Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 2011 Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning $08/01/11$, and ending $07/31/2$	12					
_	Check if ap	plicable: C Name of organization		D Employ	yer identification number			
X	Address ch	nange ASSOCIATION FOR A MORE JUST SOCIETY			-4380344			
	Name chan	Doing Business As						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number			
\vdash		4665 BROADMOOR SE	100	800	-897-1135			
Ш	Terminated	City or town, state or country, and ZIP + 4						
	Amended r	· · · · · · · · · · · · · · · · · · ·		G Gross rece	eipts \$ 445,389			
	Application	pending F Name and address of principal officer:	H(a) Isthisag	roup roturn for	affiliates? Yes X No			
			ri(a) is ulisay	roup return for a				
			H(b) Are all af					
			If "No	o," attach a list	. (see instructions)			
	Tax-exem		_					
<u>J</u>	Website:		H(c) Group ex		er >			
	Form of or		Year of formation: 2	000	M State of legal domicile: IL			
F	Part I	Summary	 					
	1 B	Briefly describe the organization's mission or most significant activities:						
Se	٠.	THE ASSOCIATION FOR A MORE JUST SOCIETY (AJS) IS DEDIC						
nan	٠.	TO PROMOTING JUSTICE WORLDWIDE, INCLUDING HONDURAS, AN						
Governance		RAISING AWARENESS IN NORTH AMERICA ABOUT JUSTICE ISSUE						
Ĝ	2 C	Check this box if the organization discontinued its operations or disposed of more than 2	5% of its net ass	1 1	4.4			
مخ د	3 N	lumber of voting members of the governing body (Part VI, line 1a)		. 3	14			
ties	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	14			
Activities &	5 1	otal number of individuals employed in calendar year 2011 (Part V, line 2a)			<u>3</u>			
¥	6 1	otal number of volunteers (estimate if necessary)		. 6				
	/a i	otal unrelated business revenue from Part VIII, column (C), line 12			0			
	DN	let unrelated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year			
-	8 C	Contributions and grants (Part VIII, line 1h)		6,245	443,524			
Revenue	9 P	Program service revenue (Part VIII, line 2g)		0	0			
eve	10 In	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10	5			
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,537	1,860			
_		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34	0,792	445,389			
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22	7,388	284,027			
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0	0			
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0			
penses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	0			
Expe	1 -	otal fundraising expenses (Part IX, column (D), line 25) 27,272						
Щ	'' \	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0,218	183,631			
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,606	467,658			
- 0	19 R	tevenue less expenses. Subtract line 18 from line 12		3,186	-22,269			
Net Assets or	20 T	otal assets (Part X, line 16)	Beginning of Cur	0,163	End of Year 67,323			
ASS	21 T	CALLES PRODUCE (Dead V. Pere CO.)		4,729	14,158			
Ę	22 N	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		5,434	53,165			
	art II	Signature Block		<u>- / 1</u>				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the be	est of my kne	owledge and belief, it is			
tr	ue, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledg	je.				
	Ī							
Sig	- ,	Signature of officer		Date				
He	re	PETER HARKEMA PRESI	DENT		<u></u> _			
_		Type or print name and title						
Pai	_{id}	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
	narer	JEFFREY D KRAAI		self-em				
	e Only	Firm's name McKeown, Kraai and Phillips, PLC P.O. Box 277	F	irm's EIN ▶	38-3251555			
- 31	1	. Middle11 - MT 40000			269-795-7927			
Mar		Firm's address MIQCIEVIIIE, MI 49333 S discuss this return with the preparer shown above? (see instructions)	P	hone no.				
		work Reduction Act Notice, see the separate instructions.			Yes No Form 990 (2011)			
DAA					roim 930 (2011)			

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,"		v	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
•	candidates for public office? If "Vee." complete Schedule C. Bort I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		A
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ļ	
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.5
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		7.5
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>D</u> _	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

	Didlike any station and the AF 000 f		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			7.
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			₩.
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			~
	employees? If "Yes," complete Schedule J	23		X
!4a	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? If "Yes," answer lines 24b			.
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<u> </u>		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	İ		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	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	l i		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related association 2 If Was " associate Cabadula D. Dart V. III 0	36		x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Port VI	37		x

8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Form 990 (2011) ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ______ 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ...

Form 990 (2011) ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344 Page 6 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 to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed IL, CA 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 X Another's website Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the

PO BOX 888631

MI 49588

GRAND RAPIDS

organization: > SCOTT JOHNSON

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (A) (C) (D) (E) (F) Name and Title Average Position Reportable Reportable Estimated (do not check more than one compensation from hours per compensation amount of box, unless person is both an week from related other officer and a director/trustee) (describe the organizations compensation (W-2/1099-MISC) organization hours for from the Individual or director Former ⊣ighest (W-2/1099-MISC) related organization stitutional organizations and related in Schedule organizations compensated trustee 0) (1) SHARON BAKER 3.00 DIRECTOR X 0 0 0 (2) JOTHAM IPPEL DIRECTOR 3.00 X 0 0 0 (3) STEVE DEHAAN DIRECTOR 3.00 X 0 0 0 (4) RICHARD BANDSTRA X DIRECTOR 3.00 0 0 0 (5) KURT VER BEEK X DIRECTOR 3.00 0 0 0 (6) UKO ZYLSTRA X 0 0 3.00 0 DIRECTOR (7) JOANN VAN ENGEN X 0 DIRECTOR 3.00 0 0 (8) KELLI SCHUTTE X DIRECTOR 3.00 0 0 0 (9) MAUREEN HODGE X 0 DIRECTOR 3.00 0 0 (10) KIM LODEWYK DIRECTOR 3.00 X 0 0 0 (11) PETER HARKEMA X 5.00 0 0 PRESIDENT 0 (12) RUSS JACOBS 5.00 X 0 VICE PRESIDENT 0 0 (13) SCOTT JOHNSON TREASURER 5.00 X 0 0 0 (14) VIRGINIA LAGRAND 0 0 5.00 X 0 SECRETARY

Form **990** (2011)

F 000 (2014)	ASSOCIATION	FOD	7	MODE	TITOT	COCTEMY	36-4300344
Form 990 (2011)	ASSOCIATION	FUR	A	MORE	JUST	SOCIETI	30-4360344

Part VII Section A. Officers (A) Name and title	(B) (C) Average hours per week box, unless person is both officer and a director/truste hours for					than o s both r/trust	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo of compe	F) mated ount of ther ensation m the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organ and r	nization related izations
(15)											
(16)											•••
(17)											
(18)										-	- <u>-</u> .
(19)											
(20)				_							
(21)											
(22)								:			
(23)											
(24)											
(25)											
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c) 2 Total number of individuals (in reportable compensation from	ets to Part VII, S	Secti imite	on A	\	 		b b bove	e) who received more than	\$100,000 in		
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1 for services rendered to the organization. 	ermer officer, dir complete Sched a 1a, is the sum izations greater a receive or acc ganization? If "Y	ector dule of re than	, or J for porta \$15	suci able 60,00 ensa	on indicom	lividu pens f "Ye	al satio s," c 	n and other compensation omplete Schedule J for su	from the ch · individual	3 4	Yes No X X X
Section B. Independent Contract Complete this table for your five	e highest comp										
compensation from the organiz	Zation. Report Co (A) business address	ompe	ensa	tion	or tr	ie ca	lienc		IIII the organization's tax ye (B) tion of services		(C) Compensation
2 Total number of independent of	•	_						se listed above) who			
received more than \$100,000 o	of compensation	fron	n the	org	aniz	ation	<u> </u>		0	F	orm 990 (2011)

Form 990 (2011) ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344

Pa	rt V	III∷ Stater	nent of Reve	nue						
							(A)	(B) Related or	(C)	(D)
							Total revenue	exempt	Unrelated business	Revenue excluded from tax
								function revenue	revenue	under sections 512, 513, or 514
इइ	1a	Federated car	mnaigne	1a				TOTOTIC		312, 313, 01 314
Contributions, Gifts, Grants and Other Similar Amounts	.u	Membership o		1b						
٥٤		· · · · · · · · · · · · · · · · · · ·		-						
T _A		Fundraising e		1c						
Ω≅	a	Related organ		1d						
Siris	е	Government grants		1e						
ëë	f	All other contribution								
호美		and similar amounts	s not included above	1f		443,524				
텵	g	Noncash contribution	ons included in lines 1a-	1f: \$; 	450				
<u>ခင်</u>	h	Total. Add line	es 1a-1f			🕨	443,524			
ne						Busn. Code				
ven	2a									
S.	b									
ice	С	*								
ē	d									
E	4									
gra	ء		rom contine rove							
Program Service Revenue			ram service reve						<u> </u>	I
_			es 2a-2f							T
	3		come (including o	aiviaen	as, intere	Sī, ▶	_			_
	_	and other simi					5			5
	4		nvestment of tax	•	•	oceeds -				
	5	Royalties								
			(i) Real		(ii) P	ersonal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)		L						
	_d	Net rental inco	ome or (loss)							
	7a	Gross amount from	(i) Securities		(ii)	Other				
		sales of assets other than inventory								
	b	Less: cost or other								
		basis & sales exps.								
	c	Gain or (loss)			•					
1		Net gain or (lo	lee)							
			om fundraising ever	nte [<u> </u>	,				
ine	Ua	(not including \$	-	11.5						
Ven										
Re			reported on line 1c)	1						
Other Rever		See Part IV, line		a						
of P		Less: direct ex		bL						
			(loss) from fund		events	<u></u>				
	9a		om gaming activitie	s.						
		See Part IV, line		. a						
	b	Less: direct ex	cpenses	b						
	C	Net income or	(loss) from gam	ing ac <u>ti</u>	vities					
	10a	Gross sales of	f inventory, less							
		returns and all	lowances	a						
	b	Less: cost of g	goods sold	b						
			(loss) from sales	s of inv	entory					
			cellaneous Revenue		-	Busn. Code				
	11a	GREETING	CARDS, OTHER	INCO	ME		1,360	1,360		
	b	EVENT SPC					500	500		
	c				• • • • • • • • • • • • • • • • • • • •					
	d	All other reven	nue							
		Total. Add line	o 110 11d		-	>	1,860			
	12		e. See instruction				445,389		0	5
							,		_	

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX						
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)		
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and		expenses	general expenses	expenses		
'	_						
_	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in						
2							
_	the U.S. See Part IV, line 22						
3	Grants and other assistance to governments,						
	organizations, and individuals outside the	004 007	004 007				
	U.S. See Part IV, lines 15 and 16	284,027	284,027				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees						
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and				1		
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages		·				
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
а	Management						
b	Legal						
С	Accounting						
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other						
12	Advertising and promotion			·			
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel			,			
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Internal						
21	D						
22	Depreciation, depletion, and amortization	3,979	3,979				
23	Inquirance		3,5.5				
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.)						
а	TRAVEL	57,225	54,753	1,236	1,236		
	FELLOWS EXPENSE	55,183	55,183	1,230	1,230		
b	BOARD MEETING EXPENSE	11,733	33,103	5,867	5,866		
C	JUSTICE PROMOTION	8,112	8,112	3,001	2,000		
d	*	47,399	13,057	1/ 170	20 170		
e	All other expenses			14,172			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	467,658	419,111	21,275	27,272		
20	organization reported in column (B) joint costs	ļ					
	from a combined educational campaign and						
	fundraising solicitation. Check here if						
	following SOP 98-2 (ASC 958-720)				<u> </u>		

Part X **Balance Sheet** (A) Beginning of year End of year Cash—non-interest bearing 38,402 33,529 14,289 10,604 Savings and temporary cash investments 2 4,193 4,346 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 2,702 3,158 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 10,280 20,121 16,142 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 67,323 80,163 Total assets. Add lines 1 through 15 (must equal line 34) 16 179 4,698 Accounts payable and accrued expenses 17 17 4,550 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties _____ 23 Unsecured notes and loans payable to unrelated third parties _____ 24 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 4,729 14,158 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets <u>61,145</u> <u>42,561</u> Temporarily restricted net assets 14,289 10,604 28 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 75,434 33 33 80,163 67,323 Total liabilities and net assets/fund balances

Form **990** (2011)

orn	1 990 (2011) ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344			Pa	ge 12	
Pa	irt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		· · · · · · · · · · · · · · · · · · ·			
		1 1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>389</u> 658	
2 Total expenses (must equal Part IX, column (A), line 25)						
3	The state of the s					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	<u>75,</u>	<u>434</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
,,,,,,,,	column (B))	6		53,	<u> 165</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		3a		X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Вы		ĺ	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION FOR A MORE JUST SOCIETY

Employer identification number 36-4380344

P	art I	Reas	on for Public Charity	Status (All organizations	must co	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
	TAG - T- 17			se it is: (For lines 1 through 11,				<u> </u>	<u> </u>	<u></u>	10.			
1			•	ociation of churches described		•	•							
2	H	•	cribed in section 170(b)(1)(III Section	1,0(0)(·/\^/\'/·							
3	H			ce organization described in se	otion 170	/b\/4\/A\/								
	H	•	·	•			•				:4 _ 0			
4	Ш		=	d in conjunction with a hospital	described	in sectio	n 170(E)(T)(A)(I	III). Ent	er the no	ospitai	s name	ł,	
_		city, and stat												
5		_		of a college or university owner	or operat	ed by a g	overnme	ental un	it descr	ibed in				
			(b)(1)(A)(iv). (Complete Part											
6			-	overnmental unit described in										
7														
			section 170(b)(1)(A)(vi). (C	•										
8	Щ	A community	trust described in section '	170(b)(1)(A)(vi). (Complete Par	rt II.)									
9		An organizat	ion that normally receives: (1) more than 33 1/3% of its sup	port from	contributi	ons, me	mbersh	ip fees,	and gro	ss			
		receipts from	activities related to its exen	npt functions—subject to certai	n exceptio	ns, and (2	2) no mo	re than	33 1/39	% of its				
		support from	gross investment income ar	nd unrelated business taxable i	ncome (le	ss sectior	1 511 ta:	k) from b	ousines	ses				
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2). (Comple	te Part III	l.)							
10		-		exclusively to test for public sa	•									
11		An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	r to carr	y out th	е				
		purposes of o	one or more publicly support	ed organizations described in s	section 50	9(a)(1) or	section	509(a)(2	2). See	section	1			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
		а Туре	l b Type II	c Type IIIFunction	nally integr	ated	d	Тур	e III-O	ther				
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons													
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)													
		or section 50	9(a)(2).											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	s a Type I	Type II,	or Type	III supp	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	oution fron	any of th	ne							
		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with pers	ons descr	ibed in (ii) and					Yes	No
		(iii) belov	w, the governing body of the	supported organization?								11g(i)		
		(ii) A family	member of a person describ	ped in (i) above?								11g(ii)		
				described in (i) or (ii) above?								11g(iii)		
h			•	he supported organization(s).										
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	ou notify	(vi)	ls the		(vii) Amo	ount of	
		ganization		(described on lines 1–9		sted in your		nization in	organiza	tion in col.		supp		
				above or IRC section	governing	document?		of your port?		ized in the S.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)												-		•
,														
(B)														
. ,														
(C)														
(D)														
					1			ļ						
(E)														
				, , , , , , , , , , , , , , , , , , ,										
Tota	a i													
			President Committee (1997)	* * * * * * * * * * * * * * * * * * *				4	4					

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 322,318 268,728 383,514 340,792 443,524 1,758,876 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 322,318 268,728 383,514 340,792 443,524 1,758,876 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) 363,981 Public support. Subtract line 5 from line 4 1,394,895 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 322,318 268,728 383,514 340,792 443,524 1,758,876 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,100 320 1,450 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1,860 7,030 11 Total support. Add lines 7 through 10 1,767,356 Gross receipts from related activities, etc. (see instructions) 12 12 1,860 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 78.93% Public support percentage from 2010 Schedule A, Part II, line 14 15 75.13% 16a 33 1/3% support test—2011. 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 33 1/3% support test—2010. 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—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	(e) 2011	(f) Total						
fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities								
2 Gross receipts from admissions, merchandise sold or services performed, or facilities								
organization's tax-exempt purpose								
Gross receipts from activities that are not an unrelated trade or business under section 513								
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
The value of services or facilities furnished by a governmental unit to the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from								
line 6.)	<u> </u>							
Section B. Total Support								
Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010	(e) 2011	(f) Total						
9 Amounts from line 6		-						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	i							
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c	c)(3)							
organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·	<u></u> ▶ <u></u>						
Section C. Computation of Public Support Percentage	· · · · · · · · · · · · · · · · · · ·							
Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))		%						
16 Public support percentage from 2010 Schedule A, Part III, line 15	16 _	%_						
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))								
Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %								
18 Investment income percentage from 2010 Schedule A, Part III, line 17		%						
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%,	·	▶ □						
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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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 instruction	•	······ >						

Part IV Supplemental I	nformation. Complete th	is part to provide the	UST SOCIETY 36-438 e explanations required by Par s part for any additional inform	t II, line 10;
Part II, Line 10	- Other Income	Detail		
MERCHANDISE SALES	S	\$	3,190	
EVENT SPONSORSHIE	•	\$	3,840	
	.,,.			
•				
		.,		

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

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

Schedule of Contributors

Employer identification number

ASSOCIATION	FOR A MORE JUST SOCIETY	36-4380344						
Organization type (check	cone):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private fou	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation							
instructions. General Rule	(c)(7), (8), or (10) organization can check boxes for both the General Rule	·						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 y one contributor. Complete Parts I and II.	000 or more (in money or						
Special Rules								
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% supposes (c)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Fand II.	g the year, a contribution of						
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received frontal contributions of more than \$1,000 for use exclusively for religious, charposes, or the prevention of cruelty to children or animals. Complete Part	aritable, scientific, literary,						
during the year, c not total to more t year for an exclus applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fro ontributions for use exclusively for religious, charitable, etc., purposes, buthan \$1,000. If this box is checked, enter here the total contributions that sively religious, charitable, etc., purpose. Do not complete any of the parts anization because it received nonexclusively religious, charitable, etc., coear	ut these contributions did were received during the s unless the General Rule ontributions of \$5,000 or						
Caution. An organization 990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2, of its Form 990; or check the box of 1900-PE, to certify that it does not meet the filing requirements of Schedule	ot file Schedule B (Form 990, on line H of its Form 990-EZ or on						

Page 1 of 2 of Part I

Name of organization
ASSOCIATION FOR A MORE JUST SOCIETY

Employer identification number

36-4380344

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN F & MARY A GEISSE FOUNDATION 38050 JACKSON ROAD CHAGRIN FALLS OH 44022	\$ 77,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS MI 49546	\$ 9,800	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARLES & LEE BOYD 4582 CALLE SAN JUAN NEWBURY PARK CA 91320	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARK WAGENVELD & THERESA MOND 4310 OSAGE AVE PHILADELPHIA PA 19104	\$ 20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LUCAS HAMSTRA 2777 CASCADE SPRINGS DR SE GRAND RAPIDS MI 49546	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HOPE COLLEGE PO BOX 9000 HOLLAND MI 49433	\$ 11,784	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 2 of 2 of Part I

Name of organization
ASSOCIATION FOR A MORE JUST SOCIETY

Employer identification number 36-4380344

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	CORNERSTONE TRUST 3333 N EVERGREEN NE SUITE 201 GRAND RAPIDS MI 49546	\$ 31,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public Inspection

lame of the organization

Employer identification number

	at the at Saturations	İ	Employer identification number
A	SSOCIATION FOR A MORE JUST SOCIETY		36-4380344
Pa	Organizations Maintaining Donor Advised Fur organization answered "Yes" to Form 990, Part IV		Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	****	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exclusive		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	portant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inclination	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extended to the conservation of the conservation easements modified, transferred, released, extended to the conservation of the conservation easements modified, transferred, released, extended to the conservation of the conservation easements modified to the conservation of the conservation easements and the conservation easements are conservation of the conservation easements and the conservation easements are conservation easements.	tinguished, or terminated by the organizat	ion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is le		
5	Does the organization have a written policy regarding the periodic moni		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the ye	ear
-	Amount of aurona in auronal in manifestory inspection, and aufociary		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of \$\infty\$ \$	conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170/h)/4\/P\	
Ü	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme		
•	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of
	public service, provide, in Part XIV, the text of the footnote to its financia	al statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balar	nce sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		 \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or $% \left\{ 1\right\} =\left\{ 1\right\}$		vide the
	following amounts required to be reported under SFAS 116 (ASC 958)		
	Revenues included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

· · · · · · · · · · · · · · · · · · ·	•			· · · · · · · · · · · · · · · · · · ·
4 Describe in Part XIV the intended uses of t	ne organization's endowment	funds.		
Part VI Land, Buildings, and Equ	ipment. See Form 990), Part X, line 10.		
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		26,422	10,280	16,142
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colu	umn (B), line 10(c).)	•	16,142

Schedule D (Form 990) 2011

Part VII	Investments—Other Securities. See Form 990	Part X, line 12.		1 age 🗸
	(a) Description of security or category	(b) Book value	(c) Method of	of valuation:
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial c	lerivatives			
	ld equity interests			·
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	D () () ()		
Part VIII	Investments—Program Related. See Form 990			
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-ye	
(1)			00000101111017	TAINST TURE
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
_(7)				
(8)				
<u>(9)</u>				
(10)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)	····			
(7) (8)			·	
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities. See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book value		
	ncome taxes	== ===		
(2)				
(3)			-	
(4) (5)			-	
(6)	· · · · · · · · · · · · · · · · · · ·		-	
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>		

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Reconciliation of Change in Net Assets from Forn Il revenue (Form 990, Part VIII, column (A), line 12)	n 990 to Audited Financ	ial Statamanta	
al revenue (Form 990, Part VIII, column (A), line 12)			
		1	445,389
al expenses (Form 990, Part IX, column (A), line 25)		2	467,658
ess or (deficit) for the year. Subtract line 2 from line 1		3	
unrealized gains (losses) on investments		4	<u> </u>
ated services and use of facilities		5	 .
stment expenses		6	
r period adjustments		7	
er (Describe in Part XIV.)		8	
al adjustments (net). Add lines 4 through 8		9	
			-22,269
			445 200
			445,389
	1 - 1		
unrealized gains on investments	<u>Za</u>		
ated services and use of facilities	<u>2b</u>		
overies of prior year grants	2c		
er (Describe in Part XIV.)			
lines 2a through 2d		2e	445 200
		3	445,389
	[4b]		
			445 200
			445,389
			467,658
	• • • • • • • • • • • • • • • • • • • •		407,038
·	ا ما		
r year adjustments	20		
er losses	26		
lines za through zo		<u>ze</u>	167 650
			467,658
	4.5		
,,,			167 650
	18.)	5	467,658
	D 1111 11 11 11 11 11 11 11 11 11 11 11		
	r period adjustments r period adjustments r (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lin Reconciliation of Revenue per Audited Financial statements all revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments ated services and use of facilities overies of prior year grants er (Describe in Part XIV.) lines 2a through 2d tract line 2e from line 1 ounts included on Form 990, Part VIII, line 12, but not on line 1: stment expenses not included on Form 990, Part VIII, line 7b er (Describe in Part XIV.) lines 4a and 4b ul revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1: lines Reconciliation of Expenses per Audited Financial all expenses and losses per audited financial statements ounts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities r year adjustments er losses er (Describe in Part XIV.) lines 2a through 2d tract line 2e from line 1 ounts included on Form 990, Part IX, line 25, but not on line 1: strment expenses not included on Form 990, Part VIII, line 7b er (Describe in Part XIV.) lines 4a and 4b ul expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line lines 4a and 4b ul expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, and 9;	stment expenses r (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	strient expenses period adjustments period adjustments re (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ass or (deficit) for the year per audited financial statements. Combine lines 3 and 9 III Reconciliation of Revenue per Audited Financial Statements With Revenue per Return of revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments ated services and use of facilities overies of prior year grants are (Describe in Part XIV.) lines 2a through 2d tract line 2e from line 1 3 a lunts included on Form 990, Part VIII, line 12: stment expenses not included on Form 990, Part VIII, line 7b are (Describe in Part XIV.) lines 4a and 4b de revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) III Reconciliation of Expenses per Audited Financial Statements With Expenses per Return al expenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statements I a lexpenses and losses per audited financial statemen

Schedule D (Fo	orm 990) 2011	ASSOCIATION	FOR A	MORE	JUST	SOCIETY	36-4380344	Page 5
Part XIV	Supplemer	ASSOCIATION ntal Information (cor	ntinued)					
			· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·					
							• • • • • • • • • • • • • • • • • • • •	
•								
•				• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			•••••
•								

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			MORE JUST SOCIET		
	eneral Information rm 990, Part IV, line		itside the United States. Co	omplete if the organization answ	ered "Yes" to
			to substantiate the amount of its g	rants and other	
	-		ince, and the selection criteria used		
		-	· · · · · · · · · · · · · · · · · · ·		X Yes No
					··· <u> </u>
-	itside the United States	-	ocedures for monitoring the use of	its grants and other	
assistance ou	itside the Officed States	.			
3 Activities per	Region. (The following	Part I, line 3 table can	be duplicated if additional space is	s needed.)	
(a) Region	(b) Number of offices in the	(c) Number of employees, agents,	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
	region	and independent	fundraising, program services,	describe specific type of	and investments
		contractors in region	investments, grants to recipients	service(s) in region	in region
11000011 11000	+03		located in the region)		
NORTH AMER	1		CDANIES ES ARRETTITAME	DDODEDMY & TICMTON	204 007
(1)			GRANTS TO AFFILLIATE	PROPERTI & JUSTICE	284,027
(2)					
(2)					
(3)					
107					
(4)					
					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)					
(8)					
(0)					
(9)					
(10)					
10)					
(11)					
,					
12)					
13)					
14)					
15)					<u> </u>
16)					
/47\					
17) 3a Sub-total	1	1			284,027
b Total from continuation	 			1	204,021
sheets to Part I					
c Totals (add		=			-:
lines 3a and 3b)	1	1			284,027

Page 2			
P	n 990,	•	
	to Forr		
	"Yes"		
	swered		
	tion an	han \$5	
	ganiza	more t	
	if the or	ceived	
	nplete	pient re	
44	es. Cor	ne reci	
3803	ed Stat	if no o	
36-4	e Unite	his box	
ETY	side th	Sheck t	
SOCI	es Out	5,000.	
JUST	r Entiti	than \$	Ġ.
ORE	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	Part II can be duplicated if additional space is needed.
A M	yanizat	eceive	pace is
I FOF	to Orç	ı who ı	tional s
ATION	stance	ecipier	l if addi
SOCIA	er Assi	or any r	olicated
AS	id Othe	e 15, fo	be du
90) 2011	ants an	tIV, lin	t II can
(Form 99		Par	Par
Schedule F (Form 990) 2011 ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344	Part II		
Sct	-		

(i) Method of valuation (book, FMV, appraisal, other)																
⊕ > ੴ a	FMV	FMV														
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	NSFER	NSFER														
(f) Manner of cash disbursement	ELECTR TRANSFER	ELECTR TRANSFER														
(e) Amount of cash grant	264,936	18,301														
(d) Purpose of grant	PROPERTY & JUSTICE	PEACE & JUSTICE														
(c) Region	PRC NORTH AMERICA	NORTH AMERICA														
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	€	(2)	6	(P)	(5)	(9)	£	(8)	6)	(10)	, ,	(42)	(13)	(14)	(15)	(16)

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 ~

Enter total number of other organizations or entities

Schedule F (Form 990) 2011

Sched	ule F (Form 990) 2011 ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344		Page 4
Par	TIV Foreign Forms		
t	Nas the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," he 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	X No
i 1	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 J.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
t	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," he 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	X No
(Nas 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	X No
t	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," he 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	X No
	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 file Form 5713, International Boycott Report (see Instructions		

for Form 5713)

Schedule F (Form 990) 2011

Yes

X No

Part V

Supplemental Information

Complete this part to 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 2 - Procedures	for Monitor	ing th	e Use of Grant I	runds
Grantmaker requires charity	to report o	on all	aspects of prog	cams that
grants are made for.				,
Part I, Line 3 - Activities				
Region		Ехр	enditures Inves	stments
NORTH AMERICA		\$	284,027 \$	0
	······································			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ASSOCIATION FOR A MORE JUST SOCIETY

Employer identification number 36-4380344

Form 990, Part III, Line 4d - All Other Accomplishment THE ORGANIZATION SUPPORTS EFFORTS IN CONNECTION WITH OTHER GROUPS TO PROTECT INTEREST OF THE RURAL POOR WHO DEPEND ON THE FOREST AND TO ENFORCE ENVIRONMENTALLY SUSTAINABLE PRACTICES. THE ORGANIZATION ALSO WORKS WITH COMMUNITY LEADERS TO RESOLVE LAND OWNERSHIP ISSUES AFFLICTING POOR COMMUNITIES.	
Form 990, Part VI, Line 2 - Related Party Information Among Officers	
KURT VER BEEK	JOANN VAN ENGEN
DIRECTOR	DIRECTOR
SPOUSES	
UKO ZYLSTRA	JOTHAM IPPEL
DIRECTOR	DIRECTOR
FATHER IN LAW	
SHARON BAKER	JOANN VAN ENGEN
DIRECTOR	DIRECTOR
SIBLING	
KIM LODEWYK	KELLI SCHUTTE
DIRECTOR	DIRECTOR
SIBLING	

Name of the organization Employer identification number ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 REVIEWED BY BOARD MEMBERS PRIOR TO FILING. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ALL BOARD MEMBERS AND FELLOWS ARE REQUIRED ANNUALLY TO DISCLOSE ANY POTENTIAL CONFLICTS. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available online at www.guidestar.com. They are also available upon request in person or by telephone. Form 990, Part IX, Line 24e - Other Expenses Description Amount ELECTRONIC GIVING EXPENSE 7,593 PROFESSIONAL FEES 7,475 CONFERENCES 7,204 5,975 PRINTING SUPPLIES 4,105 POSTAGE 3,666 EBOOK DEVELOPMENT 3,200 DONOR DATABASE 3,097 OCCUPANCY 3,002 BANK SERVICE FEES 1,923 **DUES** 159

Form 4562

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

2011

Identifying number

Department of the Treasury
Internal Revenue Service

► See separate instructions.

Attach to your tax return.

achment 179

ASSOCIATION FOR A MORE JUST SOCIETY 36-4380344 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 3,979 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (a) Classification of property placed in (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 3-year property 19a b 5-year property 7-year property d 10-year property 15-year property е 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property 27.5 vrs. S/L Nonresidential real S/L 39 yrs. property S/L Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40 yrs. MM S/L c 40-year Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 3,979 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs