REACH PARITY ON THEIR FIRST ANNIVERSARY. THERE IS A PRECEDENT AS WELL FOR
A COST OF LIVING SALARY ADDITION FOR STAFF IN EXPENSIVE LOCALS. AFGJ'S
FISCALLY SPONSORED PROJECTS SET THEIR OWN COMPENSATION POLICIES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

AFGJ'S CORE STAFF RECEIVE THE SAME PAY REGARDLESS OF TITLE OR SENORITY WITH
THE EXCEPTION THAT NEW STAFF START AT \$2,000 BELOW THE BASE SALARY AND
REACH PARITY ON THEIR FIRST ANNIVERSARY. THERE IS A PRECEDENT AS WELL FOR
A COST OF LIVING SALARY ADDITION FOR STAFF IN EXPENSIVE LOCALS. AFGJ'S

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

FISCALLY SPONSORED PROJECTS SET THEIR OWN COMPENSATION POLICIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, BOARD BIOGRAPHIES, KEY POLICIES AND 990'S ARE POSTED ON THE WEBSITE: HTTP://AFGJ.ORG.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

CONTRACT LABOR

\$ 403,682

\$ 0

\$ 0

CLIENT COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

ALLIANCE FOR GLOBAL JUSTICE CORP

Identifying number

52-2094677

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,649

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,649
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

ALLIANCE FOR GLOBAL JUSTICE CORP
225 E 26TH STREET #1
TUCSON, AZ 85713

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	FURNITURE & EQUIPMENT	4/01/98	4,900			4,900	8 MO S/L	4,900	0
2	TUCSON BUILDING	3/01/13	133,014			133,014	39 MO S/L	10,517	3,410
3	TUCSON LAND	3/01/13	33,254			33,254	0 -- Land	0	0
4	BUILDING IMPROVEMENTS	4/30/13	5,520			5,520	39 MO S/L	414	141
5	BUILDING IMPROVEMENTS	5/31/13	35,170			35,170	39 MO S/L	2,555	902
6	BUILDING IMPROVEMENTS	6/30/13	56,701			56,701	39 MO S/L	3,998	1,454
7	BUILDING IMPROVEMENTS	7/31/13	70,175			70,175	39 MO S/L	4,798	1,800
8	BUILDING IMPROVEMENTS	8/31/13	28,108			28,108	39 MO S/L	1,862	720
9	BUILDING IMPROVEMENTS	9/30/13	3,087			3,087	39 MO S/L	198	79
10	SOUND SYSTEM	9/20/13	1,000			1,000	7 MO S/L	357	143
Total Other Depreciation			<u>370,929</u>			<u>370,929</u>		<u>29,599</u>	<u>8,649</u>
Total ACRS and Other Depreciation			<u>370,929</u>			<u>370,929</u>		<u>29,599</u>	<u>8,649</u>
Grand Totals			370,929			370,929		29,599	8,649
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>370,929</u>			<u>370,929</u>		<u>29,599</u>	<u>8,649</u>

CLIENT COPY

AZ Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
Other Depreciation:								
1	FURNITURE & EQUIPMENT	4/01/98	4,900	4,900	4,900	0	0	0
2	TUCSON BUILDING	3/01/13	133,014	133,014	10,517	3,410	3,410	0
3	TUCSON LAND	3/01/13	33,254	33,254	0	0	0	0
4	BUILDING IMPROVEMENTS	4/30/13	5,520	5,520	414	141	141	0
5	BUILDING IMPROVEMENTS	5/31/13	35,170	35,170	2,555	902	902	0
6	BUILDING IMPROVEMENTS	6/30/13	56,701	56,701	3,998	1,454	1,454	0
7	BUILDING IMPROVEMENTS	7/31/13	70,175	70,175	4,798	1,800	1,800	0
8	BUILDING IMPROVEMENTS	8/31/13	28,108	28,108	1,862	720	720	0
9	BUILDING IMPROVEMENTS	9/30/13	3,087	3,087	198	79	79	0
10	SOUND SYSTEM	9/20/13	1,000	1,000	357	143	143	0
Total Other Depreciation			<u>370,929</u>	<u>370,929</u>	<u>29,599</u>	<u>8,649</u>	<u>8,649</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>370,929</u>	<u>370,929</u>	<u>29,599</u>	<u>8,649</u>	<u>8,649</u>	<u>0</u>
Grand Totals			370,929	370,929	29,599	8,649	8,649	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>370,929</u>	<u>370,929</u>	<u>29,599</u>	<u>8,649</u>	<u>8,649</u>	<u>0</u>

CLIENT COPY

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	FURNITURE & EQUIPMENT	4/01/98	0			0	0 HY	0	0
2	TUCSON BUILDING	3/01/13	0			0	0 HY	0	0
3	TUCSON LAND	3/01/13	0			0	0 HY	0	0
4	BUILDING IMPROVEMENTS	4/30/13	0			0	0 HY	0	0
5	BUILDING IMPROVEMENTS	5/31/13	0			0	0 HY	0	0
6	BUILDING IMPROVEMENTS	6/30/13	0			0	0 HY	0	0
7	BUILDING IMPROVEMENTS	7/31/13	0			0	0 HY	0	0
8	BUILDING IMPROVEMENTS	8/31/13	0			0	0 HY	0	0
9	BUILDING IMPROVEMENTS	9/30/13	0			0	0 HY	0	0
10	SOUND SYSTEM	9/20/13	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

CLIENT COPY

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

CLIENT COPY

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	FURNITURE & EQUIPMENT	4/01/98	4,900	0	0
2	TUCSON BUILDING	3/01/13	133,014	3,411	0
3	TUCSON LAND	3/01/13	33,254	0	0
4	BUILDING IMPROVEMENTS	4/30/13	5,520	142	0
5	BUILDING IMPROVEMENTS	5/31/13	35,170	901	0
6	BUILDING IMPROVEMENTS	6/30/13	56,701	1,454	0
7	BUILDING IMPROVEMENTS	7/31/13	70,175	1,799	0
8	BUILDING IMPROVEMENTS	8/31/13	28,108	721	0
9	BUILDING IMPROVEMENTS	9/30/13	3,087	79	0
10	SOUND SYSTEM	9/20/13	1,000	143	0
	Total Other Depreciation		<u>370,929</u>	<u>8,650</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>370,929</u>	<u>8,650</u>	<u>0</u>
	Grand Totals		<u>370,929</u>	<u>8,650</u>	<u>0</u>

CLIENT COPY

Asset	Description	Date In Service	Cost	AZ
Other Depreciation:				
1	FURNITURE & EQUIPMENT	4/01/98	4,900	0
2	TUCSON BUILDING	3/01/13	133,014	3,411
3	TUCSON LAND	3/01/13	33,254	0
4	BUILDING IMPROVEMENTS	4/30/13	5,520	142
5	BUILDING IMPROVEMENTS	5/31/13	35,170	901
6	BUILDING IMPROVEMENTS	6/30/13	56,701	1,454
7	BUILDING IMPROVEMENTS	7/31/13	70,175	1,799
8	BUILDING IMPROVEMENTS	8/31/13	28,108	721
9	BUILDING IMPROVEMENTS	9/30/13	3,087	79
10	SOUND SYSTEM	9/20/13	1,000	143
	Total Other Depreciation		<u>370,929</u>	<u>8,650</u>
	Total ACRS and Other Depreciation		<u>370,929</u>	<u>8,650</u>
	Grand Totals		<u>370,929</u>	<u>8,650</u>

CLIENT COPY

Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning 04/01/16 , ending 03/31/17		

Name _____ Taxpayer Identification Number _____

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	2,255,012	3,202,610	947,598
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	28,400	50,701	22,301
	5. Investment income	943	4,773	3,830
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-6,377	-7	6,370
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	-2,730	-7,952	-5,222
	12. Total revenue. Add lines 1 through 11	2,275,248	3,250,125	974,877
Expenses	13. Grants and similar amounts paid	798,967	732,168	-66,799
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	72,000	72,000	
	16. Salaries, other compensation, and employee benefits	570,074	607,719	37,645
	17. Professional fundraising fees			
	18. Other professional fees	477,776	438,158	-39,618
	19. Occupancy, rent, utilities, and maintenance	7,144	36,524	29,380
	20. Depreciation and Depletion	8,651	8,649	-2
	21. Other expenses	174,248	330,780	156,532
	22. Total expenses. Add lines 13 through 21	2,108,860	2,225,998	117,138
	23. Excess or (Deficit). Subtract line 22 from line 12	166,388	1,024,127	857,739
Other Information	24. Total exempt revenue	2,275,248	3,250,125	974,877
	25. Total unrelated revenue			
	26. Total excludable revenue	20,236	47,515	27,279
	27. Total assets	753,909	1,778,036	1,024,127
	28. Total liabilities			
	29. Retained earnings	753,909	1,778,036	1,024,127
	30. Number of voting members of governing body	9	13	
31. Number of independent voting members of governing body	7	11		
32. Number of employees	31	25		
33. Number of volunteers				

Form 990	Tax Return History	2016
-----------------	---------------------------	-------------

Name ALLIANCE FOR GLOBAL JUSTICE CORP	Employer Identification Number 52-2094677
---	---

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				2,255,012	3,202,610	
Membership dues						
Program service revenue				28,400	50,701	
Capital gain or loss				-6,377	-7	
Investment income				943	4,773	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				-2,730	-7,952	
Total revenue				2,275,248	3,250,125	
Grants and similar amounts paid				798,967	732,168	
Benefits paid to or for members						
Compensation of officers, etc.				72,000	72,000	
Other compensation				570,074	607,719	
Professional fees				477,776	438,158	
Occupancy costs				7,144	36,524	
Depreciation and depletion				8,651	8,649	
Other expenses				174,248	330,780	
Total expenses				2,108,860	2,225,998	
Excess or (Deficit)				166,388	1,024,127	
Total exempt revenue				2,275,248	3,250,125	
Total unrelated revenue						
Total excludable revenue				20,236	47,515	
Total Assets				753,909	1,778,036	
Total Liabilities						
Net Fund Balances				753,909	1,778,036	

CLIENT COPY

Tax-Exempt Interest on Investments

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST-SAVINGS	S/T CD	\$ 1,413		14			
TOTAL		\$ 1,413					

Tax-Exempt Dividends from Securities

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
DIVIDEND, INTEREST	(SEC)	\$ 3,360		14			
TOTAL		\$ 3,360					

CLIENT COPY

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 403,682	\$ 403,682	\$	\$
TOTAL	\$ 403,682	\$ 403,682	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRAINING	\$ 3,392	\$ 3,193	\$ 199	\$
MISCELLANEOUS	2,625	2,625		
BAD DEBT	2,437		2,437	
OTHER EXPENSES	788		788	
FEES	440		440	
TOTAL	\$ 9,682	\$ 5,818	\$ 3,864	\$ 0

CLIENT COPY

Schedule A, Part III, Line 1(e)

Description	Amount
DIRECT MAIL	\$ 116,163
FOUNDATION & TRUST GRANTS	35,090
MAJOR DONOR	4,300
UNDESIGNATED	373,202
WEB/INTERNET	422,295
WIRE IN	70,535
TIDES FOUNDATION	
CASH CONTRIBUTION	143,000
SAMUEL RUBIN FOUNDATION	
CASH CONTRIBUTION	10,000
SPARKPLUG FOUNDATION	
CASH CONTRIBUTION	15,000
PEACE DEVELOPMENT FUND	
CASH CONTRIBUTION	5,000
PATAGONIA.ORG	
CASH CONTRIBUTION	8,500
WALLANCE GLOBAL FUND II GRANTS	
CASH CONTRIBUTION	50,000
IMPACTASSETS	
CASH CONTRIBUTION	50,000
WINSLOW FOUNDATION	
CASH CONTRIBUTION	45,000
LUSH COSMETIC LLC	
CASH CONTRIBUTION	37,600
SILICAN VALLEY COMMUNITY FOUNDATION	
CASH CONTRIBUTION	10,000
FIREBALL FOUNDATION	
CASH CONTRIBUTION	20,000
CRAIGSLIST CHARITABLE FUND	
CASH CONTRIBUTION	50,000
PROTEUS FUND	
CASH CONTRIBUTION	50,000
BEN & JERRY FOUNDATION	
CASH CONTRIBUTION	10,000
AMERICAN ENDOWMENT FOUNDATION	
CASH CONTRIBUTION	5,000
AMNESTY INTERNATIONAL OF THE USA INC	
CASH CONTRIBUTION	20,000

CLIENT COPY

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
ANNE BASS HYATT	\$
CASH CONTRIBUTION	5,000
ANONYMOUS	
CASH CONTRIBUTION	230,000
ARCA FOUNDATION	
CASH CONTRIBUTION	15,000
BARBARA FORD	
CASH CONTRIBUTION	20,000
BARCLAY CHARITABLE FUND	
CASH CONTRIBUTION	15,000
BERGER-MARKS FOUNDATION	
CASH CONTRIBUTION	29,950
BOB H JOHNSON FAMILY TRUST FOUNDATIO	
CASH CONTRIBUTION	15,000
BOREALIS PHILANTHROPY	
CASH CONTRIBUTION	70,000
BRIGHTWATER FUND	
CASH CONTRIBUTION	50,000
CHARLES STEWART MOTT FOUNDATION	
CASH CONTRIBUTION	15,000
CHORUS INC	
CASH CONTRIBUTION	10,000
CHRISTOPHER MISNER	
CASH CONTRIBUTION	10,000
CLEVELAND FOUNDATION	
CASH CONTRIBUTION	30,000
COMMON COUNSEL FOUNDATION	
CASH CONTRIBUTION	15,000
DAPHNE FUND LLC	
CASH CONTRIBUTION	10,000
DUDLEY FOUNDATION	
CASH CONTRIBUTION	5,000
E DANIEL & MARIE RIEHL	
CASH CONTRIBUTION	5,000
E MARIANNE GABEL	
CASH CONTRIBUTION	5,000
ELIZABETH M & BRYAN R FALCON	
CASH CONTRIBUTION	10,000

CLIENT COPY

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
FUNDS FOR DEMOCRATIC COMMUNITIES	\$
CASH CONTRIBUTION	8,000
INTL BROTHERHOOD OF TEAMSTERS	
CASH CONTRIBUTION	15,000
JAMES GRAY	
CASH CONTRIBUTION	5,000
KAREN PITTELMAN	
CASH CONTRIBUTION	650,000
LYNN HANDLEMAN CHARITABLE FOUNDATION	
CASH CONTRIBUTION	18,000
MARY JANE MARCUS	
CASH CONTRIBUTION	5,000
MADEA BENJAMIN	
CASH CONTRIBUTION	15,000
MELINDA OWENS	
CASH CONTRIBUTION	10,000
MIZE FAMILY FOUNDATION	
CASH CONTRIBUTION	15,000
MORTON BROOKS	
CASH CONTRIBUTION	5,000
MOVEMENT STRATEGY CENTER	
CASH CONTRIBUTION	19,400
NAOMI SOBEL&RABBI BECLAY SILVERSTEIN	
CASH CONTRIBUTION	5,000
NATNL NURSES UNITED PATIENT PROTECT	
CASH CONTRIBUTION	25,000
NEVILLE ROY SINGHAM	
CASH CONTRIBUTION	15,000
NEW WORLD FOUNDATION	
CASH CONTRIBUTION	15,000
NORTH STAR FOUNDATION	
CASH CONTRIBUTION	10,000
O'BRIEN FOUNDATION LTD	
CASH CONTRIBUTION	9,975
PASCUA YAQUI TRIBE	
CASH CONTRIBUTION	8,000
PETER HIENEGG	
CASH CONTRIBUTION	5,000

CLIENT COPY

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
RICHARD MYER	\$
CASH CONTRIBUTION	24,000
ROBERT GRUBER	
CASH CONTRIBUTION	6,000
ROCKEFELLER FAMILY FUND	
CASH CONTRIBUTION	40,000
SATTERBERG FOUNDATION	
CASH CONTRIBUTION	10,000
SEIU GENERAL FUND GENUS	
CASH CONTRIBUTION	10,000
THE OTHER 98%	
CASH CONTRIBUTION	20,000
THE SHUGAR MAGIC FOUNDATION	
CASH CONTRIBUTION	5,000
THE UNIVERISTY OF MISSISSIPPI	
CASH CONTRIBUTION	9,000
ULTRAVIOLET ACTION	
CASH CONTRIBUTION	5,000
UNITED STUDENTS AGAINST SWEATSHOPS	
CASH CONTRIBUTION	5,000
UU VEATCH PROGRAM AT SHELTER ROCK	
CASH CONTRIBUTION	40,000
WESLEY P CALLENDER	
CASH CONTRIBUTION	5,000
ANONYMOUS	
500 SHARES OF STOCK	49,600
TOTAL	\$ <u>3,202,610</u>

CLIENT COPY

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
DELEGATION	\$ 47,691
DONOR LIST RENTAL	2,002
MEMBERSHIP DUES	220
PROGRAM INCOME - OTHER	788
TOTAL	<u>\$ 50,701</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST-SAVINGS S/T CD	\$ 1,413
DIVIDEND, INTEREST (SEC)	3,360
OFFICE BUILDING, TUCSON, AZ	17,795
TOTAL	<u>\$ 22,568</u>

CLIENT COPY

Schedule A, Part III, Line 11

Description	Amount
MISC INCOME	\$ 3,067
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 2,067</u>

Cash - EOY

<u>Description</u>	<u>Amount</u>
CHECKING 3929	\$ 415
DEPOSIT ONLY 3937	64,786
FINANCIAL WEST GROUP	32,989
HSN DRAW 4175	1,000
OLD CHECKING	496
VANTAGE ANALYSIS BUS CK	418,941
VANTAGE WEST HONDURAS ACCT	2
VANTAGE WEST SHARE	5
WIRE OUT ACCOUNT	503
TOTAL	<u>\$ 519,137</u>

Savings - EOY

<u>Description</u>	<u>Amount</u>
VANTAGE WEST MONEY MKT	\$ 796,236
TOTAL	<u>\$ 796,236</u>

CLIENT COPY

Form 99 Return Summary

For calendar year 2016, or tax year beginning **04/01/16** , and ending **03/31/17**

52-2094677

ALLIANCE FOR GLOBAL JUSTICE CORP

Sources of Income

Gross sales or receipts	<u>50,701</u>		
Less: Cost of goods sold	<u> </u>		
Gross profit from business activities		<u>50,701</u>	
Interest		<u>1,413</u>	
Dividends		<u>3,360</u>	
Rents and royalties		<u>17,795</u>	
Gain or (loss) from sales of assets		<u>-7</u>	
Dues, assessments, etc., from members		<u> </u>	
Dues, assessments, etc., from affiliated organizations		<u> </u>	
Contributions, gifts, grants, etc. received		<u>3,202,610</u>	
Other income		<u>3,067</u>	
Total income			<u><u>3,278,939</u></u>

Expenses

Administrative expenses	<u>1,465,478</u>		
Disbursements from current income	<u>789,334</u>		
Disbursements from principal	<u> </u>		
Other disbursements	<u> </u>		
Total expenses			<u><u>2,254,812</u></u>
Accumulation of income in current year			<u>1,024,127</u>
Accumulation of income at beginning of year			<u>753,909</u>
Accumulation of income at end of year			<u><u>1,778,036</u></u>

Penalty for late filing or incomplete filing

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>753,909</u>	<u>1,778,036</u>	
Liabilities	<u> </u>	<u> </u>	
Net assets	<u><u>753,909</u></u>	<u><u>1,778,036</u></u>	<u><u>1,024,127</u></u>

Miscellaneous Information

Amended return —
 Return / extended due date _____

For the calendar year 2016 or fiscal year beginning 04/01/2016 and ending 03/31/2017.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name ALLIANCE FOR GLOBAL JUSTICE CORP	Employer Identification Number (EIN) 52-2094677
Business Telephone Number (with area code) 202-540-8336	Address - number and street or PO Box 225 E 26TH STREET #1	
	City, Town or Post Office TUCSON	State AZ
		ZIP Code 85713

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 04/01/2013

B Nature of Arizona activities: SEE STATEMENT 1

C Federal form filed: 990 990-EZ Other (specify) _____

Check box if return filed under extension:
 82 82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM 66 RCVD

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -

D NMMD Registry Identification Number: _____

E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation

If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____

Sources of Income

1	Gross sales from business activities	1	50,701	00
2	Less cost of goods sold or of operations: Include itemized statement	2		00
3	Gross profit from business activities: Subtract line 2 from line 1	3	50,701	00
4	Interest	4	1,413	00
5	Dividends	5	3,360	00
6	Rents and royalties	6	17,795	00
7	Gain or (loss) from sales of assets, excluding inventory items	7	-7	00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	3,202,610	00
11	Other income: Include itemized statement SEE STATEMENT 2	11	3,067	00
12	Total income: Add lines 3 through 11	12	3,278,939	00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	13	72,000	00
14	Salaries and wages other than amounts included on line 2	14	546,862	00
15	Interest	15		00
16	Taxes	16	3,691	00
17	Rent expense	17	36,524	00
18	Depreciation: Include schedule SEE STATEMENT 3	18	8,649	00
19	Miscellaneous expenses: Include itemized statement SEE STMT 4	19	797,752	00
20	Total expenses: Add lines 13 through 19	20	1,465,478	00

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6	21	789,334	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	1,024,127	00
25	Accumulation of income at beginning of year	25	753,909	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	1,778,036	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27		00
----	--	----	--	----

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1) ALLIANCE FOR GLOBAL JUSTICE CORP	EIN 52-2094677
--	--------------------------

SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., to affiliates	A1		00	
A2 Contributions, gifts, grants, etc., paid	A2	732,168	00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a		00	
A3b Other benefits	A3b	57,166	00	
A4 Dividends and other distributions to members, shareholders, or depositors	A4		00	
A5 Other	A5		00	
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6		789,334	00

SCHEDULE B Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., to affiliates	B1		00	
B2 Contributions, gifts, grants, etc., paid	B2		00	
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a		00	
B3b Other benefits	B3b		00	
B4 Dividends and other distributions to members, shareholders, or depositors	B4		00	
B5 Other	B5		00	
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6			00

SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year	
Assets					
C1 Cash		296,907	00	C1	1,315,373
C2a Accounts receivable	C2a		00		
C2b Less allowance for doubtful accounts	C2b		00		
C2c Line C2a less line C2b. Enter difference in column (b)			00	C2c	00
C3a Other notes and loans receivable: Include schedule	C3a	6,008	00		
C3b Less allowance for doubtful accounts	C3b		00		
C3c Line C3a less line C3b. Enter difference in column (b)		SEE STMT 5	6,008	C3c	2,885
C4 Inventories			00	C4	00
C5 Investments (securities): Include schedule		SEE STATEMENT 6	45,334	C5	61,939
C6 Investments (other): Include schedule		SEE STATEMENT 7	60,000	C6	63,358
C7a Land, buildings, and equipment; basis:	C7a	370,929	00		
C7b Less accumulated depreciation: Include schedule	C7b	38,248	00		
C7c Line C7a less line C7b. Enter difference in column (b)		SEE STMT 8	341,330	C7c	332,681
C8 Other assets (describe):		SEE STATEMENT 9	4,330	C8	1,800
C9 Total assets: Add lines C1 through C8			753,909	C9	1,778,036
Liabilities					
C10 Accounts payable and accrued expenses			00	C10	00
C11 Mortgages and other notes payable: Include schedule			00	C11	00
C12 Other liabilities (describe):			00	C12	00
C13 Total liabilities: Add lines C10 through C12			00	C13	00
Net Assets					
C14 Capital stock or trust principal			00	C14	00
C15 Paid-in or capital surplus			00	C15	00
C16 Retained earnings or accumulated income		753,909	00	C16	1,778,036
C17 Total net assets: Add lines C14 through C16			753,909	C17	1,778,036
C18 Total liabilities and net assets: Add lines C13 and C17			753,909	C18	1,778,036

@ PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

ALLIANCE FOR GLOBAL JUSTICE CORP

EIN

52-2094677

Declaration

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

OFFICER'S SIGNATURE

CHARLES E KAUFMAN

DATE

07/26/2017

TITLE

SECRETARY/TREASURER

Paid Preparer's Use Only

RICHARD K WENDTLAND JR CPA

PAID PREPARER'S SIGNATURE

WENDTLAND & ASSOCIATES, P.C.

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

2990 E FORT LOWELL RD

FIRM'S STREET ADDRESS

TUCSON

CITY

AZ

STATE

P00197175

PAID PREPARER'S PTIN

86-0827971

FIRM'S EIN OR SSN

520-323-7600

FIRM'S TELEPHONE NUMBER

85716

ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

CLIENT COPY

Statement 1 - Form 99, Page 1, Line B - Nature of Arizona Activities

Description

TO ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER AND MORE UNIFIED GRASSROOTS MOVEMENT.

Statement 2 - Form 99, Page 1, Line 11 - Other Income

Description	Amount
MISC INCOME	3,067
TOTAL	3,067

Statement 3 - Form 99, Page 1, Line 18 - Depreciation

Description	Amount
FURNITURE & EQUIPMENT	
TUCSON BUILDING	3,410
TUCSON LAND	
BUILDING IMPROVEMENTS	141
BUILDING IMPROVEMENTS	902
BUILDING IMPROVEMENTS	1,454
BUILDING IMPROVEMENTS	1,800
BUILDING IMPROVEMENTS	720
BUILDING IMPROVEMENTS	79
SOUND SYSTEM	143
TOTAL	8,649

Statement 4 - Form 99, Page 1, Line 19 - Miscellaneous Expenses

Description	Amount
ACCOUNTING	3,403
LEGAL	31,073
DELEGATIONS	47,871
SPEAKING TOURS	1,253
TRANSPORTATION	826
TRAVEL & MEETINGS	86,400
MEETINGS & CONFERENCES	35,568
CONTRACT LABOR	403,682
ADVERTISING	1,182
EQUIPMENT	977
INSURANCE	
MAILHOUSE	7,126
POSTAGE	9,559
BOOKS, SUBSCRIPTIONS, REF	523
POSTAGE (NON FUND)	2,519
PRINTING & COPYING	16,966
BANK AND CC FEES	41,972
MISCELLANEOUS	2,625
SUPPLIES	14,966
TELEPHONE	48,784
TRAINING	3,392

Statement 4 - Form 99, Page 1, Line 19 - Miscellaneous Expenses (continued)

Description	Amount
FUNDRAISING OTHER	725
FEES	440
OTHER EXPENSES	788
RENTAL EXPENSES	28,814
PAYROLL SERVICES	3,881
BAD DEBT	2,437
TOTAL	<u>797,752</u>

Statement 5 - Form 99, Page 2, Line C3c - Other Notes and Loans Receivable

Description	Beginning of Year	End of Year
ELANE SPIVAK RODRIGUEZ	\$ 684	\$
JAMES JORDAN	4,303	2,860
DANIELE KOHN	1,021	25
TOTAL	<u>\$ 6,008</u>	<u>\$ 2,885</u>

Statement 6 - Form 99, Page 2, Line C5 - Investments (Securities)

Description	Beginning of Year	End of Year
STIFEL STOCK	\$ 45,334	\$ 45,334
FWG STOCK		16,605
TOTAL	<u>\$ 45,334</u>	<u>\$ 61,939</u>

Statement 7 - Form 99, Page 2, Line C6 - Other Investments

Description	Beginning of Year	End of Year
ANNUITIES	\$ 45,000	\$ 45,000
REIT	15,000	18,358
TOTAL	<u>\$ 60,000</u>	<u>\$ 63,358</u>

Statement 8 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment

Description	Beginning of Year	End of Year
BUILDINGS, EQUIPMENT	\$ 337,675	\$ 337,675
LAND	33,254	33,254
LESS: ACCUMULATED DEPRECIATION	-29,599	-38,248
TOTAL	<u>\$ 341,330</u>	<u>\$ 332,681</u>

Statement 9 - Form 99, Page 2, Line C8 - Other Assets

Description	Beginning of Year	End of Year
LOANS STAFF/BOARD	\$ 2,530	\$ 0
USAS	1,800	1,800
INTANGIBLE ASSETS		
TOTAL	<u>\$ 4,330</u>	<u>\$ 1,800</u>

CLIENT COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 04/01/16, and ending 03/31/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">ALLIANCE FOR GLOBAL JUSTICE CORP</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>225 E 26TH STREET #1</p> City or town, state or province, country, and ZIP or foreign postal code <p>TUCSON AZ 85713</p>	D Employer identification number <p style="text-align: center;">52-2094677</p> E Telephone number <p style="text-align: center;">202-540-8336</p> G Gross receipts \$ 3,328,539
F Name and address of principal officer: <p>CHARLES E KAUFMAN 225 E 26TH STREET #1 TUCSON AZ 85713</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u HTTP://AFGJ.ORG		L Year of formation: 1998 M State of legal domicile: AZ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER AND MORE UNIFIED GRASSROOTS MOVEMENT.</p>																																													
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">13</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">11</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">25</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">0</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">7a</td><td style="text-align: center;">0</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">7b</td><td style="text-align: center;">0</td><td></td><td></td><td></td><td></td></tr> </table>							3	13					4	11					5	25					6	0					7a	0					7b	0						
3	13																																													
4	11																																													
5	25																																													
6	0																																													
7a	0																																													
7b	0																																													
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:10%;"></th><th style="width:10%;">Prior Year</th><th style="width:10%;">Current Year</th><th style="width:10%;"></th><th style="width:10%;"></th></tr> <tr><td style="text-align: center;">8</td><td style="text-align: right;">2,255,012</td><td style="text-align: right;">3,202,610</td><td></td><td></td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: right;">28,400</td><td style="text-align: right;">50,701</td><td></td><td></td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: right;">-5,434</td><td style="text-align: right;">4,766</td><td></td><td></td></tr> <tr><td style="text-align: center;">11</td><td style="text-align: right;">-2,730</td><td style="text-align: right;">-7,952</td><td></td><td></td></tr> <tr><td style="text-align: center;">12</td><td style="text-align: right;">2,275,248</td><td style="text-align: right;">3,250,125</td><td></td><td></td></tr> </table>		Prior Year	Current Year			8	2,255,012	3,202,610			9	28,400	50,701			10	-5,434	4,766			11	-2,730	-7,952			12	2,275,248	3,250,125																
	Prior Year	Current Year																																												
8	2,255,012	3,202,610																																												
9	28,400	50,701																																												
10	-5,434	4,766																																												
11	-2,730	-7,952																																												
12	2,275,248	3,250,125																																												
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 22,045 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:10%;"></th><th style="width:10%;">Prior Year</th><th style="width:10%;">Current Year</th><th style="width:10%;"></th><th style="width:10%;"></th></tr> <tr><td style="text-align: center;">13</td><td style="text-align: right;">798,967</td><td style="text-align: right;">732,168</td><td></td><td></td></tr> <tr><td style="text-align: center;">14</td><td></td><td style="text-align: right;">0</td><td></td><td></td></tr> <tr><td style="text-align: center;">15</td><td style="text-align: right;">642,074</td><td style="text-align: right;">679,719</td><td></td><td></td></tr> <tr><td style="text-align: center;">16a</td><td></td><td style="text-align: right;">0</td><td></td><td></td></tr> <tr><td style="text-align: center;">17</td><td style="text-align: right;">667,819</td><td style="text-align: right;">814,111</td><td></td><td></td></tr> <tr><td style="text-align: center;">18</td><td style="text-align: right;">2,108,860</td><td style="text-align: right;">2,225,998</td><td></td><td></td></tr> <tr><td style="text-align: center;">19</td><td style="text-align: right;">166,388</td><td style="text-align: right;">1,024,127</td><td></td><td></td></tr> </table>		Prior Year	Current Year			13	798,967	732,168			14		0			15	642,074	679,719			16a		0			17	667,819	814,111			18	2,108,860	2,225,998			19	166,388	1,024,127						
	Prior Year	Current Year																																												
13	798,967	732,168																																												
14		0																																												
15	642,074	679,719																																												
16a		0																																												
17	667,819	814,111																																												
18	2,108,860	2,225,998																																												
19	166,388	1,024,127																																												
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:10%;"></th><th style="width:10%;">Beginning of Current Year</th><th style="width:10%;">End of Year</th><th style="width:10%;"></th><th style="width:10%;"></th></tr> <tr><td style="text-align: center;">20</td><td style="text-align: right;">753,909</td><td style="text-align: right;">1,778,036</td><td></td><td></td></tr> <tr><td style="text-align: center;">21</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td><td></td><td></td></tr> <tr><td style="text-align: center;">22</td><td style="text-align: right;">753,909</td><td style="text-align: right;">1,778,036</td><td></td><td></td></tr> </table>		Beginning of Current Year	End of Year			20	753,909	1,778,036			21	0	0			22	753,909	1,778,036																										
	Beginning of Current Year	End of Year																																												
20	753,909	1,778,036																																												
21	0	0																																												
22	753,909	1,778,036																																												

Part II Signature Block

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	Signature of officer <p style="text-align: center;">CHARLES E KAUFMAN</p> Type or print name and title	Date <p style="text-align: center;">SECRETARY/TREASURER</p>
Paid Preparer Use Only	Print/Type preparer's name <p>RICHARD K WENDTLAND JR CPA</p> Preparer's signature <p>RICHARD K WENDTLAND JR CPA</p> Date <p>07/26/17</p> Check <input type="checkbox"/> if self-employed PTIN <p>P00197175</p> Firm's name } WENDTLAND & ASSOCIATES, P.C. Firm's address } 2990 E FORT LOWELL RD <p style="text-align: center;">TUCSON, AZ 85716</p> Firm's EIN } 86-0827971 Phone no. 520-323-7600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER AND MORE UNIFIED GRASSROOTS MOVEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,846,327** including grants of \$ **716,213**) (Revenue \$)

FISCAL SPONSORSHIP SERVICES ARE OFFERED TO GRASSROOTS NON-PROFITS THAT AGREE WITH THE AFGJ VISION AND MISSION STATEMENTS BUT DO NOT HAVE THEIR OWN 501(C)(3) STATUS. THE PURPOSE OF THE FISCAL SPONSORSHIP SERVICES IS TO HELP THE PROGRESSIVE MOVEMENT GROW AND GAIN MORE INFLUENCE ON REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS. AFGJ HAS ABOUT 85 DIFFERENT GROUPS IN THIS PROGRAM. AFGJ ACTS AS A PARENT AND PROVIDES HELP TO THESE GROUPS ADMINISTRATIVELY WHICH ALLOWS THE GROUPS TO CONCENTRATE ON THEIR MISSION, GROWTH, AND ACCOMPLISHING THEIR GOALS. AFGJ HELPS THIS EFFORT BY MAKING THE DONATIONS TO THESE GROUPS TAX-DEDUCTIBLE TO THE DONOR, OFFERING TAX ASSISTANCE, DONATION COLLECTION AND PROCESSING, PAYROLL SERVICES, GROUP HEALTH INSURANCE, LIABILITY INSURANCE, AND A LISTING ON THE AFGJ WEBSITE.

4b (Code:) (Expenses \$ **99,453** including grants of \$) (Revenue \$ **32,726**)

MULTIPLE DELEGATIONS AND CONFERENCES INCLUDING OBSERVING THE COLUMBIA PEACE REFERENDUM VOTE, A COMPARE AND CONTRAST DELEGATION TO NICARAGUA AND HONDURAS, A HONDURAS AND COLUMBIA HUMAN RIGHTS ACCOMPANIMENT, MEXICO PRISON RESEARCH, AND A HUMAN RIGHTS CONFERENCE AND COLUMBIAN LABOR SPEAKING TOUR IN THE UNITED STATES.

4c (Code:) (Expenses \$ **105,806** including grants of \$ **15,955**) (Revenue \$ **14,965**)

MONITOR HUMAN RIGHTS IN HONDURAS AND WRITE REPORTS WITH FOCUS ON UNITED STATES AND CANADIAN POLICY IMPACTS ON MILITARIZATION OF SECURITY FORCES AND LACK OF THE RULE OF LAW. PROVIDE ON THE GROUND SERVICES FOR DELEGATIONS, JOURNALISTS, AND RESEARCHERS. MONITOR ELECTIONS, PRODUCE EMERGENCY RESPONSES, AND EDUCATE PUBLIC IN UNITED STATES AND CANADA.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **58,649** including grants of \$) (Revenue \$ **3,010**)

4e Total program service expenses **2,110,235**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. 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		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding tax compliance, employee reporting, and charitable contributions.

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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u AZ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

CHARLES E KAUFMAN **225 E 26TH STREET #1** **AZ 85713** **202-540-8336**
TUCSON

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM BAKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) MARK BURTON	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) CHARLES DELANEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) JOHN OCAMPO	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) SHELLY SCRIBNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) ROBERT SIEGEL	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) IRENE RODRIGUEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) ARNOLD MATLIN MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) VICKI CERVANTES	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) NATALI SEGOVIA	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) KATHERINE HOYT	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHARLES E KAUFMAN	40.00									
SECRETARY/TREASURER	0.00			X			37,000	0	0	
(13) JAMES JORDAN	40.00									
PRESIDENT	0.00			X			35,000	0	0	
1b Sub-total u							72,000			
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u							72,000			

CLIENT COPY

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,202,610				
	g Noncash contributions included in lines 1a-1f: \$		49,600				
	h Total. Add lines 1a-1f	u	3,202,610				
Program Service Revenue		Busn. Code					
	2a DELEGATION		47,691	47,691			
	b DONOR LIST RENTAL		2,002	2,002			
	c PROGRAM INCOME - OTHER		788	788			
	d MEMBERSHIP DUES		220	220			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	50,701				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,773			4,773	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	17,795				
		(ii) Personal					
	b Less: rental exps.		28,814				
	c Rental inc. or (loss)		-11,019				
	d Net rental income or (loss)	u		-11,019		-11,019	
	7a Gross amount from sales of assets other than inventory	(i) Securities	49,593				
		(ii) Other					
	b Less: cost or other basis & sales exps.		49,600				
	c Gain or (loss)		-7				
	d Net gain or (loss)	u		-7		-7	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a MISC INCOME			3,067			3,067	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		3,067				
12 Total revenue. See instructions.	u		3,250,125	50,701	0	-3,186	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	696,568	696,568		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	35,600	35,600		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,000	66,096	5,448	456
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	546,862	502,018	41,383	3,461
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	57,166	49,126	7,370	670
10 Payroll taxes	3,691	3,519	124	48
11 Fees for services (non-employees):				
a Management				
b Legal	31,073	31,073		
c Accounting	3,403		3,403	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	403,682	403,682		
12 Advertising and promotion	1,182	1,182		
13 Office expenses	38,395	20,985		17,410
14 Information technology				
15 Royalties				
16 Occupancy	36,524	36,524		
17 Travel	136,350	136,350		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,568	35,568		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,649		8,649	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	48,784	48,784		
b BANK AND CC FEES	41,972	22,376	19,596	
c SUPPLIES	14,966	14,966		
d PAYROLL SERVICES	3,881		3,881	
e All other expenses	9,682	5,818	3,864	
25 Total functional expenses. Add lines 1 through 24e	2,225,998	2,110,235	93,718	22,045
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	144,273	1	519,137
	2	Savings and temporary cash investments	152,634	2	796,236
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	4,303	5	2,860
	6	Loans and other 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). Complete Part II of Schedule L	1,705	6	25
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	370,929		
	b	Less: accumulated depreciation	38,248	10c	332,681
	11	Investments—publicly traded securities	45,334	11	61,939
	12	Investments—other securities. See Part IV, line 11	60,000	12	63,358
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,330	15	1,800
16	Total assets. Add lines 1 through 15 (must equal line 34)	753,909	16	1,778,036	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	140,983	27	250,398
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	612,926	29	1,527,638
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	753,909	33	1,778,036	
34	Total liabilities and net assets/fund balances	753,909	34	1,778,036	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,250,125
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,225,998
3	Revenue less expenses. Subtract line 2 from line 1	3	1,024,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	753,909
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,778,036

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

CLIENT COPY

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2016. 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
b 33 1/3% support test—2015. 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
17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,094,525	2,349,469	1,703,342	2,255,012	3,202,610	12,604,958
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				28,400	50,701	79,101
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,094,525	2,349,469	1,703,342	2,283,412	3,253,311	12,684,059
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						12,684,059

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	3,094,525	2,349,469	1,703,342	2,283,412	3,253,311	12,684,059
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	473	727,394	6,894	18,573	22,568	775,902
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	473	727,394	6,894	18,573	22,568	775,902
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				7,442	2,067	9,509
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,927	-12,371	8,600			20,156
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,118,925	3,064,492	1,718,836	2,309,427	3,277,946	13,489,626
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	94.03 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	93.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	6 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	6 %

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

RENTAL	\$	9,220
---------------	----	--------------

MISCELLANEOUS	\$	10,936
----------------------	----	---------------

CLIENT COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
--	--

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO CA 94129	\$ 143,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAMUEL RUBIN FOUNDATION 50 CHURCH ST 5TH FL CAMBRIDGE MA 02139	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SPARKPLUG FOUNDATION PARK WEST FINANCE STA, PO BOX 20956 NEW YORK NY 10025	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PEACE DEVELOPMENT FUND PO BOX 40250 SAN FRANCISCO CA 94140	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PATAGONIA.ORG 259 W SANTA CALARA ST VENTURA CA 93001	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WALLANCE GLOBAL FUND II GRANTS 2040 S STREET NW WASHINGTON DC 20009	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IMPACTASSETS 7315 WISCONSIN AVE STE 1000W BETHESDA MD 20814	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WINSLOW FOUNDATION 501 SILVERSIDE RD STE 103 WILMINGTON DE 19809	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	LUSH COSMETIC LLC 8680 CAMBIE ST VANCOUVER	\$ 37,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SILICAN VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW CA 94040	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FIREROLL FOUNDATION 1460 MARIA LANE STE 400 WALNUT CREEK CA 94596	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CRAIGSLIST CHARITABLE FUND 222 SUTTER ST 9TH FLOOR SAN FRANCISCO CA 94108	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PROTEUS FUND 15 RESEARCH DR #B AMHERST MA 01002	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BEN & JERRY FOUNDATION 30 COMMUNITY DRIVE SOUTH BURLINGTON VT 05403	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	AMERICAN ENDOWMENT FOUNDATION 1521 GEORGETOWN RD STE 104 HUDSON OH 44236	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	AMNESTY INTERNATIONAL OF THE USA INC 5 PENN PLAZA 16TH FLOOR NEW YORK NY 10001	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ANNE BASS HYATT 201 MAIN STREET STE 2400 FORT WORTH TX 76102	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ANONYMOUS	\$ 230,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ARCA FOUNDATION 1308 19TH ST NW WASHINGTON DC 20036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BARBARA FORD 7233 SE ALDER ST PORTLAND OR 97215	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BARCLAY CHARITABLE FUND 1 CHURCHILL PL LONDON	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BERGER-MARKS FOUNDATION 4301 CONNECTICUT AVE NW STE 140 WASHINGTON DC 20008	\$ 29,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BOB H JOHNSON FAMILY TRUST FOUNDATIO 6846 S CANTON STE 250 TULSA OK 74147	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BOREALIS PHILANTHROPY	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BRIGHTWATER FUND 10 TIMBER TRAIL RYE NY 10580	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CHARLES STEWART MOTT FOUNDATION N/A FLINT MI 48502	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CHORUS INC PO BOX 99804 BOSTON MA 02199	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CHRISTOPHER MISNER 2227 COBBLEHILL PL SAN MATEO CA 94402	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	CLEVELAND FOUNDATION 1422 EUCLID AVE CLEVELAND OH 44115	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	COMMON COUNSEL FOUNDATION 1624 FRANKLING ST #1022 OAKLAND CA 94612	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
--	--

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DAPHNE FUND LLC 3500 E OLIVE AVE STE 700 BURBANK CA 91505	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DUDLEY FOUNDATION 609 NORTHSORE DR BELLINGHAM WA 98226	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	E DANIEL & MARIE RIEHL 72 SUNDROP LANE, 1001 E OREGON RD LITIZ PA 17543	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	E MARIANNE GABEL 49 FOREST AVE DELAWARE OH 43015	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ELIZABETH M & BRYAN R FALCON 3021 N GAIA PL TUCSON AZ 85745	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	FUNDS FOR DEMOCRATIC COMMUNITIES 712 SOUTH ELAM AVE GREENSBORO NC 27403	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	INTL BROTHERHOOD OF TEAMSTERS 25 LOUISIANA AVE NW WASHINGTON DC 20001	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	JAMES GRAY 2531 CRESTVIEW DR NEWPORT BEACH CA 92663	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	KAREN PITTELMAN 500 4TH AVE APT 8B BROOKLYN NY 11215	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	LYNN HANDLEMAN CHARITABLE FOUNDATION PO BOX 3610 OAKLAND CA 94609	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MARY JANE MARCUS 2090 CORNELL ST PALO ALTO CA 94306	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	MADEA BENJAMIN 666 G ST NE WASHINGTON DC 20002	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MELINDA OWENS 1218 QUINCE AVE SAN MATEO CA 94402	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MIZE FAMILY FOUNDATION 1815 11TH AVE E SEATTLE WA 98102	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	MORTON BROOKS 1633 EAST VIRGINIA AVE DENVER CO 80209	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MOVEMENT STRATEGY CENTER 436 14TH STE 500 OAKLAND CA 94612	\$ 19,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	NAOMI SOBEL&RABBI BECLAY SILVERSTEIN 4623 MELBOURNE AVE APT 1 LOS ANGELES CA 90027	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	NATNL NURSES UNITED PATIENT PROTECT 8630 FENTON STREET STE 100 SILVER SPRINGS MD 20910	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
--	--

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NEVILLE ROY SINGHAM 99 MADISON AVE FLOOR 15 NEW YORK NY 10016	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK NY 10025	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NORTH STAR FOUNDATION 20 DEERFIELD LANE STORRS CT 06268	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	O'BRIEN FOUNDATION LTD 600 DEERWOOD DR HANWELL	\$ 9,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	PASCUA YAQUI TRIBE 7474 SOUTH CAMINO DE OESTE TUCSON AZ 85757	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	PETER HIENEGG 1157 GLENWOOD BLVD SCHENECTDAY NY 12308	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	RICHARD MYER PO BOX 3046 NEWPORT CA 92658	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	ROBERT GRUBER 251 MANOR CIR TAKOMA PARK MD 20912	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	ROCKEFELLER FAMILY FUND 475 RIVERSIDE DR STE 900 NEW YORK NY 10115	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	SATTERBERG FOUNDATION 1904 3RD AVE STE 825 SEATTLE WA 98101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	SEIU GENERAL FUND GENUS 800 MASSACHUSETTS AVE NW WASHINGTON DC 20036	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	THE OTHER 98% PO BOX 1434 VASHON WA 98070	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	THE SHUGAR MAGIC FOUNDATION 249 KENT RD PACIFICA CA 94044	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	THE UNIVERISTY OF MISSISSIPPI UNIV OF MS 38677 OPERATION ACCT OXFORD MS 38655	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	ULTRAVIOLET ACTION 1015 15TH ST NW STE 100 WASHINGTON DC 20005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	UNITED STUDENTS AGAINST SWEATSHOPS 1155 CONNECTICUT AVE STE 500 WASHINGTON DC 20036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	UU VEATCH PROGRAM AT SHELTER ROCK 48 SHELTER ROCK RD MANHASSET NY 11030	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	WESLEY P CALLENDER 1088 MANNING ST GREAT FALLS VA 22066	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	ANONYMOUS	\$ 49,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization ALLIANCE FOR GLOBAL JUSTICE CORP	Employer identification number 52-2094677
---	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
67	500 SHARES OF STOCK	\$ 49,600	02/03/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

CLIENT COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,254		33,254
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		337,675	38,248	299,427
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		332,681

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

CLIENT COPY

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
u Attach to Form 990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND CARIBBEAN					
(1)	1	1	PROGRAM SERVICES	RURAL DEVELOPMENT	11,300
MID-EAST & NORTH AFRICA					
(2)	1		PROGRAM SERVICES	HUMAN RIGHTS	24,300
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2	1			35,600
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	1			35,600

CLIENT COPY

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				RURAL DEVELOPMENT	11,300	WIRE			CASH
(2)				LEGAL EXPENSES	19,300	WIRE			CASH
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

CLIENT COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter u 0

3 Enter total number of other organizations or entities u 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

CLIENT COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

CLIENT COPY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND CARIBBEAN	\$ 11,300	\$ 0
MID-EAST & NORTH AFRICA	\$ 24,300	\$ 0

PART V - ADDITIONAL INFORMATION

PART 1, LINE 3F - METHOD OF ACCOUNTING

CASH BASIS

PART II, LINE 1 - METHOD OF ACCOUNTING

CASH BASIS

CLIENT COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACTION BAIL FUND			10,000		CASH		LEGAL EXPENSES
(2)	CONGO FRIENDS OF 1629 K ST NW STE 300 WASHINGTON DC 20006			14,850		CASH		PEACEFUL RELATIONS
(3)	FOSSIL FUEL DIVESTMENT 4840 WALTON ST PHILADELPHIA PA 19143			10,000		CASH		BUILD ALLIANCES
(4)	MILLION HOODIES MVMT FOR JUSTICE 348 W 57TH ST STE 216 NEW YORK NY 10019			76,000		CASH		RACIAL JUSTICE
(5)	MOVEMENT FOR BLACK LIVES 4216 S HALSTED CHICAGO IL 60609			15,097		CASH		CIVIL RIGHTS
(6)	POPULAR RESISTANCE 402 E LAKE AVE BALTIMORE MD 21212			11,877		CASH		GRASSROOTS EDUCATION
(7)	REFUSE FACISM 305 W BROADWAY #185 NEW YORK NY 10013			105,580		CASH		STOP FACISM
(8)	ROCKAWAY WILDFIRE 763 MONROE ST APT 2L BROOKLYN NY 11221			5,500		CASH		BUILD COMMUNITY
(9)	SOCIAL JUSTICE ACTION COMMITTEE 400 SE 12TH AVE PORTLAND OR 97214			22,202		CASH		BUILD COMMUNITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	STOP MASS INCARCERATION PO BOX 941 KNICKERBOCKER STN NEW YORK NY 10108			8,306		CASH		PRISON REFORM
(2)	SURANAME INDIGENOUS HEALTH FD 3500 ISLAND ROAD WHITE SWAN WA 98952			5,203		CASH		MEDICAL ASSISTANCE
(3)	UNIDOS PO BOX 1461 TUCSON AZ 85702			8,371		CASH		MEXICAN AMER STUDIES
(4)	UNITED STUDENTS AGAINST SWEATSHOPS 1155 CONNECTICUT AVE NW STE 500 WASHINGTON DC 20036			10,000		CASH		LABOR RIGHTS
(5)	WORLD BEYOND WAR PO BOX 1484 CHARLOTTESVILLE VA 22902			8,100		CASH		STOP WAR
(6)	WORLD CAN'T WAIT 305 W BROADWAY #185 NEW YORK NY 10013			35,776		CASH		STOP WAR
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 FISCAL PROJECTS SUBMIT QUARTERLY REPORTS ON HOW THEY HAVE SPENT THE GRANTS
 AND TO CERTIFY THEY HAVE USED THE MONEY FOR THEIR CHARITABLE PURPOSE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

U Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
U Attach to Form 990 or Form 990-EZ.

U Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u \$** _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u \$** _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	JAMES JORDAN CREDIT CARD ERROR			PRESIDENT			X	4,733	2,860
(2)	DANIELE KOHN CREDIT CARD ERROR	EMPLOYEE			X	1,076	25		X		X		X
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							u \$	2,885					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) ELANE SPIVAK RODRIGUEZ	DIR DAUGHTER	35,000	COMPENSATION		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

CLIENT COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	49,600	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

CLIENT COPY

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
----	--	-----------

	Yes	No
30a		X
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II.		
31		X
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		
32a		X
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b If "Yes," describe in Part II.		
33		
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

CLIENT COPY

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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ALLIANCE FOR GLOBAL JUSTICE CORP

Employer identification number

52-2094677

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

ONLINE PUBLISHING OF INFORMATION AND ALERTS, PARTICIPATION IN COALITIONS,
HOSTING WEBINARS, CO-SPONSOR AND LOGISTICS FOR CONFERENCES, AND OTHER
MISCELLANEOUS SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE SECRETARY WILL EMAIL FORM 990 TO THE BOARD FOR DISCUSSION ON A
CONFERENCE CALL PRIOR TO FILING. THE SECRETARY WILL RECEIVE EMAIL
AUTHORIZATION BY BOARD MEMBERS TO FILE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST IS POSTED AT [HTTP://AFGJ.ORG](http://AFGJ.ORG).

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

AFGJ'S CORE STAFF RECEIVE THE SAME PAY REGARDLESS OF TITLE OR SENORITY
WITH THE EXCEPTION THAT NEW STAFF START AT \$2,000 BELOW THE BASE SALARY AND
REACH PARITY ON THEIR FIRST ANNIVERSARY. THERE IS A PRECEDENT AS WELL FOR
A COST OF LIVING SALARY ADDITION FOR STAFF IN EXPENSIVE LOCALS. AFGJ'S
FISCALLY SPONSORED PROJECTS SET THEIR OWN COMPENSATION POLICIES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

AFGJ'S CORE STAFF RECEIVE THE SAME PAY REGARDLESS OF TITLE OR SENORITY WITH
THE EXCEPTION THAT NEW STAFF START AT \$2,000 BELOW THE BASE SALARY AND
REACH PARITY ON THEIR FIRST ANNIVERSARY. THERE IS A PRECEDENT AS WELL FOR
A COST OF LIVING SALARY ADDITION FOR STAFF IN EXPENSIVE LOCALS. AFGJ'S

Name of the organization

Employer identification number

ALLIANCE FOR GLOBAL JUSTICE CORP

52-2094677

FISCALLY SPONSORED PROJECTS SET THEIR OWN COMPENSATION POLICIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, BOARD BIOGRAPHIES, KEY POLICIES AND 990'S ARE POSTED

ON THE WEBSITE: HTTP://AFGJ.ORG.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

CONTRACT LABOR

\$ 403,682

\$ 0

\$ 0

CLIENT COPY