

## Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning **04/01/17** , and ending **03/31/18**

52-2094677

### ALLIANCE FOR GLOBAL JUSTICE CORP

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

**Revenue**

Contributions	<b>3,635,752</b>
Program service revenue	<b>56,972</b>
Investment income	<b>11,177</b>
Capital gain / loss	<b>604</b>
Fundraising / Gaming:	
Gross revenue _____	
Direct expenses _____	
Net income	<b>-15,746</b>
Other income	<b>-15,746</b>

**Total revenue** 3,688,759

**Expenses**

Program services	<b>3,376,876</b>
Management and general	<b>89,457</b>
Fundraising	<b>47,927</b>

**Total expenses** 3,514,260

**Excess / (deficit)** 174,499

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 1,952,535

CLIENT COPY

**Reconciliation of Revenue**

Total revenue per financial statements _____	
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
<b>Total revenue per return</b>	<b>3,688,759</b>

**Reconciliation of Expenses**

Total expenses per financial statements _____	
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
<b>Total expenses per return</b>	<b>3,514,260</b>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<b>1,778,036</b>	<b>1,956,211</b>	
Liabilities		<b>3,676</b>	
Net assets	<b>1,778,036</b>	<b>1,952,535</b>	<b>174,499</b>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date **08/15/18**  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 4/01, 2017, and ending 3/31, 20 18

**u Do not send to the IRS. Keep for your records.  
u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2017**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**ALLIANCE FOR GLOBAL JUSTICE CORP**

Employer identification number

**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 one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,688,759</u>
2a Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	5b	

**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 2017 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**

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

on the organization's tax year 2017 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 2017 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 2017 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** (2017)

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 04/01/17, and ending 03/31/18**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>ALLIANCE FOR GLOBAL JUSTICE CORP</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>225 E 26TH STREET #1</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>TUCSON AZ 85713</b></p>	<b>D</b> Employer identification number <p><b>52-2094677</b></p> <b>E</b> Telephone number <p><b>202-540-8336</b></p> <b>G</b> Gross receipts \$ <b>3,760,505</b>
<b>F</b> Name and address of principal officer: <p><b>CHARLES E KAUFMAN</b>  <b>225 E 26TH STREET #1</b>  <b>TUCSON AZ 85713</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> 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		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u</b> <a href="http://AFGJ.ORG">HTTP://AFGJ.ORG</a>		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>AZ</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO ACHIEVE SOCIAL CHANGE AND ECONOMIC JUSTICE BY HELPING TO BUILD A STRONGER AND MORE UNIFIED GRASSROOTS MOVEMENT.</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>39</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,202,610	3,635,752
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,701	56,972
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,766	11,781
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,952	-15,746
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,250,125	3,688,759
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	732,168	658,156
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	679,719	793,182
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	47,927	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	814,111	2,062,922
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,225,998	3,514,260
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,024,127	174,499	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,778,036	1,956,211
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0	3,676
		1,778,036	1,952,535

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>CHARLES E KAUFMAN</b></p> Type or print name and title	Date <p style="text-align: center;"><b>SECRETARY/TREASURER</b></p>
	Print/Type preparer's name <p><b>RICHARD K WENDTLAND JR CPA</b></p> Preparer's signature <p><b>RICHARD K WENDTLAND JR CPA</b></p> Date <p><b>07/31/18</b></p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN <p><b>P00197175</b></p>	

<b>Paid Preparer Use Only</b>	Firm's name } <b>WENDTLAND &amp; ASSOCIATES, P.C.</b> Firm's address } <b>2990 E FORT LOWELL RD TUCSON, AZ 85716</b>	Firm's EIN } <b>86-0827971</b> Phone no. } <b>520-323-7600</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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 \$ **3,270,890** including grants of \$ **658,156** ) (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 100 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 \$ **41,060** including grants of \$ ) (Revenue \$ **39,646** )

**MULTIPLE DELEGATIONS AND CONFERENCES INCLUDING HUMAN RIGHTS ACCOMPANIMENTS IN HONDURAS AND COLOMBIA, A HUMAN RIGHTS CONFERENCE IN MEXICO, AND MEETINGS ON IMMIGRATION AND MILITARIZATION ALONG THE US-MEXICAN BORDER.**

4c (Code: ) (Expenses \$ **61,134** including grants of \$ ) (Revenue \$ **14,995** )

**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 \$ **3,792** including grants of \$ ) (Revenue \$ **2,331** )

4e Total program service expenses **u 3,376,876**

**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	<b>Section 501(c)(3) organizations.</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	
<b>22</b> 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>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b> 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>	<b>X</b>	
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	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) KATHERINE HOYT	1.00									
DIRECTOR	0.00	X					3,792	0	0	
(2) TOM BAKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) MARK BURTON	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) CHARLES DELANEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) JOHN OCAMPO	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) SHELLY SCRIBNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) ROBERT SIEGEL	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) IRENE RODRIGUEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) ARNOLD MATLIN MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) VICKI CERVANTES	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) NATALI SEGOVIA	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) <b>CHARLES E KAUFMAN</b>	40.00									
<b>SECRETARY/TREASURER</b>	0.00			X			39,500	0	0	
(13) <b>JAMES JORDAN</b>	40.00									
<b>PRESIDENT</b>	0.00			X			39,167	0	0	
<b>1b Sub-total</b> u							<b>82,459</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> u										
<b>d Total (add lines 1b and 1c)</b> u							<b>82,459</b>			

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**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,635,752				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		232				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	3,635,752				
<b>Program Service Revenue</b>	<b>2a</b> DELEGATION	Busn. Code	54,641	54,641			
	<b>b</b> DONOR LIST RENTAL		2,010	2,010			
	<b>c</b> PROGRAM INCOME - OTHER		321	321			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	56,972				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	11,177			11,177
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>					
<b>5</b> Royalties		<b>u</b>					
<b>6a</b> Gross rents		(i) Real	20,472				
		(ii) Personal					
<b>b</b> Less: rental exps.			36,218				
<b>c</b> Rental inc. or (loss)			-15,746				
<b>d</b> Net rental income or (loss)		<b>u</b>	-15,746			-15,746	
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	36,132				
		(ii) Other					
<b>b</b> Less: cost or other basis & sales exps.			35,528				
<b>c</b> Gain or (loss)			604				
<b>d</b> Net gain or (loss)		<b>u</b>	604			604	
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>						
<b>12 Total revenue.</b> See instructions.	<b>u</b>	3,688,759	56,972	0	-3,965		

**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	626,361	626,361		
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	31,795	31,795		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,459	62,709	7,900	11,850
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	552,936	513,436	29,625	9,875
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	52,721	43,029	6,138	3,554
10 Payroll taxes	105,066	95,269	6,205	3,592
11 Fees for services (non-employees):				
a Management				
b Legal	106,814	106,814		
c Accounting	3,844		3,844	
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.)	673,305	673,305		
12 Advertising and promotion	58,522	58,522		
13 Office expenses	110,573	110,573		
14 Information technology				
15 Royalties				
16 Occupancy	112,718	112,718		
17 Travel	486,316	486,316		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,699	3,699		
20 Interest	74	74		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,798		8,798	
23 Insurance	470	470		
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 LOCAL EVENT COSTS	308,127	308,127		
b TELEPHONE/WEB/INTERNET	67,864	67,864		
c BANK AND CC FEES	38,555	19,278	19,277	
d TRAINING	33,833	33,833		
e All other expenses	49,410	22,684	7,670	19,056
25 Total functional expenses. Add lines 1 through 24e	3,514,260	3,376,876	89,457	47,927
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	
<b>Assets</b>	1	Cash—non-interest bearing	519,137	1	38,672
	2	Savings and temporary cash investments	796,236	2	1,486,144
	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	2,860	5	4,503
	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	25	6	819
	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	379,079		
	b	Less: accumulated depreciation	47,046	10c	332,033
	11	Investments—publicly traded securities	61,939	11	45,000
	12	Investments—other securities. See Part IV, line 11	63,358	12	45,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,800	15	4,040
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,778,036	16	1,956,211	
<b>Liabilities</b>	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	3,676
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	3,676
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	250,398	27	158,486
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	1,527,638	29	1,794,049
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	1,778,036	33	1,952,535	
34	<b>Total liabilities and net assets/fund balances</b>	1,778,036	34	1,956,211	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,688,759</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,514,260</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>174,499</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,778,036</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,952,535</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	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>3b</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.

**2017**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**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 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2016 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,349,469	1,703,342	2,255,012	3,202,610	3,635,752	13,146,185
<b>2</b> 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	56,972	136,073
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,349,469	1,703,342	2,283,412	3,253,311	3,692,724	13,282,258
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						13,282,258

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	2,349,469	1,703,342	2,283,412	3,253,311	3,692,724	13,282,258
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	727,394	6,894	18,573	22,568	31,649	807,078
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	727,394	6,894	18,573	22,568	31,649	807,078
<b>11</b> 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
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-12,371	8,600				-3,771
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,064,492	1,718,836	2,309,427	3,277,946	3,724,373	14,095,074
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.23 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	94.03 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	6 %
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	6 %

- 19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			

**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** \$ **-13,970**

**MISCELLANEOUS** \$ **10,199**

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**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	<b>52-2094677</b>

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 33<sup>1</sup>/<sub>3</sub>% 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 <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	ACORN FOUNDATION 30 ACORN WAY KENTFIELD CA 94904	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AFL-CIO 815 SIXTEENTH ST NW WASHINGTON DC 20006	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AFSCME LOCAL 3299 HED 2201 BROADWAY SUITE 315 OAKLAND CA 94612	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AMALGAMATED TRANSIT UNION 10000 NEW HAMPSHIRE AVE SILVER SPRING MD 20903	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AMERICAN FED OF TEACHERS AFL-CIO 555 NEW JERSEY AVE NW WASHINGTON DC 20001	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AMERICAN ONLINE GIVING FNDN INC	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	<b>AMNESTY INTERNATIONAL</b> CALLE LUZ SAVINON 519 COLONIA DEL VA BENITO JUAREZ 03100	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>ANONYMOUS</b>	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>ARGENT TRUST</b> 500 E REYNOLDS DR RUSTON LA 71270	\$ 8,218	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<b>BAKERY CONFCTN TOBACCO &amp; GRAIN UNION</b> 10401 CONNECTICUTE AVE 4TH FL KENSIGTON MD 20895	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<b>BENJAMIN FUND INC</b> 666 G ST NE WASHINGTON DC 20002	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<b>BLACK WOMEN'S BLUEPRINT, INC.</b> 279 EMPIRE BLVD BROOKLYN NY 11225	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	BOB H JOHNSON FAMILY TR FOUNDATION 406 S BOULDER STE 500  TULSA OK 74103	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BOREALIS PHILANT BILL.COM   	\$ 226,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BREAD & ROSES COMMUNITY FUND 1315 WALNUT ST, STE. 1300  PHILADELPHIA PA 19107	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	BROOKLYN COMMUNITY FOUNDATION 1000 DEAN STREET, SUITE 307  BROOKLYN NY 11238	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CRAIGSLIST CHARITABLE FUND 222 SUTTER ST 9TH FL  SAN FRANCISCO CA 94108	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CRYSTAL E HAYLING 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.)

Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	DRINKER BIDDLE & REATH LLP 1177 AVE OF THE AMERICAS, 41ST FLOOR NEW YORK NY 10036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	E DANIEL RIEHL 1001 E OREGON RD, 72 SUNDROP LANE LITITZ PA 17543	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ELLEN PECKHAM 2727 PALISADE AVE UNIT 12HJ BRONX NY 10463	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FIRST LOOK MEDIA	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	FUND FOR GLOBAL HUMAN RIGHTS 1301 CONNECTICUT AVE NW SUITE 400 WASHINGTON DC 20036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	G FREDRICK CHARITABLE FOUNDATION 29 MESA ST STE 301 SAN FRANCISCO CA 94129	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	GLOBALWORKS FOUNDATION - TASC 888 17TH ST NW STE 1200  WASHINGTON DC 20006	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	GROWALD FAMILY FUND 55 POUND AVE  BROOKLINE MA 02445	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	HAB CHARITABLE FOUNDATION 201 MAIN ST STE 2700  FORT WORTH TX 76102	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	IMPACT ASSETS 7315 WISCONSIN AVE SUITE 100W  BETHESDA MD 20814	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	INSTRUCTIONAL TELECOMMUNICATIONS FDN PO BOX 6060  BOULDER CO 80306	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	JAMES M SQUIRE 5225 SW JACOBSEN RD  SEATTLE WA 98116	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	JANE LERNER 505 COURT ST #5R BROOKLYN NY 11231	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JEFFREY JOHNSON TTEE 6846 S CANTON STE 250 TULSA OK 74147	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	LABORERS' INTERNATIONAL UNION OF NA 905 16TH ST NW WASHINGTON DC 20006	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	LUCY JOHANSSON 550 HUNTINGTON DR PITTSBORO NC 27312	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	LUSH USA 8668 CAMBIE STREET VANCOUVER BC V6P 6M6	\$ 42,549	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	M PATRICIA DAVIS 1088 MANNING ST GREAT FALLS VA 22066	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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	MARY ELLEN LAWHEAD 9222 CORBIN AVE APT 128 NORTHRIDGE CA 91324	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	MEDEA BENJAMIN 666 G ST NE WASHINGTON DC 20002	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MICHAEL HOLMAN 1055 W BRYN MAWR AVE STE F 176 CHICAGO IL 60660	\$ 16,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	NAOMI J SOBEL & BECKY SILVERSTEIN 6 EVERETT STREET #2 JAMAICA PLAIN MA 02130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	NATIONAL ORGANIZATION FOR WOMEN INC 1100 H ST NW STE 301 WASHINGTON DC 20005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	NEO PHILANTHROPY 45 WEST 36TH 6TH FLOOR NEW YORK NY 10018	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK NY 10025	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	NEW YORK FOUNDATION 10 EAST 34TH ST NEW YORK NY 10016	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	NORTH STAR FUND 520 EIGHTH AVE SUITE 1800 NEW YORK NY 10018	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	NOVO FOUNDATION 535 FIFTH AVE NEW YORK NY 10017	\$ 285,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD STE 510 NEWPORT BEACH CA 92660	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	PARKS FOUNDATION INC PO BOX 550 ITHACA NY 14851	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	PASCUA YACHI 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.)
50	PATAGONIA.ORG 259 W SANTA CLARA ST VENTURE CA 93001	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	PATTERSON BELKNAP WEBB & TYLER LLP 1133 AVE OF THE AMERICAS NEW YORK NY 10036	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	PEACE DEVELOPMENT FUND PO BOX 40250 SAN FRANCISCO CA 94140	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	PEOPLE FOR BIKES COALITION PO BOX 2359 BOULDER CO 80306	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	PHYSICIANS FOR A NTNL HEALTH PROGRAM 29 E MADISON ST STE 1412 CHICAGO IL 60602	\$ 8,315	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	PICO NATIONAL 2000 FRANKLIN STREET 3RD FLOOR OAKLAND CA 94612	\$ 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	PINK HOUSE FOUNDATION INC 1735 CONNECTICUT AVE NW 2ND FLOOR WASHINGTON DC 20009	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	PROTUES FUND 15 RESEARCH DR #B AMHERST MA 01002	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	ROBERT ARCHER 6656 21ST AVE NW SEATTLE WA 98117	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	SAC INVESTMENTS LLC 4594 W CRAMER ST SEATTLE WA 98199	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	SAM GOLDMAN UNKNOWN PHILADELPHIA PA 19147	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	SAMUEL RUBIN FOUNDATION 50 CHURCH ST 5TH FL CAMBRIDGE MA 02138	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	SOLIDAGO FOUNDATION 150 MAIN ST STE 24 MORTHAMPTON MA 01060	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	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.)
64	STANLEY KASTER 1072 77TH ST BROOKLYN NY 11228	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	SURDNA FOUNDATION INC 200 MADISON AVE 25TH FLOOR NEW YORK NY 10016	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	SUSTAINABLE MARKETS FOUNDATION 45 WEST 36TH ST 6TH FLOOR NEW YORK NY 10018	\$ 53,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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	THE ASTRAEA FOUNDATION 116 EAST 16TH ST 7TH FLOOR NEW YORK NY 10003	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	THE BRIGHTWATER FUND 10 TIMBER TRAIL RYE NY 10580	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	THE FARTHING TRUST PO BOX 277 CAMBRIDGE CB7 9DE	\$ 10,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	THE NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK NY 10025	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	THE NEW YORK IMMIGRATION COALITION 131 WEST 33RD ST SUITE 610 NEW YORK NY 10001	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	THE OBRIEN FOUNDATION LTD 600 DEERWOOD DRIVE HANWELL NB E3E 1C5	\$ 9,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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
73	THE PROSPECT HILL FOUNDATION INC 99 PARK AVE SUITE 2220  NEW YORK NY 10016	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	THE SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER SUITE 1400  SAN FRANCISCO CA 94111	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	THE SOLUTIONS PROJECT 4096 PIEDMONT AVE #728  OAKLAND CA 94611	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	THE TIDES FOUNDATION 1014 TORNEY AVE  SAN FRANCISCO CA 94129	\$ 51,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	THE UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE PO BOX 210109  TUCSON AZ 85721	\$ 13,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	THE UNIVERSITY OF MISSISSIPPI PO BOX 1848  UNIVERSITY MS 38677	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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
79	THE WHITMAN INSTITUTE 405 DAVIS COURT #301 SAN FRANCISCO CA 94111	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	THE WORLD CAN'T WAIT 305 W BROADWAY #185 NEW YORK NY 10013	\$ 8,053	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO CA 94129	\$ 210,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	UNITE HERE 275 SEVENTH AVE NEW YORK NY 10001	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	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.)
84	VIRGINIA ORGANIZING INC 703 CONCORD AVE CHARLOTTESVILLE VA 22903	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer identification number <b>52-2094677</b>
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**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
85	WALLACE GLOBAL FUND II GRANTS 2040 S STREET NW WASHINGTON DC 20009	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	WALTER TILLOW 1227 S 6TH APT 2 LOUISVILLE KY 40203	\$ 5,000	Person <input checked="" 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.)

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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 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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: Description, 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land .....		<b>33,254</b>		<b>33,254</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>345,825</b>	<b>47,046</b>	<b>298,779</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>332,033</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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) <b>PUT OPTIONS</b>	<b>1,915</b>
(3) <b>CHECKS PAYABLE</b>	<b>1,761</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>3,676</b>

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)*

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**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.

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>CENTRAL AMERICA AND CARIBBEAN</b>					
(1)	1	1	PROGRAM SERVICES	HUMAN RIGHTS	22,795
<b>MID-EAST &amp; NORTH AFRICA</b>					
(2)			PROGRAM SERVICES	HUMAN RIGHTS	9,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....	1	1			31,795
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)	1	1			31,795

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**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)				HUMAN RIGHTS	11,101	WIRE			CASH
(2)				HUMAN RIGHTS	9,000	WIRE			CASH
(3)				HUMAN RIGHTS	11,694	ATM CARD			CASH
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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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** 3

**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)							

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**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; don't 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; don't file with Form 990)* .....  Yes  No

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**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	\$ 22,795	\$ 0
MID-EAST & NORTH AFRICA	\$ 9,000	\$ 0

**PART V - ADDITIONAL INFORMATION**

**PART 1, LINE 3F - METHOD OF ACCOUNTING**

CASH BASIS

**PART II, LINE 1 - METHOD OF ACCOUNTING**

CASH BASIS

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**SCHEDULE I  
(Form 990)**

**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 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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 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)	ALLIANCE OF FAMILIES FOR JUSTICE 8 W 126TH ST 3RD FLOOR NEW YORK NY 10027			70,913		CASH		RACIAL JUSTICE
(2)	ALLIED MEDIA PROJECTS 4126 THIRD ST DETROIT MI 48201			15,000		CASH		MEDIA STRATEGY
(3)	BLACK TRANS MEDIA			7,400		CASH		RACIAL JUSTICE
(4)	COURAGE TO RESIST 484 LAKE PARK AVE #41 OAKLAND CA 94610			25,812		CASH		HUMAN RIGHTS
(5)	FOSSIL FUEL DIVESTMENT 4840 WALTON ST PHILADELPHIA PA 19143			11,258		CASH		BUILD ALLIANCES
(6)	HAITI WOMEN FOR HAITIAN REFUGEES			10,072		CASH		RACIAL JUSTICE
(7)	INTER-RELIGIOUS FNDN FOR COMM ORGNZ			29,859		CASH		RACIAL JUSTICE
(8)	MARCH FOR RACIAL JUSTICE			17,549		CASH		RACIAL JUSTICE
(9)	MILLION HOODIES 348 W 57TH ST STE 216 NEW YORK NY 10019			45,350		CASH		RACIAL JUSTICE

- 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) (2017)

**SCHEDULE I  
(Form 990)**

**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 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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 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)	MOVEMENT FOR BLACK LIVES 4216 S HALSTED CHICAGO IL 60609			147,698		CASH		CIVIL RIGHTS
(2)	POPULAR RESISTANCE			42,815		CASH		SOCIAL JUSTICE
(3)	UNITED STUDENTS AGAINST SWEATSHOPS 1155 CONNECTICUT AVE NW STE 500 WASHINGTON DC 20036			35,000		CASH		LABOR RIGHTS
(4)	US CLIMATE PLAN INC 50 F STREET NW STE 700 WASHINGTON DC 20001			10,000		CASH		ENVIRONMENTL JUSTICE
(5)	US LABOR AGAINST WAR 1030 15TH ST NW #153 WASHINGTON DC 20005			26,528		CASH		HUMAN RIGHTS
(6)	WORLD CAN'T WAIT 305 W BROADWAY #185 NEW YORK NY 10013			78,170		CASH		HUMAN RIGHTS
(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) (2017)

**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.

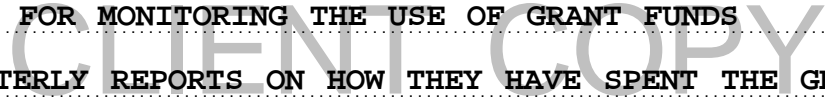
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open To Public Inspection

Employer identification number

52-2094677

**ALLIANCE FOR GLOBAL JUSTICE CORP**

**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	4,503		X		X		X
(2)	BLANCA BAY CREDIT CARD ERROR	EMPLOYEE			X	5,064	757		X		X		X
(3)	DANIELE KOHN CREDIT CARD ERROR	EMPLOYEE			X	1,076	62		X		X		X
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							<b>u</b> \$	<b>5,322</b>					

**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)	<b>ELANE SPIVAK RODRIGUEZ</b>	<b>DIR DAUGHTER</b>	<b>39,167</b>	<b>COMPENSATION</b>		<b>X</b>
(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).

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**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 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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**

**\$ 673,305**

**\$ 0**

**\$ 0**

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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 Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2017**

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	<b>510,000</b>
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	<b>2,030,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	<b>8,650</b>

**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 2017	17	<b>0</b>
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 2017 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	
i Nonresidential real property	<b>07/20/17</b>	<b>8,150</b>	39 yrs.	MM	S/L	<b>148</b>
				MM	S/L	

**Section C—Assets Placed in Service During 2017 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	<b>Total.</b> 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	<b>8,798</b>
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** (2017)



**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
11	AC UNIT	7/20/17	8,150			8,150	39 MMS/L	0	148
			<u>8,150</u>			<u>8,150</u>		<u>0</u>	<u>148</u>
<b>Other Depreciation:</b>									
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	13,927	3,411
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	555	142
5	BUILDING IMPROVEMENTS	5/31/13	35,170			35,170	39 MO S/L	3,457	901
6	BUILDING IMPROVEMENTS	6/30/13	56,701			56,701	39 MO S/L	5,452	1,454
7	BUILDING IMPROVEMENTS	7/31/13	70,175			70,175	39 MO S/L	6,598	1,799
8	BUILDING IMPROVEMENTS	8/31/13	28,108			28,108	39 MO S/L	2,582	721
9	BUILDING IMPROVEMENTS	9/30/13	3,087			3,087	39 MO S/L	277	79
10	SOUND SYSTEM	9/20/13	1,000			1,000	7 MO S/L	500	143
	<b>Total Other Depreciation</b>		<u>370,929</u>			<u>370,929</u>		<u>38,248</u>	<u>8,650</u>
	<b>Total ACRS and Other Depreciation</b>		<u>370,929</u>			<u>370,929</u>		<u>38,248</u>	<u>8,650</u>
	<b>Grand Totals</b>		379,079			379,079		38,248	8,798
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>379,079</u>			<u>379,079</u>		<u>38,248</u>	<u>8,798</u>

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**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
<b>Non-Residential Real Property:</b>								
11	AC UNIT	7/20/17	8,150	8,150	0	148	148	0
			<u>8,150</u>	<u>8,150</u>	<u>0</u>	<u>148</u>	<u>148</u>	<u>0</u>
<b>Other Depreciation:</b>								
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	13,927	3,411	3,411	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	555	142	142	0
5	BUILDING IMPROVEMENTS	5/31/13	35,170	35,170	3,457	901	901	0
6	BUILDING IMPROVEMENTS	6/30/13	56,701	56,701	5,452	1,454	1,454	0
7	BUILDING IMPROVEMENTS	7/31/13	70,175	70,175	6,598	1,799	1,799	0
8	BUILDING IMPROVEMENTS	8/31/13	28,108	28,108	2,582	721	721	0
9	BUILDING IMPROVEMENTS	9/30/13	3,087	3,087	277	79	79	0
10	SOUND SYSTEM	9/20/13	1,000	1,000	500	143	143	0
	<b>Total Other Depreciation</b>		<u>370,929</u>	<u>370,929</u>	<u>38,248</u>	<u>8,650</u>	<u>8,650</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>370,929</u>	<u>370,929</u>	<u>38,248</u>	<u>8,650</u>	<u>8,650</u>	<u>0</u>
	<b>Grand Totals</b>		379,079	379,079	38,248	8,798	8,798	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>379,079</u>	<u>379,079</u>	<u>38,248</u>	<u>8,798</u>	<u>8,798</u>	<u>0</u>

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**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
11	AC UNIT	7/20/17	8,150			8,150	39 MMS/L	0	148
			<u>8,150</u>			<u>8,150</u>		<u>0</u>	<u>148</u>
<b>Other Depreciation:</b>									
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
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		8,150			8,150		0	148
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>8,150</u>			<u>8,150</u>		<u>0</u>	<u>148</u>

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# 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>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	11	AC UNIT	148	148	0
				<u>148</u>	<u>148</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
11	AC UNIT	7/20/17	8,150	209	209
			<u>8,150</u>	<u>209</u>	<u>209</u>
<b>Other Depreciation:</b>					
1	FURNITURE & EQUIPMENT	4/01/98	4,900	0	0
2	TUCSON BUILDING	3/01/13	133,014	3,410	0
3	TUCSON LAND	3/01/13	33,254	0	0
4	BUILDING IMPROVEMENTS	4/30/13	5,520	141	0
5	BUILDING IMPROVEMENTS	5/31/13	35,170	902	0
6	BUILDING IMPROVEMENTS	6/30/13	56,701	1,453	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	80	0
10	SOUND SYSTEM	9/20/13	1,000	142	0
	<b>Total Other Depreciation</b>		<u>370,929</u>	<u>8,648</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>370,929</u>	<u>8,648</u>	<u>0</u>
	<b>Grand Totals</b>		<u>379,079</u>	<u>8,857</u>	<u>209</u>

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Asset	Description	Date In Service	Cost	AZ
<b>Prior MACRS:</b>				
11	AC UNIT	7/20/17	8,150	209
			<u>8,150</u>	<u>209</u>
<b>Other Depreciation:</b>				
1	FURNITURE & EQUIPMENT	4/01/98	4,900	0
2	TUCSON BUILDING	3/01/13	133,014	3,410
3	TUCSON LAND	3/01/13	33,254	0
4	BUILDING IMPROVEMENTS	4/30/13	5,520	141
5	BUILDING IMPROVEMENTS	5/31/13	35,170	902
6	BUILDING IMPROVEMENTS	6/30/13	56,701	1,453
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	80
10	SOUND SYSTEM	9/20/13	1,000	142
	<b>Total Other Depreciation</b>		<u>370,929</u>	<u>8,648</u>
	<b>Total ACRS and Other Depreciation</b>		<u>370,929</u>	<u>8,648</u>
	<b>Grand Totals</b>		<u>379,079</u>	<u>8,857</u>

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Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2016 &amp; 2017</b>
For calendar year 2017, or tax year beginning <b>04/01/17</b> , ending <b>03/31/18</b>		

Name

Taxpayer Identification Number

**ALLIANCE FOR GLOBAL JUSTICE CORP**

**52-2094677**

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	3,202,610	3,635,752	433,142
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	50,701	56,972	6,271
	5. Investment income	4,773	11,177	6,404
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-7	604	611
	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	-7,952	-15,746	-7,794
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,250,125</b>	<b>3,688,759</b>	<b>438,634</b>
<b>Expenses</b>	13. Grants and similar amounts paid	732,168	658,156	-74,012
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	72,000	82,459	10,459
	16. Salaries, other compensation, and employee benefits	607,719	710,723	103,004
	17. Professional fundraising fees			
	18. Other professional fees	438,158	783,963	345,805
	19. Occupancy, rent, utilities, and maintenance	36,524	112,718	76,194
	20. Depreciation and Depletion	8,649	8,798	149
	21. Other expenses	330,780	1,157,443	826,663
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,225,998</b>	<b>3,514,260</b>	<b>1,288,262</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>1,024,127</b>	<b>174,499</b>	<b>-849,628</b>
<b>Other Information</b>	24. Total exempt revenue	3,250,125	3,688,759	438,634
	25. Total unrelated revenue			
	26. Total excludable revenue	47,515	53,007	5,492
	27. Total assets	1,778,036	1,956,211	178,175
	28. Total liabilities		3,676	3,676
	29. Retained earnings	1,778,036	1,952,535	174,499
	30. Number of voting members of governing body	13	13	
31. Number of independent voting members of governing body	11	11		
32. Number of employees	25	39		
33. Number of volunteers				

Form <b>990</b>	<b>Tax Return History</b>	<b>2017</b>
-----------------	---------------------------	-------------

Name <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	Employer Identification Number <b>52-2094677</b>
---	---

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....			2,255,012	3,202,610	3,635,752	
Membership dues .....						
Program service revenue .....			28,400	50,701	56,972	
Capital gain or loss .....			-6,377	-7	604	
Investment income .....			943	4,773	11,177	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....			-2,730	-7,952	-15,746	
<b>Total revenue</b> .....			<b>2,275,248</b>	<b>3,250,125</b>	<b>3,688,759</b>	
Grants and similar amounts paid .....			798,967	732,168	658,156	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			72,000	72,000	82,459	
Other compensation .....			570,074	607,719	710,723	
Professional fees .....			477,776	438,158	783,963	
Occupancy costs .....			7,144	36,524	112,718	
Depreciation and depletion .....			8,651	8,649	8,798	
Other expenses .....			174,248	330,780	1,157,443	
<b>Total expenses</b> .....			<b>2,108,860</b>	<b>2,225,998</b>	<b>3,514,260</b>	
<b>Excess or (Deficit)</b> .....			<b>166,388</b>	<b>1,024,127</b>	<b>174,499</b>	
<b>Total exempt revenue</b> .....			<b>2,275,248</b>	<b>3,250,125</b>	<b>3,688,759</b>	
Total unrelated revenue .....						
Total excludable revenue .....			20,236	47,515	53,007	
Total Assets .....			753,909	1,778,036	1,956,211	
Total Liabilities .....					3,676	
Net Fund Balances .....			753,909	1,778,036	1,952,535	



**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	\$ 10,975				14	
TOTAL	\$ 10,975					

**Tax-Exempt Dividends from Securities**

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
DIVIDENDS	\$ 202				14	
TOTAL	\$ 202					

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**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	\$ 673,305	\$ 673,305	\$	\$
TOTAL	\$ 673,305	\$ 673,305	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
FUNDRAISING EXPENSE	\$ 19,056	\$	\$	\$ 19,056
HONDURAS EXPENSES	11,694	11,694		
OTHER COSTS	6,965	6,965		
PAYROLL SERVICES	4,315		4,315	
BAD DEBT	2,850		2,850	
MISCELLANEOUS	2,724	2,219	505	
DUES & SUBSCRIPTIONS	939	939		
WIRE FEE	867	867		
TOTAL	\$ 49,410	\$ 22,684	\$ 7,670	\$ 19,056

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Schedule A, Part III, Line 1(e)

Description	Amount
NON-PROFIT REVENUE	\$ 829,458
ACORN FOUNDATION	
CASH CONTRIBUTION	10,000
AFL-CIO	
CASH CONTRIBUTION	15,000
AFSCME LOCAL 3299 HED	
CASH CONTRIBUTION	20,000
AMALGAMATED TRANSIT UNION	
CASH CONTRIBUTION	10,000
AMERICAN FED OF TEACHERS AFL-CIO	
CASH CONTRIBUTION	20,000
AMERICAN ONLINE GIVING FNDN INC	
CASH CONTRIBUTION	25,000
AMNESTY INTERNATIONAL	
CASH CONTRIBUTION	10,000
ANONYMOUS	
CASH CONTRIBUTION	20,000
ARGENT TRUST	
CASH CONTRIBUTION	8,218
BAKERY CONFCTN TOBACCO & GRAIN UNION	
CASH CONTRIBUTION	6,000
BENJAMIN FUND INC	
CASH CONTRIBUTION	25,000
BLACK WOMEN'S BLUEPRINT, INC.	
CASH CONTRIBUTION	35,000
BOB H JOHNSON FAMILY TR FOUNDATION	
CASH CONTRIBUTION	40,000
BOREALIS PHILANT BILL.COM	
CASH CONTRIBUTION	226,000
BREAD & ROSES COMMUNITY FUND	
CASH CONTRIBUTION	10,000
BROOKLYN COMMUNITY FOUNDATION	
CASH CONTRIBUTION	5,000
CRAIGSLIST CHARITABLE FUND	
CASH CONTRIBUTION	25,000
CRYSTAL E HAYLING	
CASH CONTRIBUTION	10,000
DRINKER BIDDLE & REATH LLP	

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

Description	Amount
CASH CONTRIBUTION	\$ 15,000
E DANIEL RIEHL	
CASH CONTRIBUTION	50,000
ELLEN PECKHAM	
CASH CONTRIBUTION	10,000
FIRST LOOK MEDIA	
CASH CONTRIBUTION	50,000
FUND FOR GLOBAL HUMAN RIGHTS	
CASH CONTRIBUTION	5,000
G FREDRICK CHARITABLE FOUNDATION	
CASH CONTRIBUTION	40,000
GLOBALWORKS FOUNDATION - TASC	
CASH CONTRIBUTION	20,000
GROWALD FAMILY FUND	
CASH CONTRIBUTION	50,000
HAB CHARITABLE FOUNDATION	
CASH CONTRIBUTION	25,000
IMPACT ASSETS	
CASH CONTRIBUTION	35,000
INSTRUCTIONAL TELECOMMUNICATIONS FDN	
CASH CONTRIBUTION	30,000
JAMES M SQUIRE	
CASH CONTRIBUTION	5,000
JANE LERNER	
CASH CONTRIBUTION	7,000
JEFFREY JOHNSON TTEE	
CASH CONTRIBUTION	30,000
LABORERS' INTERNATIONAL UNION OF NA	
CASH CONTRIBUTION	5,000
LUCY JOHANSSON	
CASH CONTRIBUTION	22,000
LUSH USA	
CASH CONTRIBUTION	42,549
M PATRICIA DAVIS	
CASH CONTRIBUTION	10,000
MARY ELLEN LAWHEAD	
CASH CONTRIBUTION	5,000
MEDEA BENJAMIN	

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

Description	Amount
CASH CONTRIBUTION MICHAEL HOLMAN	\$ 5,000
CASH CONTRIBUTION NAOMI J SOBEL & BECKY SILVERSTEIN	16,050
CASH CONTRIBUTION NATIONAL ORGANIZATION FOR WOMEN INC	5,000
CASH CONTRIBUTION NEO PHILANTHROPY	5,000
CASH CONTRIBUTION NEW WORLD FOUNDATION	10,000
CASH CONTRIBUTION NEW YORK FOUNDATION	100,000
CASH CONTRIBUTION NORTH STAR FUND	40,000
CASH CONTRIBUTION NOVO FOUNDATION	50,000
CASH CONTRIBUTION ORANGE COUNTY COMMUNITY FOUNDATION	285,000
CASH CONTRIBUTION PARKS FOUNDATION INC	50,000
CASH CONTRIBUTION PASCUA YACHI TRIBE	15,000
CASH CONTRIBUTION PATAGONIA.ORG	8,000
CASH CONTRIBUTION PATTERSON BELKNAP WEBB & TYLER LLP	60,000
CASH CONTRIBUTION PEACE DEVELOPMENT FUND	200,000
CASH CONTRIBUTION PEOPLE FOR BIKES COALITION	10,000
CASH CONTRIBUTION PHYSICIANS FOR A NTNL HEALTH PROGRAM	6,500
CASH CONTRIBUTION PICO NATIONAL	8,315
CASH CONTRIBUTION PINK HOUSE FOUNDATION INC	21,000
CASH CONTRIBUTION PROTUES FUND	30,000

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

Description	Amount
CASH CONTRIBUTION	\$ 25,000
ROBERT ARCHER	
CASH CONTRIBUTION	5,000
SAC INVESTMENTS LLC	
CASH CONTRIBUTION	50,000
SAM GOLDMAN	
CASH CONTRIBUTION	5,000
SAMUEL RUBIN FOUNDATION	
CASH CONTRIBUTION	5,000
SOLIDAGO FOUNDATION	
CASH CONTRIBUTION	7,500
SPARKPLUG FOUNDATION	
CASH CONTRIBUTION	15,000
STANLEY KASTER	
CASH CONTRIBUTION	5,500
SURDNA FOUNDATION INC	
CASH CONTRIBUTION	70,000
SUSTAINABLE MARKETS FOUNDATION	
CASH CONTRIBUTION	53,560
THE ASTRAEA FOUNDATION	
CASH CONTRIBUTION	5,000
THE BRIGHTWATER FUND	
CASH CONTRIBUTION	20,000
THE FARTHING TRUST	
CASH CONTRIBUTION	10,592
THE NEW WORLD FOUNDATION	
CASH CONTRIBUTION	150,000
THE NEW YORK IMMIGRATION COALITION	
CASH CONTRIBUTION	40,000
THE OBRIEN FOUNDATION LTD	
CASH CONTRIBUTION	9,975
THE PROSPECT HILL FOUNDATION INC	
CASH CONTRIBUTION	7,500
THE SAN FRANCISCO FOUNDATION	
CASH CONTRIBUTION	10,000
THE SOLUTIONS PROJECT	
CASH CONTRIBUTION	17,500
THE TIDES FOUNDATION	

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

Description	Amount
CASH CONTRIBUTION	\$ 51,500
THE UNIVERSITY OF ARIZONA FOUNDATION	
CASH CONTRIBUTION	13,750
THE UNIVERSITY OF MISSISSIPPI	
CASH CONTRIBUTION	14,000
THE WHITMAN INSTITUTE	
CASH CONTRIBUTION	25,000
THE WORLD CAN'T WAIT	
CASH CONTRIBUTION	8,053
TIDES FOUNDATION	
CASH CONTRIBUTION	210,000
UNITE HERE	
CASH CONTRIBUTION	5,000
UU VEATCH PROGRAM AT SHELTER ROCK	
CASH CONTRIBUTION	40,000
VIRGINIA ORGANIZING INC	
CASH CONTRIBUTION	5,000
WALLACE GLOBAL FUND II GRANTS	
CASH CONTRIBUTION	15,000
WALTER TILLOW	
CASH CONTRIBUTION	5,000
ANONYMOUS	
ILLINOIS TOOLWORKS INC STOCK	232
TOTAL	<u>\$ 3,635,752</u>

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**Schedule A, Part III, Line 2(e)**

Description	Amount
DELEGATION	\$ 54,641
DONOR LIST RENTAL	2,010
PROGRAM INCOME - OTHER	321
TOTAL	<u>\$ 56,972</u>

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

Description	Amount
INTEREST-SAVINGS S/T CD	\$ 10,975
DIVIDENDS	202
OFFICE BUILDING, TUCSON, AZ	20,472
TOTAL	\$ <u>31,649</u>

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**Federal Statements**

**Cash - EOY**

<u>Description</u>	<u>Amount</u>
FINANCIAL WEST GROUP	\$ 31,158
VW HSN SELECT BUSINESS CKG 31	2
VW BUSINESS REGULAR SHARE 00	6,157
STIFEL - CASH	1,355
TOTAL	\$ <u>38,672</u>

**Savings - EOY**

<u>Description</u>	<u>Amount</u>
VANTAGE WEST MONEY MKT	\$ 1,486,144
TOTAL	\$ <u>1,486,144</u>

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## Form 99 Return Summary

For calendar year 2017, or tax year beginning **04/01/17** , and ending **03/31/18**

52-2094677

### ALLIANCE FOR GLOBAL JUSTICE CORP

**Sources of Income**

Gross sales or receipts	<u>56,972</u>	
Less: Cost of goods sold	<u>                    </u>	
Gross profit from business activities		<u>56,972</u>
Interest		<u>10,975</u>
Dividends		<u>202</u>
Rents and royalties		<u>20,472</u>
Gain or (loss) from sales of assets		<u>604</u>
Dues, assessments, etc., from members		<u>                    </u>
Dues, assessments, etc., from affiliated organizations		<u>                    </u>
Contributions, gifts, grants, etc. received		<u>3,635,752</u>
Other income		<u>                    </u>
<b>Total income</b>		<u><b>3,724,977</b></u>

**Expenses**

Administrative expenses	<u>2,839,601</u>	
Disbursements from current income	<u>710,877</u>	
Disbursements from principal	<u>                    </u>	
Other disbursements	<u>                    </u>	
<b>Total expenses</b>		<u><b>3,550,478</b></u>
<b>Accumulation of income in current year</b>		<u><b>174,499</b></u>
<b>Accumulation of income at beginning of year</b>		<u><b>1,778,036</b></u>
<b>Accumulation of income at end of year</b>		<u><b>1,952,535</b></u>

Penalty for late filing or incomplete filing                     

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>1,778,036</u>	<u>1,956,211</u>	
Liabilities	<u>                    </u>	<u>3,676</u>	
Net assets	<u><u>1,778,036</u></u>	<u><u>1,956,211</u></u>	<u>178,175</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date \_\_\_\_\_

For the  calendar year 2017 or  fiscal year beginning 04/01/2017 and ending 03/31/2018.

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

**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	56,972	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	56,972	00
4	Interest	4	10,975	00
5	Dividends	5	202	00
6	Rents and royalties	6	20,472	00
7	Gain or (loss) from sales of assets, excluding inventory items	7	604	00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	3,635,752	00
11	Other income: Include itemized statement	11		00
12	Total income: Add lines 3 through 11	12	3,724,977	00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13	82,459	00
14	Salaries and wages other than amounts included on line 2	14	552,936	00
15	Interest	15	74	00
16	Taxes	16	105,066	00
17	Rent expense	17	112,718	00
18	Depreciation: Include schedule <u>SEE STATEMENT 2</u>	18	8,798	00
19	Miscellaneous expenses: Include itemized statement <u>SEE STMT 3</u>	19	1,977,550	00
20	Total expenses: Add lines 13 through 19	20	2,839,601	00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	710,877	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	174,499	00
25	Accumulation of income at beginning of year	25	1,778,036	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	1,952,535	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) <b>ALLIANCE FOR GLOBAL JUSTICE CORP</b>	EIN <b>52-2094677</b>
--	--------------------------

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., paid to affiliates .....	A1		00	
A2 Contributions, gifts, grants, etc., paid .....	A2	658,156	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	52,721	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		710,877	00

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., paid 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 reported in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year
<b>Assets</b>				
C1 Cash .....		1,315,373	00	1,524,816
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	00
C3a Other notes and loans receivable: Include schedule .....	C3a	2,885	00	
C3b Less allowance for doubtful accounts .....	C3b		00	
C3c Line C3a less line C3b. Enter difference in column (b) <b>SEE STMT 4</b> .....		2,885	00	5,322
C4 Inventories .....			00	00
C5 Investments (securities): Include schedule <b>SEE STATEMENT 5</b> .....		61,939	00	45,000
C6 Investments (other): Include schedule <b>SEE STATEMENT 6</b> .....		63,358	00	45,000
C7a Land, buildings, and equipment; basis: .....	C7a	379,079	00	
C7b Less accumulated depreciation: Include schedule .....	C7b	47,046	00	
C7c Line C7a less line C7b. Enter difference in column (b) <b>SEE STMT 7</b> .....		332,681	00	332,033
C8 Other assets (describe): <b>SEE STATEMENT 8</b> .....		1,800	00	4,040
C9 <b>Total assets: Add lines C1 through C8</b> .....		1,778,036	00	1,956,211
<b>Liabilities</b>				
C10 Accounts payable and accrued expenses .....			00	00
C11 Mortgages and other notes payable: Include schedule .....			00	00
C12 Other liabilities (describe): <b>SEE STATEMENT 9</b> .....			00	3,676
C13 <b>Total liabilities: Add lines C10 through C12</b> .....			00	3,676
<b>Net Assets</b>				
C14 Capital stock or trust principal .....			00	00
C15 Paid-in or capital surplus .....			00	00
C16 Retained earnings or accumulated income .....		1,778,036	00	1,952,535
C17 <b>Total net assets: Add lines C14 through C16</b> .....		1,778,036	00	1,952,535
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....		1,778,036	00	1,956,211

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

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

<b>Declaration</b>	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.	
<b>Please Sign Here</b>	OFFICER'S SIGNATURE <b>CHARLES E KAUFMAN</b>	DATE <b>07/31/2018</b>
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE <b>RICHARD K WENDTLAND JR CPA</b>	DATE <b>07/31/2018</b>
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S PTIN <b>P00197175</b>	TITLE <b>SECRETARY/TREASURER</b>
<b>Paid Preparer's Use Only</b>	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) <b>WENDTLAND &amp; ASSOCIATES, P.C.</b>	FIRM'S PTIN <b>86-0827971</b>
<b>Paid Preparer's Use Only</b>	FIRM'S STREET ADDRESS <b>2990 E FORT LOWELL RD</b>	FIRM'S EIN OR SSN FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
<b>Paid Preparer's Use Only</b>	CITY <b>TUCSON</b>	FIRM'S TELEPHONE NUMBER <b>520-323-7600</b>
<b>Paid Preparer's Use Only</b>	STATE <b>AZ</b>	ZIP CODE <b>85716</b>

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

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**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 18 - Depreciation**

<u>Description</u>	<u>Amount</u>
FURNITURE & EQUIPMENT	
TUCSON BUILDING	3,411
TUCSON LAND	
BUILDING IMPROVEMENTS	142
BUILDING IMPROVEMENTS	901
BUILDING IMPROVEMENTS	1,454
BUILDING IMPROVEMENTS	1,799
BUILDING IMPROVEMENTS	721
BUILDING IMPROVEMENTS	79
SOUND SYSTEM	143
AC UNIT	148
TOTAL	<u><u>8,798</u></u>

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**Statement 3 - Form 99, Page 1, Line 19 - Miscellaneous Expenses**

Description	Amount
ACCOUNTING	3,844
LEGAL	106,814
DELEGATIONS	70,142
SPEAKING TOURS	97,020
MEETINGS & CONFERENCES	3,699
CONTRACT LABOR	673,305
ADVERTISING	58,522
EQUIPMENT	2,205
INSURANCE	470
POSTAGE	3,907
PRINTING & COPYING	40,270
BAD DEBT	2,850
BANK AND CC FEES	38,555
PAYROLL SERVICES	4,315
BOARD MEETINGS	4,294
CONFERENCE	314,860
OFFICE SUPPLIES	64,191
DUES & SUBSCRIPTIONS	939
FUNDRAISING EXPENSE	19,056
HONDURAS EXPENSES	11,694
LOCAL EVENT COSTS	308,127
MISCELLANEOUS	2,724
OTHER COSTS	6,965
TELEPHONE/WEB/INTERNET	67,864
TRAINING	33,833
WIRE FEE	867
RENTAL EXPENSES	36,218
TOTAL	<u><u>1,977,550</u></u>

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**Statement 4 - Form 99, Page 2, Line C3c - Other Notes and Loans Receivable**

Description	Beginning of Year	End of Year
JAMES JORDAN	\$ 2,860	\$ 4,503
DANIELE KOHN	25	62
BLANCA BAY		757
TOTAL	<u><u>\$ 2,885</u></u>	<u><u>\$ 5,322</u></u>

**Statement 5 - Form 99, Page 2, Line C5 - Investments (Securities)**

Description	Beginning of Year	End of Year
STIFEL STOCK	\$ 45,334	\$ 45,000
FWG STOCK	16,605	
TOTAL	<u><u>\$ 61,939</u></u>	<u><u>\$ 45,000</u></u>

**Statement 6 - Form 99, Page 2, Line C6 - Other Investments**

Description	Beginning of Year	End of Year
ANNUITIES	\$ 45,000	\$ 45,000
REIT	18,358	
TOTAL	\$ 63,358	\$ 45,000

**Statement 7 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment**

Description	Beginning of Year	End of Year
BUILDINGS, EQUIPMENT	\$ 337,675	\$ 345,825
LAND	33,254	33,254
LESS: ACCUMULATED DEPRECIATION	-38,248	-47,046
TOTAL	\$ 332,681	\$ 332,033

**Statement 8 - Form 99, Page 2, Line C8 - Other Assets**

Description	Beginning of Year	End of Year
USAS	\$ 1,800	\$
MJ TRADING LLC INTANGIBLE ASSETS		4,040
TOTAL	\$ 1,800	\$ 4,040

**Statement 9 - Form 99, Page 2, Line C12 - Other Liabilities**

Description	Beginning of Year	End of Year
PUT OPTIONS	\$	\$ 1,915
CHECKS PAYABLE		1,761
TOTAL	\$ 0	\$ 3,676