Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2016 calendar year, or tax year beginning and	<u>enaing</u>	_				
B ci	heck if opticable:	C Name of organization		D Employer identifi	cation number			
	Address	ALLIANCE FOR JUSTICE						
	Name change	Doing business as			009973			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	11 DUPONT CIRCLE, N.W., 2ND FLOOR		202-	822-6070			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 9,635,482.				
	Amendo return			H(a) Is this a group re				
	Application	F Name and address of principal officer:NAN ARON		for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)			
		E: ► WWW.AFJ.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1974	M State of legal domicile: DC			
Pa	ırt I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	JLE_O				
Governance		<u> </u>						
rus	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a				
OVE	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	17			
S S	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			16			
68	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	47			
Z.	6	Total number of volunteers (estimate if necessary)		6	10			
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a				
_	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
0	8 (Contributions and grants (Part VIII, line 1h)		3,418,052.				
nue	9 1	Program service revenue (Part VIII, line 2g)		403,213.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		206,137.				
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		330.				
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,027,732.	7,325,400.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,650.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
00	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,696,672.	2,492,567.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ç	Ъ.	Fotal fundraising expenses (Part IX, column (D), line 25) 241,0	48.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,738,212.	1,824,330.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,501,534.	4,316,897.			
	19	Revenue less expenses. Subtract line 18 from line 12		-473,802.	3,008,503.			
Net Assets or Fund Balances			B	eginning of Current Year	End of Year			
Sets	20	Total assets (Part X, line 16)		5,327,676.	8,145,098.			
tA§S	21	Total liabilities (Part X, line 26)		965,281 _.	864,667.			
羟	22	Net assets or fund balances. Subtract line 21 from line 20		4,362,395.	7,280,431.			
P	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of n	ny knowledge and belief, it is			
true	, correc	t, and complete. Declaration of property (other than officer) is based on all information of w	hich prepare	r has any knowledge.				
	1	la la		10/1	0/17			
Sig	n	Signeture of phice		Date				
Her	·e	NAN_ARON, PRESIDENT			. <u>,</u>			
_		Type or print name and title						
80	9	Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	d i	CHARLES R. DEPPE		sett-emplo	P01300682			
Pre	parer	Firm's name MATTHEWS, CARTER & BOYCE		Firm's EIN	54-1487262			
Use	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUITE	260					
_		FAIRFAX, VA 22033		Phone no. 7 (3-218-3600			
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

			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	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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	10		
	as applicable.	100		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total]	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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
e	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		l <u></u>	
	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		l	ļ
	Schedule D, Parts XI and XII	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 and XII 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		14a		X
Ь				
	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	\vdash	X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	,		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- VF
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		42	
	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? If "Yes,"			\ v
	complete Schedule G, Part III	19	000	X VOOTE
		Forn	n 990	(2010

Pan	TV Checklist of Required Scriedules (continued)		Yes	No
		20a	res	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	Did the organization answer "Yes" to Part VII, Section A, life 3, 4, or 5 about compensation of the organization of each of the organization of th			
		23	x	
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	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 25a	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D -	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	Ì	ì	1
2.0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	-		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		2010	
	instructions for applicable filing thresholds, conditions, and exceptions):	1.8		-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		!	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
С	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
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?			١.,
	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			٠,
	Schedule N, Part II	. 32	+	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	-	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	1
	Part V, line 1	. 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35</u> a	1	+^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35t	-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		\ v
	If "Yes," complete Schedule R, Part V, line 2	. 36	+	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	. 38	$\ \mathbf{x}\ $	1
	Note. All Form 990 filers are required to complete Schedule O		_	<u> </u>

c Enter the amount of reserves on hand ______

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2016)

14a

X

1

Parl	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, and for a *\	lo" res	pons	2
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr			ſ	x)
	Check if Schedule O contains a response or note to any line in this Part VI	***************************************	· · · · · · · · · · · · · · · · · · ·		<u>Al</u>
Sect	ion A. Governing Body and Management			. 1	-
	1 1	1 7		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	17			
	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.				
ь	Enter the number of voting members included in line 1a, above, who are independent1b	16		- }	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	y other			
	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct s	upervision	-	ì	
_	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	iled?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint on	e or			
10	more members of the governing body?		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold	ers, or	- 1	1	
D	persons other than the governing body?		7b		X
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the f	ollowing:			
8	The governing body?		8a	Х	
a	Each committee with authority to act on behalf of the governing body?		8b	X	
Ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	the			_
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Inde I			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
	The state of the s	ſ	10a	-	X_
10a	Did the organization have local chapters, branches, or affiliates?	offiliates	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	aimeros,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	filing the form?	11a	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ming the rolling	110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli		120	Α	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des		40-	Х	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	,	13	X	_
14	Did the organization have a written document retention and destruction policy?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14		
15	Did the process for determining compensation of the following persons include a review and approval by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			32	
	The organization's CEO, Executive Director, or top management official		15a	X	32
b	Other officers or key employees of the organization	***************************************	15b		X
	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 with	th a			
	taxable entity during the year?		16a		X
ь	of "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its pa	rticipation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	's			
	exempt status with respect to such arrangements?		16b		<u> </u>
Se	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA, VA, MD, NY, FL, MA	A, PA, MI, WA	<u> </u>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501(c)(3)s only) a	availal	ole	
	for public inspection, Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Scho				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest policy, and	d finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records: ▶			
20	THE ORGANIZATION - 202-822-6070				
	11 DUPONT CIRCLE, N.W., 2ND FLOOR, WASHINGTON, DC 20	036-1206			
-			For	n 990	(2016)

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	nor any related organization compensate (B) (C)						(D)	(E)	(F)
Name and Title	Average			Posi	tion			Reportable	Reportable	Estimated
Walle and Title	hours per					than d s both		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				2		organization	(W-2/1099-MISC)	from the
	related	stee o	nslee			EUS		(W-2/1099-MISC)		organization
	organizations	alte	D Eu		doyee	E				and related
	below	ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогте			organizations
	line)	ğ	III S	8	<u> </u>	출 등	호			
(1) FARHANA KHERA	2.00	,,							0.	0.
BOARD MEMBER	2 00	X		H		\vdash	H	0.	U.	
(2) NORMAN ROSENBERG	2.00	x	İ					0.	0.	0.
BOARD MEMBER	2.00	Λ	H	-		 	-	0.	0.	0.
(3) KEN GROSSINGER	2.00	x		x				0.	0.	0.
CHAIRMAN OF THE BOARD	2.00	₽	 -	Δ			\vdash	.0.	0.	0.
(4) DAVID LIPMAN		x		'				0.	0.	0.
BOARD MEMBER (5) BRADLEY WHITFORD	2.00									
(5) BRADLEY WHITFORD BOARD MEMBER	2.00	x						0.	0.	0.
(6) ARNOLD SPELLUN	2.00									
BOARD MEMBER		\mathbf{x}			ĺ			0.	0.	0.
(7) CLAY HILES	2.00			Γ						
BOARD MEMBER		x						0.	0.	0.
(8) PAULETTE MEYER	2.00					Π				
VICE CHAIR		X		X				0.	0.	0.
(9) DAVID GOLDSTON	2.00									
BOARD MEMBER		X	_	_	L	╙		0.	0.	0.
(10) NAN ARON	40.00	1								
PRESIDENT		X		X	_	<u> </u>	<u> </u>	225,327.	0.	31,413.
(11) BARBARA GONZALEZ-MCINTOSH	2.00									
SECRETARY/TREASURER		X	⊢	X	 —	-	-	0.	0.	0.
(12) JAHAN SAGAFI	2.00	┨								_
BOARD MEMBER		X	-	-	-	╀	\vdash	0.	0.	0.
(13) DEEPAK GUPTA	2.00	┨								۱ ,
BOARD MEMBER	2 00	X		-	╁	\vdash	╫	0.	0.	0.
(14) SURINA KHAN	2.00	┨┰						0.	0.	0.
BOARD MEMBER	2 00	X	\vdash	-	-	╫	╁┈	0.	, <u> </u>	0.
(15) RACHEL LEVIN	2.00	$ _{\mathbf{x}}$						0.	0.	0.
BOARD MEMBER	2.00	$\overline{}$	+	\vdash	+-	-	-	0.		0.
(16) ROGER VANN	2.00	$ _{\mathbf{x}}$						0.	. 0.	0.
BOARD MEMBER	2.00	$\overline{}$		\vdash	\vdash	+	+			
(17) BILL LURYE	2.00	$ _{x}$						0.	.l o.	0.
BOARD MEMBER		144				1	1	,	·,	Form 990 (2016

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees.	an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average hours per	(do	not c	heck	sitior more	than	one	Reportable	Reportable			mated	
	week					is bot or/trus		compensation from	compensation from related			ount of ther	
	(list any	皂			T			the	organizations		-	ensatio	חכ
	hours for	or Gire				Page 1		organization	(W-2/1099-MISC))	fro	m the	
	related	stee	pase			pensa		(W-2/1099-MISC)			_	nizatio	
	organizations below	14 Eu	Konal		le se	t com	_					related lization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ		
(18) JUDY SCOTT (LEFT DURING 2016)	2.00				†								_
BOARD MEMBER		x				$oxed{oxed}$	<u> </u>	0.	().			0.
(19) INGA SMULKSTYS	40.00												
V.P. PROGRAM AND OPERATIONS			_	L	_	X		127,642.).	9	,50	<u>1.</u>
(20) ABBY LEVINE	40.00	ļ								.		0.5	_
DIRECTOR OF BOLDER ADVOCACY	40.00	_	 	\vdash	╀	X		107,413.	() ·	21	<u>, 25</u>	<u>b.</u>
(21) NONA RANDOIS	40.00	-						114 000	l ,		0	,57	2
SOUTHERN CA. DIRECTOR	<u> </u>		\vdash	⊢	╫	X	 	114,928.		' +		, 5 /	<u> </u>
		1								1			
		-	\vdash		+	+	1			+			
		1											
		\vdash	1	1	1	\top				\top			
		1											
	i		П	П	Т								
]								\dashv			
		1											
					\perp	<u> </u>				_			_
1b Sub-total	*****************		• • • • • •					575,310.	-	0.	<u>71</u>	.,74	
c Total from continuation sheets to Part V								0.		0.1	71	.,74	0.
d Total (add lines 1b and 1c)								575,310.		<u>J • </u>	/	.,/4	<u></u>
2 Total number of individuals (including but a compensation from the organization	not iimited to ti	1056	HSU	ea a	adov	/ej w	no r	eceived more trian \$100	0,000 or reportable				4
Compensation from the organization											1	Yes	No
3 Did the organization list any former officer	director, or tr	uste	e. k	ev e	lame	lovee	. or	highest compensated e	employee on	Г			
line 1a? If "Yes," complete Schedule J for										L	3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? <i>If</i> "Yes	, * cc	omp	lete	Sch	nedu	e J	for such individual			4	X	
5 Did any person listed on line 1a receive or	-					_		_					
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uct	ı pe	rson	11111				5		X
Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·												
Complete this table for your five highest complete this table for your five highest complete.										ensa	ition tr	om	
the organization. Report compensation for	the calendar	year	ena	ıırıg	WILL	1 OF V	ALTLAS	n the organization's tax (B)	year.		(C	`	
(A) Name and busines:	s address							Description of	services	Co	mpen	, Isation	
REVOLUTION MESSAGING, 17	30 RHOD	E	IS	LA	NE)		DIGITAL AND	SOCIAL				
AVENUE, SUITE 310, WASHI							i	MEDIA MESSAG			201	7,00	0.
									ĺ				
· · · · · · · · · · · · · · · · · · ·													
												ä.	
A Talabanahan Malabanahan	Carlordine to 4		12	م هم	- JL		int-	d abough who sociosed:	more than				
2 Total number of independent contractors		HOU	arttit	eu i	เบ เท	1	iste	u abovej wilo received i	nore triait				
\$100,000 of compensation from the organ	nzauon 📂			_	_	-#-					Form 9	990 <i>(</i> 2	-01E\

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded Unrelated Related or Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 2,036 1 a Federated campaigns 1b 63,250 Membership dues 1c 462,817 c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 6,544,310 g Noncash contributions included in lines 1a-1f: \$ 796,126 7_072_413 Total, Add lines 1a-1f Business Code 900099 220,835 Program Service Revenue 2 a CONSULTING/WORKSHOP FEES f All other program service revenue 220 835 q Total. Add lines 2a-2f Investment income (including dividends, interest, and 33 634. other similar amounts) 33,634 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 2,218,325 b Less: cost or other basis and sales expenses 73 462 c Gain or (loss) 73,462. 73,462 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 462,817, of contributions reported on line 1c). See Part IV, line 18a 165 219 b Less: direct expenses b -74.944. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____ a b Less: direct expenses _____ b c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 32 152. 7 325 400 220 835 Total revenue. See instructions.

Form 990 (2016)

Form 990 (2016) ALLIANCE FOR JUSTICE
Part IX Statement of Functional Expenses

186116	on 501(c)(3) and 501(c)(4) organizations must composite Check if Schedule O contains a responsi				X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 🔠 📙				
	Grants and other assistance to domestic	ļ			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,		000 401	17 163	16 007
	trustees, and key employees	<u>256,741.</u>	223,491.	17,163.	16,087.
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 000 500	1 645 604	106 300	118,455.
	Other salaries and wages	1,890,529.	1,645,694.	126,380.	110,433.
8	Pension plan accruals and contributions (include	60 560	50 603	4 502	4,296.
	section 401(k) and 403(b) employer contributions)	68,562.	59,683.	4,583.	7,359.
9	Other employee benefits	117,446.	102,236.	7,851.	9,980.
10	Payroll taxes	159,289.	138,660.	10,649.	3,300.
11	Fees for services (non-employees):				
а	Management	24 175	10 175	24 000	
Ь	Legal	34,175.	10,175.	24,000. 40,866.	807.
C	Accounting	51,143.	9,470.	40,000.	007.
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
е	Professional fundraising services. See Part IV, line 17	22 555		22 555	<u></u>
f	Investment management fees	22,555.		22,555.	
9	Other. (If line 11g amount exceeds 10% of line 25,	400 045	202 627	115 610	
	column (A) amount, list line 11g expenses on Sch 0.)	498,245.	382,627.	115,618.	
12	Advertising and promotion	8,739.	4,191.	4,548.	8,512
13	Office expenses	115,856.	100,261.	7,083	0,312
14	Information technology				
15	Royalties	CC2 022	E7E 00E	44,053.	44,875
16	Occupancy	663,933.	575,005. 64,228.	5,861.	798
17	Travel	70,887.	04,440.	5,001.	130_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	26,064.	16,450.	9,481.	133
19	Conferences, conventions, and meetings	_20,004.	10,4501	3,401.	133
20	Interest				
21	Payments to affiliates	86,566.	72,132.	7,071.	7,363
22	Depreciation, depletion, and amortization	18,691.	15,746.	1,543.	1,402
23	Insurance	10,091.	13,740.	1,525.	1/102
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 0.) INTERNET	89,862.	52,625.	22,632.	14,605
	REPAIRS AND MAINTENANCE	79,877.	67,351.	6,533.	5,993
	GUDGODIDMIONG /DOOKG /DED	39,422.	30,654.	8,385.	383
C		14,195.	15.	14,180.	
d		4,120.		4,120.	
	All other expenses Add lines 1 through 246	4,316,897.	3,570,694.	505,155.	241,048
25_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	<u> </u>	<u> </u>	300,200	
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

09181003 758571 AL53

Part .	X	Balance Sheet	<u> </u>			
		Check if Schedule O contains a response or note to any line in this Part X .				
			(A) Beginning of year			(B) End of year
	1	Cash - non-interest-bearing	200,27		1	330,888
		Savings and temporary cash investments	<u> 883,57</u>		2	798,513
		Pledges and grants receivable, net		7.	3	2,960,244
- 1		Accounts receivable, net	E 4 0 C		4	64,634
		Loans and other receivables from current and former officers, directors,				
- }	_	trustees, key employees, and highest compensated employees. Complete		7 11		
		Part II of Schedule L			5	
		Loans and other receivables from other disqualified persons (as defined un				
-	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu				
		employers and sponsoring organizations of section 501(c)(9) voluntary	102.0=211 22.11			
.		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
2000	7	Notes and loans receivable, net			7	
ž	8	Inventories for sale or use	1		8	
	9	Prepaid expenses and deferred charges	407 07	4.	9	94,478
١.	_	Land, buildings, and equipment: cost or other	ILE I S			
	IVa	basis. Complete Part VI of Schedule D 10a 683,5	33.			
ļ	ь	Less: accumulated depreciation 10b 503,3	263,89	9.	10c	180,210
].	11	Investments - publicly traded securities	0 405 10		11	3,311,306
	12	Investments - other securities. See Part IV, line 11			12	
- 1	13	Investments - program-related. See Part IV, line 11			13	
- 1	14	Intangible assets		\neg	14	
	15	Other assets. See Part IV, line 11		20.	15	404,825
	16	Total assets, Add lines 1 through 15 (must equal line 34)	E 207 C		16	8,145,098
	17	Accounts payable and accrued expenses	0.0.04		17	36,937
	18	Grants payable			18	
	19	Deferred revenue	1 00 44	54.	19	0
- 1	20	Tax-exempt bond liabilities	*****		20	2
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
- 1	22	Loans and other payables to current and former officers, directors, trustee				
		key employees, highest compensated employees, and disqualified person			31	
Liabilities		Complete Part II of Schedule L			22	
_ ا گ	23	Secured mortgages and notes payable to unrelated third parties			23	
- E	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X of				
		Schedule D	0.00 0	24.	25	827,730
	26	Total liabilities. Add lines 17 through 25	965,2		26	864,667
\neg	20	Organizations that follow SFAS 117 (ASC 958), check here ► X				
		complete lines 27 through 29, and lines 33 and 34.				
90	27	Unrestricted net assets	2,062,4	14.	27	2,349,407
<u> </u>	28	Temporarily restricted net assets	0 000 0		28	4,931,024
<u> </u>	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶				
느		and complete lines 30 through 34.		ļ		
ts c	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund			31	·
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds			32	
Ž	32	Total net assets or fund balances	1	95.	33	7,280,431
- {	33	Total liabilities and net assets/fund balances				8,145,098
	34	Total liabilities and tiet assets/fund datarities	3,021,70			Form 990 (20

orm	990 (2016) ALLIANCE FOR JUSTICE	52-1009	973	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	9. 2023 Contribution (** 10.0**				
1	Total revenue (must equal Part VIII, column (A), line 12)		,32		
2	Total expenses (must equal Part IX, column (A), line 25)		,310		
3	Revenue less expenses. Subtract line 2 from line 1		,008		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 4	,36		
5	Net unrealized gains (losses) on investments	5	-90),4	<u>67.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 7	,28	0,4	31.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX
			\Box	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1153111		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	оп а			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	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 requi				

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		ALLIA	ANCE FOR JU	<u>JSTICE</u>				<u>52-1009973</u>
Pa	rt I	Reason for Public C			mplete this	part.) Se	e instructions.	
ne	orgar	nization is not a private founda	ation because it is: (F	or lines 1 through 12, ch	neck only o	one box.)		
1	آ	A church, convention of chu					KAYO.	
2	一	A school described in section					,	
3	\equiv	A hospital or a cooperative h					١.	
4	H	A medical research organiza						iter the hospital's name.
4	ш	city, and state:	mon operated in con-	janoton mar a nospitar	000011000	500001	. 110(b)(1/(1/(m)) =	
_		An organization operated for	the benefit of a cell	logo or university owned	or operate	ed by a oo	vernmental unit des	crihed in
5		· · · · · · · · · · · · · · · · · · ·		lege of university owned	or operate	o by a go	verimental unit des	CHOCO III
_		section 170(b)(1)(A)(iv). (Co				n#. Walt # W	.a **	
6	뭐	A federal, state, or local gov						
7	LX	An organization that normal	-	itiai part of its support fr	om a gove	rmmentai	unit or from the gene	arai public described in
		section 170(b)(1)(A)(vi). (Co						
8	\sqsubseteq	A community trust describe						
9	Ш	An agricultural research orga						
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the co	llege or
	_	university:						
10		An organization that normal	* ' '					
		activities related to its exem						
		income and unrelated busin	iess taxable income	(less section 511 tax) fro	ım busines	ses acqui	ired by the organizat	tion after June 30, 1975.
		See section 509(a)(2). (Con	nplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	ection 50	9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out	the purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	section 5	i09(a)(2). S	See section 509(a)(3). Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
a		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted org	anization(s), typically	y by giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees of t	he supporting
		organization. You must c						
Ŀ	, [Type II. A supporting orga			tion with it:	s supporte	ed organization(s), by	y having
		control or management of						
		organization(s). You must			·		•	
	, г	Type III functionally inte	•		in connect	ion with, a	and functionally inter	grated with.
•	- (_	its supported organization	-					
(, [Type III non-functionally						ganization(s)
•	-	that is not functionally inte						
		requirement (see instructi						
		Check this box if the orga						e III
6	; L	functionally integrated, or					r type i, type ii, typ	V III
1		ter the number of supported on the following information						
_	g Pro	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monet	ary (vi) Amount of other
		organization		(described on lines 1-10	Yes	No No	support (see instruction	ons) support (see instructions
_			i	above (see instructions))				
_								
_								
_		<u> </u>						
_				1				

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,747,507,	4,851,550,	3 295 379.	3,418,052,	7,072,413.	22 384 901.
2	Tax revenues levied for the organ-			İ		i	
	ization's benefit and either paid to		8				
	or expended on its behalf						
3	The value of services or facilities	-		1	Ì		
	furnished by a governmental unit to					İ	
	the organization without charge						
	Total. Add lines 1 through 3	3,747,507,	4,851,550.	3,295,379.	3,418,052,	7,072,413.	22,384,901.
5	The portion of total contributions	THE NAME OF STREET					
	by each person (other than a	- 1			111		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				e ilijiji seliji		
	column (f)						6,135,277,
	Public support. Subtract line 5 from line 4.						16 249 624.
_		(=) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012 3,747,507,	4 851 550.	3,295,379,	3,418,052,	7 072 413	22 384 901
	Gross income from interest,	3,141,301,	4,831,330,	3,233,373,	3,410,052.	7,072,413,	22,304,301,
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	62,223.	22,021.	28,288.	40,302.	33.634.	186,468.
0	Net income from unrelated business	02,223.	22,021.	20,200.	20,002:	33,032.	20072001
9	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							22,571,369,
12	Gross receipts from related activities.	etc. (see instruction	ons)			12 1	,143,314.
13							
	organization, check this box and stop						_
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>			
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	71.99 %
15		Schedule A, Part	II, line 14			15	76.77 %
16	a 33 1/3% support test - 2016. If the	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			> X
1	b 33 1/3% support test - 2015. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	_					
1	b 10% -facts-and-circumstances tes						
	more, and if the organization meets t						, —
	organization meets the "facts and cir		_				. \square
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2016

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and				Į l		
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that		1				
	are not an unrelated trade or bus- iness under section 513		ļ	ļ 			_
А	Tax revenues levied for the organ-						
*	ization's benefit and either paid to				ļ		
	or expended on its behalf					_	
5	The value of services or facilities						
J	furnished by a governmental unit to			1	Į.		
	the organization without charge						
8	Total. Add lines 1 through 5						
_	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
	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			*/			
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					<u>' </u>	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(0) =0 :	1,5,55	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
_	a 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			1			
	acquired after June 30, 1975						
	c Add lines 10a and 10b 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	ization,
	check this box and stop here	*******************					№ 1 1
Se	ection C. Computation of Pub	lic Support P	ercentage				
15		(line 8, column (f)	divided by line 13,	column (f))		15	%
	Public support percentage from 201					16	%
	ection D. Computation of Inve						
	Investment income percentage for 2)	17	%
	Investment income percentage from						%
40	a 33 1/3% support tests - 2016. If the	e organization did	I not check the bo	x on line 14. and li	ne 15 is more than	33 1/3%, and line	17 is not
13	more than 33 1/3%, check this box	and stop here Ti	ne organization ou	alifies as a publich	v supported organi	zation	▶□
	b 33 1/3% support tests - 2015. If th	e organization did	not check a box	on line 14 or line 1	9a, and line 16 is n	nore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, ch	neck this hox and	stop here. The or	ganization qualifie	s as a publicly sup	ported organizatio	n ▶ 🔲
-	Private foundation. If the organizat	ion did not check	a box on line 14	9a. or 19b. check	this box and see in	nstructions	D
	private foundation. If the organizations of the organization	ion die flot effect			Sc	hedule A (Form 9	90 or 990-EZ) 2016

Part IV

Supporting Organizations

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

Section A. All Suppo	ting Organizations
----------------------	--------------------

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

		Yes	No_
	1		TETE
	•		
		- 112	
-	2		
	3a		M. III
			1111
	1 N		124
H	3b_		
	3c		
		14	
-	4a		
			ш
	4b		
İ			
	4c		
ļ		31=	
-	5a _		-
	5b		
ŀ	5c		
ļ	6		
	7		
	8	-	-
	9a		
	9b	+	+-
	9c		1
	10a		
	iva		1
	10b		

632024 09-21-16

632025 09-21-16

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

52-1009973 Page 6

Schedule A (Form 990 or 990-EZ) 2016 ALLIANCE FOR JUSTICE

Part				0-41/11 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions
	other Type III non-functionally integrated supporting organizations must con	nplete Sed	ctions A through E.	(B) Current Year
ectio	on A - Adjusted Net Income	- 6	(A) Prior Year	(optional)
1	Net short-term capital gain	1 1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			10000000
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other	74 - 3657		
Ť	factors (explain in detail in Part VI):	100		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	lly integrat	ed Type III supporting or	ganization (see

Part V Type III Non-Functionally Integrated 50 ection D - Distributions			Current Year
Amounts paid to supported organizations to accomplish e.	xempt purposes		
2 Amounts paid to perform activity that directly furthers exer			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	s	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which	the organization is responsive		
(provide details in Part VI). See instructions		9	
The second secon			
10 Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reason-			
able cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			10
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)		III III III III III III III III III II	
Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D,			
line 7:			S
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if			118
any. Subtract lines 3g and 4a from line 2. For result great	er		
than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j			
and 4c			JI V.
8 Breakdown of line 7:			
a a			
b Excess from 2013			
c Excess from 2014			Swar
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

20

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

52-1009973

	ALLIANCE FOR JUSTICE	52-1009973
Organization t	ype (check one):	
Filers of:	Section:	
Form 990 or 99	0-EZ X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	rganization is covered by the General Rule or a Special Rule . action 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General Rule		
	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions rty) from any one contributor. Complete Parts I and II. See instructions for determining a cor	
Special Rules		
section any o	n organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% ens 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line ne contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the Form 990-EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year,	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, revention of cruelty to children or animals. Complete Parts I, II, and III.	
year, is cho purpo	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions exclusively for religious, charitable, etc., purposes, but no such contributions tecked, enter here the total contributions that were received during the year for an exclusively use. Don't complete any of the parts unless the General Rule applies to this organization be ous, charitable, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, charitable, etc., cause it received <i>nonexclusively</i>
but it must an	rganization that isn't covered by the General Rule and/or the Special Rules doesn't file Sche swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or oesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

ALLIANCE FOR JUSTICE

52-1009973

art II	Noncash Property (See instructions). Use duplicate copies of Par	rt II if additional space is needed,	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
23453 10-18			990, 990-EZ, or 990-PF) (

Employer identification number

LIANC	E FOR JUSTICE	Listan to constitute described i	52-1009973
art III	the year from any one contributor. Complete co-	ilumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 foing line entry. For organizations so for the year. (Enter this into once.)
	Use duplicate copies of Part III if additiona	I space is needed.	
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_			
		(e) Transfer of gift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
_	Transferee's name, address, as	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

,	2	ener Complete Bort III			
	Section 501(c)(4), (5), or (6) organization	ons: Complete Fait III.		Emplo	yer identification number
IAGHI	•	THOR THOMTOR			52-1009973
Do	rt I-A Complete if the org	FOR JUSTICE anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
Pa	rt I-A Complete II tile org	anization is exempt und	er section sortor	01 13 d 30000011 021 01	gamzadom
1	Provide a description of the organization	ation's direct and indirect politic	al campaign activities i	n Part IV.	
2	Political campaign activity expenditu	ıres		►\$	
3	Volunteer hours for political campaig	ın activities			
Da	rt I-B Complete if the org	anization is exempt und	ler section 501(c)((3).	
	Enter the amount of any excise tax	nourred by the organization und	ter section 4955	▶ \$	
2		incurred by organization manage	ers under section 4955	▶ \$	
	If the organization incurred a section				
	Was a correction made?				··· —
	If "Yes." describe in Part IV.				
Pa	ort I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities >\$	
	Enter the amount of the filing organ				
	exempt function activities			<u></u> \$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,	
_	line 17b			▶ \$	-27.2
4	Did the filing organization file Form				
5	Enter the names, addresses and en	nployer identification number (El	IN) of all section 527 po	olitical organizations to which	h the filing organization
	made payments. For each organiza	tion listed, enter the amount pai	id from the filing organia	zation's funds. Also enter th	e amount of political
	contributions received that were pro	omptly and directly delivered to	a separate political org	anization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro-	vide information in Part	IV.	
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Hallio	(3), 55.555	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
			1		delivered to a separate political organization.
					If none, enter -0
_					
_					
_	<u> </u>	<u> </u>			
_					
			1		

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form <u>990 or 990 EZ) 2016 AI</u>	.T.T A NI	ארת אים	THEFTER		52-10	009973 Page 2
Part II-A Complete if the organ	nization	is exemp	t under section	501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).		•				
A Check I if the filing organization	n belonas	to an affiliat	ed group (and list in F	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share						
3 Check if the filing organizatio				sions apply.		
					(a) Filing	(b) Affiliated group
(The term "expendite		ring Expendi ans amount			organization's totals	totals
1a Total lobbying expenditures to influen	nce public	opinion (gra	uss roots lobbying)	1969 1996 199	24,542.	
b Total lobbying expenditures to influer					27,849.	
c Total lobbying expenditures (add line				I	52,391.	
d Other exempt purpose expenditures					4,264,506.	
e Total exempt purpose expenditures (4,316,897.	
f Lobbying nontaxable amount. Enter					3 <u>65,845</u> .	
If the amount on line 1e, column (a) or (- 1		ing nontaxable amou	- 11		
Not over \$500,000		_	e amount on line 1e.			
Over \$500,000 but not over \$1,000,0	000	\$100,000	plus 15% of the exce	ss over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000	\$175,000	plus 10% of the exce	ss over \$1,000,000.		E 100
Over \$1,500,000 but not over \$17,00		\$225,000	plus 5% of the excess	s over \$1,500,000.	A STATE OF	
Over \$17,000,000		\$1,000,00	0.			
g Grassroots nontaxable amount (ente	r 25% of	line 1f) 🐘			91,461.	
h Subtract line 1g from line 1a. If zero	or less, er	nter •0•			0.	
i Subtract line 1f from line 1c, If zero c					0.	
j If there is an amount other than zero	on either	line 1h or lin	e 1i, did the organizat	tion file Form 4720		
reporting section 4911 tax for this ye						Yes No
(Some organizations tha	it made a	section 501	aging Period Under s l(h) election do not h e instructions for line	ave to complete all	of the five columns b	elow.
	Lobby	ying Expend	itures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	363	3,219.	372,317.	373,147.	365,845.	1,474,528.
b Lobbying ceiling amount (150% of line 2a, column(e))						2,211,792.
c Total lobbying expenditures	57	7,967.	135,332.	97 <u>,177</u> .	52,391.	342,867.
d Grassroots nontaxable amount	90	0,805.	93,079.	93,287.	91,461.	368,632.
e Grassroots ceiling amount						
(150% of line 2d, column (e))					1	552,948.
f Grassroots lobbying expenditures	12	2,776.	5,050.	4,714.	24,542.	47,082.

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 ALLIANCE FOR JUSTICE 52-100997 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
f the lobbying activity.	Yes	No	Ато	unt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	73 <u> </u>			
c Media advertisements?	20	1		
d Mailings to members, legislators, or the public?		 	-	
e Publications, or published or broadcast statements?		 		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
p Direct contact with legislators, their stans, government unicials, or a regislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	(A)		-	
		1		
j Other activities?		1 2011 - 6 - 11		
j Total. Add lines 1c through 1i	17.			
Pa Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4512	**			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c	c)(5), or se	ction	
501(c)(6).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from		ar? 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." 1 Dues, assessments and similar amounts from members				
and a second second second and include a second sec	litical			
Section 162(e) nondeductible lobbying and political experiences (do not include amounts of perspenses for which the section 527(f) tax was paid).			1	
a Current year	7-9 (183) LCD	2a		
b Carryover from last year				555
c Total				_
enables of productible section 162(e) dues	0.0001 000			
Aggregate amount reported in section 6033(e)(1)(A) holices of holiceduction section 102(e) dece 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	nd political			
		4		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5		-
			<u>' </u>	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup list); Pai	rt II-A, lines 1	and 2 (see	
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.				
	Sch	edule C (For	m 990 or 9	90-EZ

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Employer identification number

Inspection

	ALLIANCE FOR JUSTIC	E	1 52-1009973
Part			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be use	ed only
_	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?	***************************************	Yes No
Par		anization answered "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
٠	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a historic	
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
٥	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
3	year >	, ,	
	Number of states where property subject to conservation eas	sement is located	
4	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements if	t holds?	Yes No
_	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
6	Stall and volunteer riodis devotes to mornioning, inspecting		
_	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservation	on easements during the year
7	S \$		
	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?	GPREAS .	Yes No
	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	tatement, and balance sheet, and
9	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	ner Similar Assets.
Га	Complete if the organization answered "Yes" on Form	990. Part IV. line 8.	-
_	If the organization elected, as permitted under SFAS 116 (As	SC 958) not to report in its revenue stateme	ent and balance sheet works of art,
та	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherant	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		,,
	If the organization elected, as permitted under SFAS 116 (A)	SC 958) to report in its revenue statement a	and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
		edication, of research in fatheralise of pos-	
	relating to these items:		s == ▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	neuron or other similar assets for financial	nain provide
2	If the organization received or held works of art, historical tre	easures, or other similar assets for infancially	gan, provide
	the following amounts required to be reported under SFAS	i io (ASC 936) relating to triese items:	> \$
a	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		Schedule D (Form 990) 201
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Horm 990.	Schedule D (Form 950) 201
6320	51 08-29-16		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year	No No
Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition	No
Check all that apply): a	No
a Public exhibition	
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1c	
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1c 1d	
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1c 1d	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	No
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	No ————————————————————————————————————
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1c	
c Beginning balance 1c Amount 1c 1d 1d	
d Additions during the year	_
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	oack_
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment%	
b Permanent endowment%	
c Temporarily restricted endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	No
(i) unrelated organizations	
(ii) related organizations 3a(iii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	е
basis (investment) basis (other) depreciation	
1a Land	
h Buildings	
361,961. 199,427. 162,	34.
d Equipment 321,572. 303,896. 17,6	
o Other	
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	76.

		(1 01111 000) 2010	
1	Dart VIII	Investments -	Other Securities

A SECTION AND DESCRIPTION OF COMMITTEE AND ADDRESS OF A SECURICAL AND ADDRESS OF A SECURICAL ADDRESS OF A SECURICA	(b) Book value	line 11b. See Form 990, P		d-of-year market value
(a) Description of security or category (including name of security)	(b) DOOK VAIUE	(c) Method of Val	odion. Cost of en	o orycai market value
Financial derivatives Closely-held equity interests				
F3 (100 Silenting)				
3) Other			*181	·
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	. <u> </u>			
Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization and Organization a	on Form 990, Part IV, (b) Book value			d-of-year market value
	(b) 500% 12Idd	(0) 11100 01 12		
(1)				
(2)				
(3)				
(6)				
(7)				
(8)				
(9)				· .
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990. Part IV	line 11d. See Form 990. F	Part X. line 15.	
······································	Description			(b) Book value
				(D) DOOK VAIDE
	300ttptt011			(D) BOOK VAIDE
(1)	±5			(b) Book value
(1) (2)	4			(b) Book value
(1) (2) (3)	4			(B) BOOK Value
(1) (2) (3) (4)	4			(b) Book value
(1) (2) (3) (4) (5)	<u> </u>			(B) BOOK Value
(1) (2) (3) (4) (5) (6)	49			(B) BOOK Value
(1) (2) (3) (4) (5) (6) (7)	i i			(B) BOOK Value
(1) (2) (3) (4) (5) (6) (7) (8)	4			(B) BOOK Value
(1) (2) (3) (4) (5) (6) (7) (8) (9)				(B) BOOK Value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal, (Column (b) must equal Form 990, Part X, col. (B) line				(B) BOOK Value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	2 15.)		990, Part X. line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Propagation of liability	2 15.)		990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	2 15.)	, line 11e or 11f. See Form	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	2 15.)	, line 11e or 11f. See Form (b) Book value	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE	2 15.)	(b) Book value 71,365.	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE (3) DEFERRED RENT	2 15.)	(b) Book value 71,365. 265,603.	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE (3) DEFERRED RENT (4) DEFERRED LEASE INCENTIVE	2 15.)	71,365. 265,603.	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE (3) DEFERRED RENT (4) DEFERRED LEASE INCENTIVE (5) SECURITY DEPOSIT PAYABLE	on Form 990, Part IV	71,365. 265,603. 135,732.	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE (3) DEFERRED RENT (4) DEFERRED LEASE INCENTIVE (5) SECURITY DEPOSIT PAYABLE (6) DEFERRED COMPENSATION PLAI	on Form 990, Part IV	71,365. 265,603.	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE (3) DEFERRED RENT (4) DEFERRED LEASE INCENTIVE (5) SECURITY DEPOSIT PAYABLE (6) DEFERRED COMPENSATION PLAN (7)	on Form 990, Part IV	71,365. 265,603. 135,732.	990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LEAVE PAYABLE (3) DEFERRED RENT (4) DEFERRED LEASE INCENTIVE (5) SECURITY DEPOSIT PAYABLE (6) DEFERRED COMPENSATION PLAI	on Form 990, Part IV	71,365. 265,603. 135,732.	990, Part X, line 2	

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

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CHANGES, THE ALLIANCE WILL ASSESS THE IMPACT OF ANY SUCH MATTERS ON ITS

FINANCIAL POSITION AND RESULTS OF OPERATIONS.

checlule D (Form 990) 2016 ALLIANCE FOR JUSTICE	52-1009973 Page 5
Chedule D (Form 990) 2016 ALLIANCE FOR JUSTICE Part XIII Supplemental Information (continued)	
-	
	Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

.gov/form990. Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

QMB No. 1545-0047

lame of the organization	TOD THEMTOR				52-1009	ntification number
	FOR JUSTICE molete if the organization answer	red "Ye	es" on	Form 990, Part IV, I		
required to complete this part.	11					
 Indicate whether the organization raised for a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or organization have a writ	e Solicitat f Solicitat g Special al agreement with any individual fill) or entity in connection with p als or entities (fundraisers) pursu	ion of i ion of g fundra (includ rofessi	non-go governising of ling of onal fi	overnment grants nment grants events ficers, directors, trus undraising services?	stees, orYes	 -
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribe	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			_	[1
		-				
		-				
- 0						
		-			<u> </u>	
			. ▶		<u> </u>	
 List all states in which the organization is or licensing. 	s registered or licensed to solicit	contri	oution	s or has been notifie	d it is exempt from i	registration
						<u> </u>
LHA For Paperwork Reduction Act Notice	, see the Instructions for Form	990 a	r 990	·EZ.	Schedule G (Form	990 or 990-EZ) 20

Schedule G (Form 990 or 990 EZ) 2016 ALLIANCE FOR JUSTICE Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events NEW YORK ANNUAL (add col. (a) through CITY EVENT LUNCHEON col. (c)) (total number) (event type) (event type) 552,09<u>2.</u> 261,231 39,600 251,261 1 Gross receipts 461,817. 39,600 193,336 228,881 2 Less: Contributions 90,275. 22,380 67.895 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses Rent/facility costs 122,679. 37,050. 85,629 Direct 7 Food and beverages 8 Entertainment 42,540. 110 12,250. 30.180 Other direct expenses 165,219. 10 Direct expense summary. Add lines 4 through 9 in column (d) -74.944.11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) Revenue bingo/progressive bingo Gross revenue Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct garning activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

> 35 2016.04030 ALLIANCE FOR JUSTICE

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain: _

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Sch	edule G (Form 990 or 990 EZ) 2016 ALLIANCE FOR JUSTICE	<u>52-1009973 F</u>	age 3
11	Does the organization conduct gaming activities with nonmembers?	Yes L	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_
	to administer charitable gaming?	Yes L	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	1 1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor		
14	Little the finalle and address of the person who propored the argumentation of garming opposite statute and address of the person who propored the argumentation of garming opposite statute and address of the person who propored the argumentation of garming opposite statute and address of the person who propored the argumentation of garming opposite statute and address of the person who propored the argumentation of garmentation		
	Nama 🌬		
	Name		-
	Address -		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ vos □	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue r		
	serve and the server		
t	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	UIII	
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name	<u></u>	
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided	-	
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
i	s the organization required under state law to make charitable distributions from the gaming proceeds to	г., г	
	retain the state gaming license?	Yes	No
- 1	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,	, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
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632	083 09-12-16 Schedule	e G (Form 990 or 990-E	EZ) 2016

Schedule 6	(Form 990 or 990·EZ)	ALLIANCE FOR JUSTICE	52-1009973 Page	34_
Part IV	(Form 990 or 990 EZ) Supplemental Info	rmation (continued)		
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2016

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

52-1009973 ALLIANCE FOR JUSTICE Part I **Questions Regarding Compensation** Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 6b

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

not described on lines 5 and 6? If "Yes," describe in Part III

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 6a or 6b, describe in Part III.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

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X

52-1009973

Page 2

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	elqi	(E) Total of columns	۳
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Deneirts	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
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							Schedu	Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Open To Public Inspection Employer identification number

	_ALLIANCE FOR	JUSTI	CE		52-	100997	<u>'3</u>
Par							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d) determining bution amou	
1	Art - Works of art						
2	Art - Historical treasures						
	Art · Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles			<u> </u>			
7	Boats and planes						
8	Intellectual property				<u> </u>		
9	Securities - Publicly traded	X	5	796,126.	FMV		
10	Securities - Closely held stock				_		
11	Securities - Partnership, LLC, or	1					
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory			<u> </u>			
20	Drugs and medical supplies						
21	Taxidermy				<u></u>		
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		<u> </u>				
25	Other ()	<u> </u>					
26	Other ()						
27	Other ()						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organi			1 1			
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement			
						Y (es No
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat]
	exempt purposes for the entire holding period	l?				. 30a	<u> </u>
Ь	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31	<u> </u>
32a	Does the organization hire or use third parties	or related of	organizations to sol	icit, process, or sell noncash			
	contributions?		***************************************			32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) f	or a type of proper	ty for which column (a) is che	ecked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instru	ctions for Form 99	90.	Schedule	M (Form 99)0) (2016)

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALLIANCE FOR JUSTICE

Employer identification number 52-1009973

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALLIANCE FOR JUSTICE IS ORGANIZED TO ENSURE THAT ALL AMERICANS HAVE THE
RIGHT TO SECURE JUSTICE IN OUR COURTS AND TO HAVE THEIR VOICES HEARD
WHEN GOVERNMENT MAKES DECISIONS THAT AFFECT THEIR LIVES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FOUNDATIONS AND THEIR NONPROFIT GRANTEES UNDERSTAND THE IMPORTANCE OF
ADVOCACY AND THE COMPLEX LEGAL RULES GOVERNING ADVOCACY BY OFFERING
TRAININGS, WRITTEN GUIDES, TOOLS (INCLUDING TOOLS TO ASSESS ADVOCACY
AND COMMUNITY ORGANIZING CAPACITY), COACHING, AND THE TECHNICAL
ASSISTANCE HOTLINE (866-NP-LOBBY). IN ADDITION, BOLDER ADVOCACY WORKS
TO PROTECT AND EXPAND THE RIGHT OF NONPROFITS AND FOUNDATIONS TO
ADVOCATE. LEARN MORE AT WWW.BOLDERADVOCACY.ORG.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FELLOWS PROGRAM INTRODUCES RECENT COLLEGE AND LAW SCHOOL GRADUATES TO
PUBLIC INTEREST CAREERS AND SERVICE.
EXPENSES \$ 215,374. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERSHIP FOR OTHER NONPROFIT ORGANIZATIONS AND
ALLIES TO BECOME A PART OF A NATIONAL ASSOCIATION OF ORGANIZATIONS WORKING
TOWARDS PUBLIC INTEREST. MEMBER ORGANIZATIONS PAY MEMBERSHIP DUES WHICH ARE
BASED ON THEIR EXPENSE BUDGET. MEMBERSHIP DUES PAID BY MEMBER ORGANIZATIONS
ARE DIRECT PUBLIC SUPPORT TO ALLIANCE FOR JUSTICE. MEMBER ORGANIZATIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

Name of the organization ALLIANCE FOR JUSTICE	Employer identification number 52-1009973
ARE NOT VOTING MEMBERS OF AFJ IN ACCORDANCE WITH AFJ'S AR	TICLES_OF
INCORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT	, DIRECTOR OF
ADMINISTRATION, DIRECTOR OF BOLDER ADVOCACY, AND MEMBERS	OF THE AUDIT
COMMITTEE. A COPY OF THE REVIEWED FORM 990 WILL BE PROVI	DED TO THE
ALLIANCE'S GOVERNING BODY BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
STAFF AND BOARD MEMBERS ARE REMINDED ANNUALLY TO AHDERE T	O THE CONFLICT OF
INTEREST POLICY. THE BOARD IS ALSO REQUIRED ANNUALLY TO	SIGN AND COMPLETE
A CONFLICT OF INTEREST QUESTIONNAIRE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRESIDENT'S SALARY IS REVIEWED BY A COMMITTEE AS CONV	VENED BY THE BOARD
CHAIR BI-ANNUALLY AND THAT COMMITTEE REVIEWS THE PRESIDEN	NT'S PERFORMANCE
AND DETERMINES THE PRESIDENT'S SALARY. THE BOARD ALSO DE	ETERMINES WHETHER A
SALARY INCREASE IS WARRANTED AND THE AMOUNT OF THE SALARY	Y INCREASE, BASED
ON COMPARABLES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	THE FINANCIAL
STATEMENTS ARE ALSO AVAILABLE ONLINE AT GUIDESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING/PROFESSIONAL: 632212 08-25-16 Scho	edule O (Form 990 or 990-EZ) (2016

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization ALLIANCE FOR JUSTICE	Employer identification number 52-1009973
PROGRAM SERVICE EXPENSES	382,627.
MANAGEMENT AND GENERAL EXPENSES	115,618.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	498,245.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	498,245.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

2016

Open to Public Inspection

Employer identification number

(g) Section 512(b)(13) OMB No. 1545-0047 controlled entity? Direct controlling Yes 52-1009973 entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling ALLIANCE FOR entity JUSTICE End-of-year assets status (if section • Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total іпсоте Related Organizations and Unrelated Partnerships Exempt Code Ð section DISTRICT OF COLUMBIA 501(C)(4) T Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. Primary activity Primary activity 9 ALLIANCE FOR JUSTICE ALLIANCE FOR JUSTICE ACTION CAMPAIGN (AFJAC) - 52-2330508, 11 DUPONT CIRCLE, N.W. 2ND Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity FLOOR WASHINGTON, DC 20036 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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Page 2

52-1009973

ALLIANCE FOR JUSTICE Schedule R (Form 990) 2016

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

		1	47	(3)		9	10)	(h)	8	9	(8)	l
(e)	(0)	(2)	(b)	(2)				· · ·		à		
Name, address, and EIN of related organization	Primary activity	Cegal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total S income en	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)		managing OWNErship partner?	8 <u>9</u>
		country)		o culturas	(510.7)							١
												1
					•							
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related or organizations treated as a corporation or trust during the tax year.	ganizations Taxable rporation or trust duri	as a Corping the tax	pration or Trust. Co	omplete if the o	organization ans	wered "Yes" on I	orm 990, Pa	art IV, line 34	t because it had	one or m	ore related	<u>,</u>
(e)			(q)	(0)	(d)	(e)	ω		(B)	æ	(S)	
Name, address, and EIN of related organization	Z∈	Prin	Primary activity	Legat domicite Di (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income		Share of Fend-of-year	Percentage ownership		ا _{ده}
				country)		(1030)					Yes	o N
											_	

<u> </u>	512(b)(13) controlled entity?	No											_
		Yes	_					_			_		_
Ξ	Percentage ownership												
(6)	Share of end-of-year	600000						,					
ε	Share of total income				ı.								
(e)	Type of entity (C corp, S corp,	Or trusty						ĺ					
(p)	Direct controlling Type of entity (C corp., S corp.												
(0)	Legal domicile Di	country)											
(q)	ctivity												
(a)	Name, address, and EIN of related organization											, and the second	

Schedule R (Form 990) 2016

47

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transaction	ons with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
	.≥			1a	×
				9	×
b Giff, grant, or capital contribution to related organization(s)	********************************			4	>
 Gift, grant, or capital contribution from related organization(s) 	***************************************			2 7	4 3
d Loans or loan quarantees to or for related organization(s)				무	¥
				-t	×
Loans or loan guarantees by related organization(s)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				*	×
f Dividends from related organization(s)	***************************************		444		4 3
 Sale of assets to related organization(s) 				ē	×
				두	×
PUICHASE OF ASSETS HOTH BIRTOR ON ANTICOMES!				ï	×
i Exchange of assets with related organization(s)				;	>
j Lease of facilities, equipment, or other assets to related organization(s)				F	4
u I age of facilities acuinment or other assets from related organization(s)				¥	×
A Lease of actimical equipment, of ones essentially and a second of second o	analentian(a)			=	×
Performance of services or membership or fundraising solicitations for fetaletic organizations.	ganization(s)			Ē	×
m Performance of services or membership or fundraising solicitations by related organization by	Harmed (e)montage		***************************************	4	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			+	
o Sharing of paid employees with related organization(s)	77.47.44.44.44.44.44.44.44.44.44.44.44.4			0	
				₽	×
				Tq X	
q Heimpursement paid by letated organization(s) for expenses					
- Other transfer of each or envirante to related organization(s)				+	×
				8	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.		
	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	peviov	
(1) ALLIANCE FOR JUSTICE ACTION CAMPAIGN	O	94,639.COST	COST		
(2)					
(3)					
(4)		į.			
(6)					
632163 09-06-16	48		Schedule	Schedule R (Form 990) 2016	90) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

usa was fiot a related organization, See histochors regarding excusion to contain investment parties in ps.	isiiuciioiis legalullig evolo	SIGH IOI COLUMN	comient partition in 53:	ŀ						
(a)	(q)		(p)	(e)	9	(B)	Ξ	8	s	€ .
Name, address, and EIN of entity	Primary activity	를 흙	Predominant income (related, unrelated, excluded from tax inder	partners sec. 501(c)(3) 0/05.7	Share of total	Share of end-of-year	Despropor- tionate allocations?	boatt amount in box 20 managing ownership of Schedule K-1 parine?	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	іпсоше	assets	Yes No	(Form 1065)	Yes No	
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(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

	ted below with the exception of Form 8870, Information R							
	s, for which an extension request must be sent to the IRS				the electronic			
filing of t	his form, visit www.irs.gov/efile, click on Charities & Non-F	Profits, and	d click on e-file for Charities and Nor	n-Profits.				
Autom	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).					
	rations required to file an income tax return other than Fo			s, REMICs	s, and trusts			
	Form 7004 to request an extension of time to file income							
				Enter file	r's identifying nu	mber		
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nun	nber (EIN) or		
print								
	ALLIANCE FOR JUSTICE				<u>52-10099</u>	73		
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruct	tions.	Social sec	curity number (SS	N)		
filing your return. See	11 DUPONT CIRCLE, N.W., 2NI	FLO	OR					
instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.					
	WASHINGTON, DC 20036-1206					1011		
Enter the	e Return Code for the return that this application is for (file			************	·····	01		
Applica	tion	Return	Application			Return		
<u>ls For</u>		Code_	Is For			Code		
	0 or Form 990-EZ	01	Form 990-T (corporation)	· · · · ·		07		
Form 99		02	Form 1041-A	<u> </u>		09		
	20 (individual)	03	Form 4720 (other than individual) Form 5227	_		10		
Form 99		04_	Form 6069			11		
	10-T (sec. 401(a) or 408(a) trust)	06	Form 8870			12		
Form 95	OT (trust other than above)		11 DUPONT CIRCLE,	N.W.	2ND FLOC			
• The i	pooks are in the care of WASHINGTON, DC			,				
	phone No. ► 202-822-6070	2000	Fax No. ▶					
		s in the Ur						
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 								
box 🕨	. If it is for part of the group, check this box							
1 1	equest an automatic 6-month extension of time until		MBER 15, 2017 , to file					
	r the organization named above. The extension is for the		on's return for:					
	-							
•	- X calendar year 2016 or							
•		, ar			- ·			
2 lf	the tax year entered in line 1 is for less than 12 months, or	check reas	son: Initial return	Final retur	n			
	Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		1	0		
	onrefundable credits. See instructions.			3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069					٥		
	stimated tax payments made. Include any prior year over			3b_	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa			20	s	0.		
	y using EFTPS (Electronic Federal Tax Payment System).			3c				
Caution	n: If you are going to make an electronic funds withdrawa	ı tairect a	son, with this Form 6000, see Form	U-FOG-EO di	ile i dilli oot a EO	ioi payment		
1.114	Say Drivery Ask and Department Deduction Act Nation	- coo inch	untions		Form 8969	(Rev. 1-2017)		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.