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# Form 990

SCANNED WAR 1 4 2013

(HTA)

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A	For the	2011 cal	endar year, or tax year beginning 10/1/2011 , and endin	9/30/20	12
В		applicable:	C Name of organization Peace and Justice Center	D Employer ident	
Ų,	Address (	change	Doing Business As	03-0281472	
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone num	ber
D١	Initial retu	עור	60 Lake Street 1C	(802) 863-2345	
$\Box$	Terminate	ed	City or town, state or country, and ZIP + 4	(002) 003-2043	- <u></u>
	Amended	return	Burlington VT 05401	G Gross receipts s	228,563
币	Application	on pending		) is this a group return for	
		-		) Are all affiliates included	_ = =
1 7	ax-exem	pt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list (se	
		<u> </u>			
				) Group exemption numb	er ▶
_		rganization:		formation: 1979 M	State of legal domicile: VT
F	art I		mmary		
	1			sion of the Peace a	
-	ł		at a just and peaceful world through educating the public about the intercon	nected issues of e	conomic and social
a)		justice, j	peace and human rights.		
Ĕ	1				
Activities & Governance	2	Check tl	nis box • if the organization discontinued its operations or disposed of more than 25	6% of its net assets.	
8	3	Number	of voting members of the governing body (Part VI, line 1a)	3	4
tles	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4	4
Ž	5	Total nu	mber of individuals employed in calendar year 2011 (Part V, line 2a)	5	10
¥	6	Total nu	mber of volunteers (estimate if necessary)	<u>6</u>	65
	7a		related business revenue from Part VIII, column (C), line 12		<del></del>
	<u> </u>		elated business taxable income from Form 990-T, line 34		
		Cambrilla.	utions and grants (Part VIII, line 1h) RECEIVED	Prior Year	Current Year
흨	8	Contribu	Itions and grants (Part VIII, line 1n)	86,410	
Revenue	9	Investm	ent income (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)	24	
Ŗ	11	Other re	venue (Part VIII, column (A), lines 5.6d, 8c, 9c, 40c, and311e)	20	
	12		enue—add lines 8 through 11 (must egual Part-VIII, column (A), line (12).	85,38 172,07	
	13		and similar amounts paid (Part IX, column (A) Lines 1-3) [7].		0 0
	14		paid to or for members (Part IX, column (A), line 4)		0 0
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10) .	102,18	
ıse	16a		onal fundraising fees (Part IX, column (A), line 11e)	102,10	0 71,270
Expenses	Ь		ndraising expenses (Part IX, column (D), line 25) ▶ 12,496		
Ð	17		rpenses (Part IX, column (A), lines 11a11d, 11f-24e)	95,01	65,943
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	197,19	
	19		e less expenses. Subtract line 18 from line 12	-25,12	
Net Assets or	9		Be	ginning of Current Year	
sets	20	Total as	sets (Part X, line 16)	50,06	3 27,468
¥ 5	21		bilities (Part X, line 26)	27,25	
			ets or fund balances. Subtract line 21 from line 20	22,80	
	art II		nature Block		7-
			y, I declare that I have examined this return, including accompanying schedules and statements, a ect, and complete. Declaration of preparer (other than officer) is based on all information of which p		
ano	beller, it	is ude, come	Ext, and complete, beclaration of preparer (other train officer) is based on all information of which p		5-13
Sig	gn		Signature of officer	Date	3, 12
Here			Spencer C. Putnam, Secretary-		
			Type or print name and title	resure.	<del></del>
		Print	/Type preparer's name Preparer's signature	Date	PTIN
Pa	id		washe show	Z[4/13 Check self-er	i
Pro	eparei	r <u> Mar</u>	nia Apport		mployed   P01251582
	e Only		's name ► Independent Tax Service, Inc.	Firm's EIN ► 03-	0302688
			's address ► One Mill Street, #140; Burlington, VT 05401	Phone no. (80	2) 863-2271
Ma	y the If	RS discus	ss this return with the preparer shown above? (see instructions)		X Yes No
	·	···	Untion Act Notice see the congrete instructions		Form 990 (2014)

orm 99	0 (2011) Peace and Justice Center	03-0281472	Page 2
Par	t III Statement of Program Service Accomplishments		· · · · · · · ·
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	The Peace and Justice Center partners with many organizations and community programs on issues	of economic and soc	cial
	justice, peace and human rights as well as promoting the display and sale of a variety of books, cloth	es and crafts from m	any
	different cultures.		
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	X No
	If "Yes," describe these new services on Schedule O.	<del></del>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ervices, as measure	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service re	ported.	
4a	(Code: ) (Expenses \$ 90,052 including grants of \$ 0 ) (Rev	enue \$	0)
	The Peace and Justice Center conducted over 40 educational forums and workshops with speakers	and films on issues s	such as
	child slave labor in the cocoa industry, PTSD, women in the military, Fair Trade and other issues that	promote human righ	nts and
	social justice. The Peace and Justice Center also partnered with local organizations such as the Adu	ult Learning Center to	provide
	meaningful volunteering opportunities for individuals in the community to learn needed job skills. The		
	displays and sells a variet y of books, clothes and crafts from many different cultures.	,	
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Rev	enue \$	0)
	***************************************		
	***************************************		
	***************************************		
	***************************************		
	•••••		
	***************************************		
		<del></del>	
4c	(Code:) (Expenses \$0 including grants of \$0 ) (Rev	enue \$	0.)
	***************************************		
	······································	<del></del> <del></del>	
	***************************************		
4d	Other program services. (Describe in Schedule O.)	٥,	
4-	(Expenses \$ including grants of \$ 0 ) (Revenue \$	0)	<del></del>
70	LOTAL DECORROR CONTINUE OF THE TAX TO THE TA		

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<del>  ``</del>
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		<del>  ^`</del> -
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	İ	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	<del>                                     </del>	<del>  ^</del>
•	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>├</b>	<del> </del>	<del>  ^-</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"		<del> </del>	+^-
U	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	┡	├	Ļ×.
9	<del>s</del>	1	}	1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	١ _	l	,
40	·	9	├	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1.	1	,
	endowments, permarient endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	0852	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.	K TO	25	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	١	١	
	Schedule D, Part VI	11a	X	┼
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b>\</b>	X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	ļ	
	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			١
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	<b>!</b>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<b> </b>	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	1	
	Schedule D, Parts XI, XII, and XIII	12a	Ц	<u>  X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			1
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	4	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	4	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1	1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	1	ł
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1	T	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			T
-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	T
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	l	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
. •	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20t		

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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			.,
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<del>  ^-</del>
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	i	Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
<b>h</b>	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-52		<del>  ^``</del>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	\$4.546.VI	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>新</b>	43,23	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	<del> </del>	X
b	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		<del>                                     </del>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١.,		
32	Part I	31	<del> </del>	<u> ×                                   </u>
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	<del>  ^-</del>
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		l	
27	organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	<del>├</del> -	X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		-	
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		<del>  ``</del>
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Par	(	14/2		age J
гаі	Check if Schedule O contains a response to any question in this Part V		ı	
	Crieck if Scriedule O contains a response to any question in this Part V	<u></u>	•	
		E-202025	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		44	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2-	gaming (gambling) winnings to prize winners?	1c	X RESSE	78 202 ST
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return.  2a 10	4	200 P. S.	T. SERVE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X Asset &	(\$1.39/A)
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	100	રેનું પ્રેપ્યુ	<b>经验</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	۱		
L	account)?	4a	867 <b>2.254</b>	X
þ	If "Yes," enter the name of the foreign country:			
F-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	247	熟證	2018
5а ь	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del> </del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	├^-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	<del>├</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-	l	
_	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch		1
7	gifts were not tax deductible?	6b	The second	F.CA.
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2792		43.50
_	and services provided to the payor?	7a 7b	X	┼
.b	Did the organization houry the donor of the value of the goods of services provided?	10	<del>  ^</del>	┼
С	required to file Form 8282?	70		"
4	If "Yes," indicate the number of Forms 8282 filed during the year	7c	200 Tel.	X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1 _	AME	
e	Did the organization receive any lands, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f	<del> </del>	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>  ^</del>
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <u>9</u> 7h	-	┼
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	38738	UTSOF	2834
8	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	5556	
9	Sponsoring organizations maintaining donor advised funds.		<b>1988</b>	100 A
_	Did the organization make any taxable distributions under section 4966?	9a	02867	70年
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:	200 S	36:23	41.20
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
``a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	25.42.40	THE PROPERTY.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			100
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1245.0.363
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a	265	12.20
b	Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand	博藝		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	u erts Siet	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del>  ^</del>
	in 100, the it med a form fac to report these payments. In 140, provide all explanation in conseque O	. 75		

Secti	on A. Governing Body and Management			<del></del>		
			LSS CONT	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> 1a4</u>		1		
	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					
1_	committee, explain in Schedule O.	41				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	=			建建建	
3	any other officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or und				V	
4	supervision of officers, directors, or trustees, or key employees to a management company or or	·=	3 4		X	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 we Did the organization become aware during the year of a significant diversion of the organization		5		×	
6	Did the organization have members or stockholders?		6		Ŷ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect		-		<del>-</del>	
<i>r</i> a	one or more members of the governing body?		7a		х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members and the subject to approval by members are subject to approval by members and subject to approval by members are subject to approval by the subject to approve th		/a		<del>^</del>	
J	stockholders, or persons other than the governing body?		7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertain		330	題以落	14888	
•	the year by the following:	anch duning				
а	The governing body?		8a	X	Saludio 1	
b	Each committee with authority to act on behalf of the governing body?		8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	•	Х	
Sect	ion B. Policies (This Section B requests information about policies not required by the		ode.)			
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of su					
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?.	11a	X	23.8 vs. 35	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			11.00	是第	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	? If "Yes,"	1.0	١.,		
40	describe in Schedule O how this was done	• • • • • • •	12c			
13	Did the organization have a written whistleblower policy?		13	X		
14	Did the organization have a written document retention and destruction policy?		14	A 15 60	30395	
15	Did the process for determining compensation of the following persons include a review and an independent persons, comparability data, and contemporaneous substantiation of the deliberation			30.3		
а	The organization's CEO, Executive Director, or top management official.		15a		(SEE) S	
b	Other officers or key employees of the organization		15b	$\overline{}$	<del> </del>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			112	是要	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar an	rangement				
	with a taxable entity during the year?		16a	22193534	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e			75.0		
	participation in joint venture arrangements under applicable federal tax law, and take steps to			10.0		
	the organization's exempt status with respect to such arrangements?	<u></u>	16b		13.2.2.	
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
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 X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing docume	nts, conflict of interes	st			
	policy, and financial statements available to the public.	to and as the sec				
20	State the name, physical address, and telephone number of the person who possesses the bo	(000) 000 (				
	organization:	(802) 863-2	345			
	60 Lake Street; Burlington, VT 05401					

Form 990 (2011)	Peace and Justice Center									03-028147	72 Pac	e 7
Part VII	Compensation of Officers, Direct	ctors, Trustee	s, K	ey i	Em	plo	yees	, H	ighest Compe			
	Employees, and Independent Co			-			-					
	Check if Schedule O contains a re	esponse to any	que que	stio	n ir	thi	s Pa	rt V	<u> 11</u>	<u></u>	<u> L</u>	
Section A.	Officers, Directors, Trustees, Key E								<del></del>			
	this table for all persons required to be	listed. Report of	comp	ensa	atio	n foi	r the	cale	endar year endir	g with or within	the	
organization's	•	dina ntana tamata.	6.4	41-	:	!!.	احتادات					
	of the organization's current officers, of tion. Enter -0- in columns (D), (E), and							S OI	r organizations),	regardless of a	mount	
	of the organization's current key empl							initi	on of "kev empl	ovee."		
<ul> <li>List the</li> </ul>	e organization's five current highest co	mpensated emp	oloyee	es (d	othe	er th	an ar	off	ficer, director, tr	ustee, or key em		
	I reportable compensation (Box 5 of Fo and any related organizations.	rm W-2 and/or	Box 7	of I	For	n 10	099-1	/IIS	C) of more than	\$100,000 from 1	the	
-	of the organization's former officers, k	ey employees,	and h	ighe	est d	com	pens	ate	d employees wh	o received more	e than	
	reportable compensation from the orga											
	of the organization's former directors										of the	
-	more than \$10,000 of reportable comp			_				-	_			
	in the following order: individual trustee d employees; and former such persons		nstitu	tion	al tr	uste	ees; c	offic	ers; key employ	ees; highest		
<u> </u>	his box if neither the organization nor ar		nizatio	n c	omr	ens	sated	anı	v current officer.	director, or trus	itee.	
		<u> </u>			((		·					
	(4)	(D)	44			ition				4=1		
	(A) Name and Title	(B) Average	box,	unies	s pe	rson	than o	an	(D) Reportable	(E) Reportable	(F) Estimated	
		hours per week	$\overline{}$		_	recto	or/trust		compensation from	compensation from related	amount of other	•
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	ey e	ighe impk	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	no
		. related	ect a	tion	"	ğ	st co	14	(W-2/1099-MISC)	(44-2) 1039-141100)	organizatio	
		organizations in Schedule	tast	쿨		уее	mpe				and related organization	
		O)	8	stee	ļ		Highest compensated employee		,			
			ļ	<u> </u>			8					
(1) Linda	Ауег			1								_
(2) Autum	n Pornett	6 hrs/mo	X	-	-	<del> </del>	<u> </u>		0	0	ļ	0
Chair	ii Dairiett	2 hrs/mo	x	1	x							
(3) Spend	er Putnam	2 1113/11/0	<del>  ^</del>	╁	<u> </u>							
Secretary-Tr		12 hrs/mo	X		X							
(4) Nathai	n Suter											
		20 hrs/mo	X	<u> </u>	ļ			ļ	ļ		ļ	
(5) Wend		40 5-5				l,	•	ŀ	0.755			
	re and Financial Director ca Ochoa Brenneman	10 hrs/wk	-	$\vdash$	┢╾	X	├	-	8,755			
Executive Di		40 hrs/wk				x			32,500			
(7)			T		ऻऻ			ŀ				
					L	<u> </u>		L			<u> </u>	
(8)									1			
(9)			-	┼	1	-					<del> </del> -	
(10)												-
(11)												
(12)												
(13)				+								
			+	+	-	<del> </del>	<del> </del>	₩	<del> </del>	<del>                                     </del>	<del> </del>	

Р	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	<b>Employee</b>	s (cor	ntinue	d)	
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles er and	Pos eck s pe	more rson	Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensa from relat organizati (W-2/1099-N	tion ted ons	comporting and	(F) timated tount of other oensatio om the anizatio I related	on on d
(15)														
(16)				-	_	<del>                                     </del>								
(17)									·					
(18)					-			-						
(19)				$\vdash$	_	$\vdash$		-						
(20)			 		-			-						
(21)			-	$\vdash$		-								
(22)			-	-	-	-					-			
(23)								-				:		
(24)			-	-	-									
(25)				$\vdash$										
1b	Sub-total		<u> </u>	<u> </u>	L	L	<u> </u>	<b></b>	41,255		0			0
C	Total from continuation sheets to Part VII,								C	<del> </del>	0			0
<u>d</u>	Total (add lines 1b and 1c).								41,255		0			0
2	Total number of individuals (including but not reportable compensation from the organizatio							cen	ved more than \$	5100,000 o	ı			
													Yes	No
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche	rector, or truste	e, ke indiv	y er	nplo al	yee	e, or l	high	nest compensate	∋d	ļ	3		X
4	For any individual listed on line 1a, is the sum										•		100	
	the organization and related organizations gre										ا			
	individual						٠.					4	-30_51 7.0	X
5	Did any person listed on line 1a receive or act													
Sec	for services rendered to the organization? If "	res, complete	Sche	aui	<del>9</del> J 1	or s	sucn	per	<u>son</u>	· · · ·	•	5		X
1	Complete this table for your five highest comp compensation from the organization. Report of year.											n's ta	κ	
	(A) Name and business add	iress							(B) Description of se	rvices		(C Comper		
														0
								-						0
	· · · · · · · · · · · · · · · · · · ·							├-	<del></del>					0
								╁	······································					0
2	Total number of independent contractors (incl more than \$100,000 of compensation from the		mited	to	hos	e li	sted a		ve) who receive	d				

Part	: VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
별별	1a	Federated campaigns						
20 5	þ	Membership dues					<b>经</b> 电子等可	
ξS,	C	Fundraising events						
F	ď	Related organizations	1d	<u>                                     </u>				
in,	е	Government grants (contribution	s) 1e	0				
5 5	f	All other contributions, gifts, gran	nts, and					
the th		similar amounts not included about		88,079				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li		0			学说:	
Contributions, Gifts, Grants and Other Similar Amounts	h				88,079			
			<del> </del>	Business Code				7-120-1
Program Service Revenue	2a				ALEUT MENERALIEM (			h de la companya de l
Š	b				0			
93				<del></del>	0			
Ž	4				<del> </del>			
Š	u				0			
듄	e	AN			0			
P.	T	All other program service revenu		L	0	D 35/45*** - 5 6 F3 75 486 48	14/93 705 1340 00 00 17	
	g	Total. Add lines 2a-2f			0	<b>《新华》</b>	A STATE OF THE PARTY OF	<b>经验证证证</b>
	3	Investment income (including divother similar amounts)			441			441
	4	Income from investment of tax-e			0	<u> </u>		
	5	Royalties	<del></del>	<u> ▶</u>	0			
			(i) Real	(ii) Personal				
	6a	Gross rents				REPORTED IN		
	b	Less: rental expenses		-				
	C	Rental income or (loss)		0				
	d	Net rental income or (loss)	. ,		0			12500
	7a	Gross amount from sales of	(i) Securities	(II) Other			SHAPE STATE	
		assets other than inventory.		0		2.7.12.90.4.2.3		
	Ь	Less: cost or other basis						
		and sales expenses		ol o				4.5
	С	Gain or (loss)						
	d			<u> </u>	120000000000000000000000000000000000000	PUPELER STREET	STREET TO SELECT	
	ŭ	Net gain of (loss)			Victoria de la Companya de la Compan	Nant State State of State of St		SPECIAL SPECIAL
e	0.	Gross income from fundraising						
Ē .	oa		•					
Š		events (not including \$						
Œ		of contributions reported on line	•	_				
Other Revenue	_	See Part IV, line 18						
ŏ		Less: direct expenses		C				
		Net income or (loss) from fundra		<u>, , , , , , , , , , , , , , , , , , , </u>	C			
	9a	Gross income from gaming activ			200			
		See Part IV, line 19	. <i></i> a					
	b	Less: direct expenses	b	C				
	С	Net income or (loss) from gamin	g activities		C			
		Gross sales of inventory, less				Carren Bar	<b>名字对他的</b>	
		returns and allowances	a	140,043				
	h	Less: cost of goods sold			1)) ***********************************	17.5		
		Net income or (loss) from sales			46,307	46,307	A SECUL CHANGE AND A SECULAR PROPERTY OF THE PERSON OF THE	ARROW AND AND AND AND AND AND AND AND AND AND
		Miscellaneous Revenue	or inventory.	Business Code	10,007	HERMAND MEDICARDERA	STATE OF THE PARTY OF THE PARTY.	RECEIPTED TO A PROPERTY.
	44-			Dusiness Code	A SECTION OF			SPECIAL CONTROL
	11a				<u> </u>	<u> </u>		<del> </del>
	b						<del>                                     </del>	<del> </del>
	C				ļ <u>9</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	d	All other revenue			<del> </del>	 	THE RESERVE OF THE PARTY OF THE	Contracts to the Contract of t
	е	Total. Add lines 11a-11d			<u>C</u>	) 自在原理医療體育	<b>的</b> 海外外证	经出版的
	12	Total revenue. See instructions	.   .   .   .   .   .   .   .   .	<u> &gt; </u>	134,827	46,307	0	441

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, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States. See Part IV, line 21	0		HANNE BERN				
2	Grants and other assistance to individuals in the							
۸.	United States. See Part IV, line 22	0						
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
4	United States. See Part IV, lines 15 and 16	0			Marie 1 Street Value of the Control			
4 5	Benefits paid to or for members	- U			NATIONAL PROPERTY.			
9	trustees, and key employees	44 255	10 022	19,588	10,834			
6	Compensation not included above, to disqualified	41,255	10,833	19,000	10,034			
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	21,644	21,644					
8	Pension plan accruals and contributions (include	21,044	21,044					
	section 401(k) and 403(b) employer contributions)	o						
9	Other employee benefits	0						
10	Payroll taxes	8,376	4,355	2,597	1,424			
11	Fees for services (non-employees):	5,070						
а	Management	ol						
b	Legal	0						
С	Accounting	233		233				
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17	0	<b>公司的基本的证明</b>	的信息的自己的				
f	Investment management fees	0						
g	Other	0						
12	Advertising and promotion	5,443	5,443					
13	Office expenses	2,002	1,602	400				
14	Information technology	2,920	2,336	584				
15	Royalties	0						
16	Occupancy	37,355	29,884	7,471				
17	Travel	0						
18	Payments of travel or entertainment expenses			}	1			
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0			<b></b>			
20	Interest	0	<del></del>					
21	Payments to affiliates	0	4.074					
22	Depreciation, depletion, and amortization	2,063						
23	Insurance	3,394	727	2,429	238			
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	Printing and postage	6,394	5,115	1,279	C SWAFEN HESSELLTON SHE'S			
b	Development and communications	2,223			<u> </u>			
C	Dues and publications	205						
d	Policy and Advocacy	3,275						
e	All other expenses Small Equipment	436						
25	Total functional expenses. Add lines 1 through 24e.	137,218			12,496			
26	Joint costs. Complete this line only if the	.07,210	- 00,002	1	12,.00			
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here ▶ if							
	following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet (A) (B) Beginning of year End of year 1 6.128 7.049 2 2 3 o 3 4 ol Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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) . . . . . . . 7 41.050 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D | 10a 145,315 10b Less: accumulated depreciation . . . . . 2.885 10c 822 11 11 ol 12 0 12 ol 13 0 13 ol 14 14 0 0 15 0 15 50,063 27,468 16 16 17 7,255 17 2,051 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Payables to current and former officers, directors, trustees, key iabilities employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties . . . . 23 23 20,000 24 Unsecured notes and loans payable to unrelated third parties . . . . . 24 5,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Total liabilities. Add lines 17 through 25 . . . . . . 26 Organizations that follow SFAS 117, check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 22,808 32 20,417 22,808 33 33 20,417 50,063 27,468

orm 9	90 (2011) Peace and Justice Center	0:	3-028147	2 P	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
4	Total governor (second second Boot VIII) and second (A) line (A)	ا ہ		45	4 007
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2			4,827
2	Total expenses (must equal Part IX, column (A), line 25)	3			7,218
3 4	Revenue less expenses. Subtract line 2 from line 1	4			2,391
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			2,808
6	Other changes in net assets or fund balances (explain in Schedule O)	-			
0	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	20,417
Part	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: X Cash 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?		. 2	3	X
b	Were the organization's financial statements audited by an independent accountant?			5	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 20	c   _	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			割變	
	issued on a separate basis, consolidated basis, or both:		177	圖家	
	Separate basis Donsolidated 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?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<b>,</b>			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	i.	3		
			Fo	m 99	0 (2011)

### **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

OMB No 1545-0047

Open to Public

Department of the Treasury

4947(a)(1) nonexempt charitable trust.

Internal	Reve	nue Service	► Atta	ach to Form 990 or Forr	n 990-EZ.	►See	separate	instructio	ns.		Insp	ectio	n
		organization							Employer	identification		er	
	-	d Justice Cen			<del></del>				<del></del>		81472		
Part	_			arity Status (All org						struction	<u>s.                                    </u>		
	rgan			ation because it is: (Forches, or association o									
1	片	· ·		•			ea in seci	uon 170(	D)(1)(A)(I)	).			
2	믬			on 170(b)(1)(A)(ii). (At		-							
3	닠	-		nospital service organiz									
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, sta	ate, or local gov	ernment or governmer	ntal unit de	escribed i	n section	170(b)(1	I)(A)(v).				
7	X	An organizat	tion that normall	y receives a substanti (1)(A)(vi). (Complete F	al part of i					r from the	e gener	al pub	lic
8				in section 170(b)(1)(	-	omplete f	Part II.)						
9	Ħ			y receives: (1) more th		•	•	om contril	outions. m	embersh	io fees	and o	iross
•		receipts from support from	n activities relate gross investme	ed to its exempt function ent income and unrelated a after June 30, 1975.	ons—subj ted busine	ect to cer ess taxabl	tain exce <sub>l</sub> e income	otions, an (less sec	d (2) no nation 511 t	nore than	33 1/3	% of it	-
10		•	=	nd operated exclusive		•		•	•	4).			
11	Ħ	•	•	nd operated exclusive	•	•	•			•	v out th	ne	
		-	_	blicly supported organ	•						•		ion
		509(a)(3). C	heck the box tha	at describes the type o	of supporti	ng organi	zation an	d comple	te lines 11	1e throug	h 11h.		
		a 🔲 Type	l b 🗔	Type II c	Туре	III-Func	tionally in	tegrated		d 🔲 T	ype III-	-Other	
е		By checking	this box, I certif	y that the organization	is not co	ntrolled d	irectly or i	indirectly	by one or	more dis	qualifie	d	
		persons other		on managers and othe			•	•	•		-		ion
f		If the organiz	zation received	a written determinatior	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
		_	, check this box										. [
g				the organization acce	pted any o	gift or con	tribution f	from any	of the				
		following per										·	
				or indirectly controls,								Yes	No
				verning body of the su		•					11g(i)	<u> </u>	├
		• •	•	person described in (i) by of a person describe	-						11g(ii)		<del> </del>
h				ation about the suppor							11g(iii)	L—	
	Name	of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(vi)	ls the	(viii	) Amour	nt of
		anization	(,	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organizat	tion in col.		support	
			ł	above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
		•		(see instructions))	Yes	No	Yes	No	Yes	No	1		
(A)					163	140	103	<del>- '''</del> -	103		<del>                                     </del>		
ערו								[			1		
(B)									<b>†</b>				
·											<u> </u>		
(C)													
					<b></b>		ļ			<u> </u>	<b> </b>		
(D)			}						1	1			
			j		1	l	Ī		]	1	1		

0

0

Total

(E)

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

	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	267,333	165,945	204,763	86,416	88,079	812,536
2	Tax revenues levied for the organization's	207,000	100,940	204,703	30,470	00,075	012,000
2	benefit and either paid to or expended on			i		ļ	
	its behalf						0
·3	The value of services or facilities						0
3	furnished by a governmental unit to the					j	
	organization without charge						0
4	Total. Add lines 1 through 3	267,333	405.045	204,763	86,416	99.070	040.530
4 5	The portion of total contributions by each	201,333	165,945	204,703	00,410	88,079	812,536
J	•						
	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)						00.570
6	Public support. Subtract line 5 from line 4.			THE PERSON OF THE PERSON	and the second second		68,573 743,963
	ion B. Total Support	SENSON SPECIAL CONTROL	Table Californ		PROPERTY PROPERTY		743,303
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
7 8	Gross income from interest, dividends,	267,333	165,945	204,763	86,416	88,079	812,536
0	payments received on securities loans,	<b>\</b>					
	rents, royalties and income from similar						
	Sources	561	136	58	26	441	1,222
9	Net income from unrelated business	301	130	_ 56	20	441	1,222
9	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						<u>~</u>
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.			<b>法经验的</b>	CONTROL OF THE		813,758
12	Gross receipts from related activities, etc. (s					12	490,136
13	First five years. If the Form 990 is for the o					a section 501(c	(3)
	organization, check this box and stop here						
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6,		led by line 11.	column (f))		14	91.42%
15	Public support percentage from 2010 Sche	dule A, Part II, i	line 14			15	90.63%
16a	33 1/3% support test-2011. If the organiz						eck this box
	and stop here. The organization qualifies a	is a publicly su	oported organi	zation			<b>▶</b> 🗙
b	33 1/3% support test-2010. If the organiz	ation did not cl	neck a box on	line 13 or 16a,	and line 15 is	33 1/3% or mor	e, check this
	box and stop here. The organization qualif	ies as a publicl	y supported or	ganization			▶ 🛄
17a	10%-facts-and-circumstances test-2011	I. If the organiz	ation did not c	heck a box on l	line 13, 16a, or	16b, and line	14
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac						
	organization				·		▶□
þ	10%-facts-and-circumstances test-2010	. If the organiz	ation did not c	heck a box on i	line 13, 16a, 10	6b, or 17a, and	line
	15 is 10% or more, and if the organization i						
	Part IV how the organization meets the "fac						
	supported organization						▶□
18	Private foundation. If the organization did	not check a bo	x on line 13. 1	6a, 16b. 17a. d	r 17b. check th	nis box and see	<u> </u>
	instructions		-		· ·		

## 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.)

Sect	tion A. Public Support	ider the tests	iisted below,	picase compi	ete i art ii./		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
<b>'4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge					,	0
6 7a	Total. Add lines 1 through 5	0	0	0	0	0	0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6	C	0	0	0	0	0
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						. 0
c 11	Add lines 10a and 10b	C	0	0	0	0	0
12	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.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)			0	0	0	
14	First five years. If the Form 990 is for the organization	ation's first, seco	· · · · · · · · · · · · · · · · · · ·	or fifth tax year a	as a section 501	(c)(3)	▶ [
Sec	tion C. Computation of Public Support	<u>Percentage</u>					
15 16	Public support percentage for 2011 (line 8, column Public support percentage from 2010 Schedule A,	(f) divided by li		-		15 16	0.00% 0.00%
	tion D. Computation of Investment Inco	ome Percent	age				
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedu					17	0.00%
19a	33 1/3% support tests—2011. If the organization not more than 33 1/3%, check this box and stop h	did not check th	e box on line 14,	and line 15 is m	ore than 33 1/3%		▶
b	33 1/3% support tests—2010. If the organization line 18 is not more than 33 1/3%, check this box a	did not check a	box on line 14 or	line 19a, and lin	e 16 is more tha	n 33 1/3%, and	▶□
20	Private foundation of the organization did not che		_	•			

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements** Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number Peace and Justice Center 03-0281472 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (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) . . . 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? . . . . . . . Yes -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 Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important 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 conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . 2a Total acreage restricted by conservation easements . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIV, the text of the footnote to its financial statements that describes these items. 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: 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: 

-	• •								
•	Peace and Justice Cer	nter				03-0	281472		
Schedu	le D (Form 990) 2011			_					Page 2
Part	III Organizations Maintaining (	Collections of Ar	t, Histori	cal Trea	sures, or O	ther S	Similar Assets	(continue	d)
3	Using the organization's acquisition, a use of its collection items (check all th		er records,	check an	y of the follo	wing th	nat are a significa	ant	•
а	Public exhibition		d $\square$	Loan o	r exchange p	orograi	ms		
b	Scholarly research			Other		-			
c	Preservation for future generation	>no	• Ш	04101					
4	Provide a description of the organizati Part XIV.		d explain	how they	further the o	rganiza	ation's exempt pu	rpose in	
5	During the year, did the organization sassets to be sold to raise funds rather							Yes	No
Part	IV Escrow and Custodial Arra IV, line 9, or reported an amo	-	•	_	zation answ	ered '	'Yes" to Form 9	990, Part	
1a	Is the organization an agent, trustee,	custodian or other	intermedia	ary for cor					
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part 1991.					• •		Yes	∐ No
U	ii res, explain the arrangement iii re		ste tile ion	owing tab	ic.			Amount	
С	Beginning balance					10		Modrit	0
d	Additions during the year								
е	Distributions during the year						•		
f	Ending balance						F	<del></del>	0
2a	Did the organization include an amou							Yes	X No
b	If "Yes," explain the arrangement in P								
Part			ation ans	wered "Y	es" to Form	1 990,	Part IV, line 10		
		(a) Current year	(b) Pric		(c) Two years		(d) Three years back		years back
1a	Beginning of year balance	0							
b	Contributions								
C	Net investment earnings, gains,								
	and losses		<u>.</u>						
d	Grants or scholarships								
e	Other expenditures for facilities						-		
	and programs	····					····		
f	Administrative expenses								
g	End of year balance			0		0		0	對沒樣
2	Provide the estimated percentage of t			(line 1g,	column (a))	held as	S:		
а	Board designated or quasi-endowmer		<u> %</u>						
b	Permanent endowment	<u>%</u> .							
C	Temporarily restricted endowment	<b>&gt;</b> %						•	
_	The percentages in lines 2a, 2b, and								
3a	Are there endowment funds not in the	possession of the	organizat	tion that a	re neid and	admini	stered for the		Van   11-
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organ		•					3b	
4	Describe in Part XIV the intended use VI Land, Buildings, and Equi							<del></del>	·
Part		(a) Cost or o				,.	) Accumulated	/-/\ D	
	Description of property	(a) Cost of o	uier Dasis	(D) CO	st or other	l (C	, Accumulated	(d) Boo	v ASING

_	+ Desi	dibe in Fait XIV the interlued does of the	ic organization a chuo	Willelle fullus.		
1	Part VI	Land, Buildings, and Equipmen	t. See Form 990, Pa	art X, line 10.		
		Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo
					PRE TOR ANY ATAL PROPERTY AND AND AND AND AND	

		(investment)	basis (other)	depreciation	
1a	Land	0	0		0
b	Buildings	0	0	0	0
C	Leasehold improvements	0	0	0	0
d	Equipment	0	145,315	144,493	822
е	Other	0	0	0	0
Tota	L Add lines 1a through 1e. (Column (d) must	equal Form 990. Part	X. column (B), line 10	(c).)	822

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2011

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

Open to Public Inspection
Employer Identification number

Peace and Justice Center	03-0281472
Form 990, Part VI, Section B	
11b The members of the Board of Directors review the return before it is filed.	
12c The Board of Directors has a conflict of interest policy and the policy and possible conflicts	s are discussed at Board meetings.
15b. The Board of Directors approves all compensation arrangements.	
Section C	
19. The Peace and Justice Center makes its governing documents, conflict of interest policy,	financial statements and form 990
available to any member of the public upon reguest.	
	·····
······································	