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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150 2013

Open to Public Inspection

		31 , 201	?
Check if applicable Address change C Name of organization	D	Employer identifica	uon number
Name change INTERFAITH COUNCIL FOR PEACE & JUSTICE		38-252803	5
Number and street (or P O box, if mail is not delivered to street address)	Room/suite E	Telephone number	
Terminated 1679 BROADWAY		(734) 663	-1870
Amended return City or town, state or province, country, and ZIP or foreign postal code	E .		
Application pending ANN ARBOR		Group Exemptic Number	n ►
G Accounting Method X Cash	H Check ►	if the organiz	zation is not
Website: ► www.lcpj.net		attach Schedu	
	47(a)(1) or 527 (Form 990	, 990-EZ, or 99	0-PF).
K Form of organization X Corporation Trust Association Oth	ner		
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are sassets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 inst		▶ \$	126,91
Part-La Revenue, Expenses, and Changes in Net Assets or Fund		tions for Par	t I)
Check if the organization used Schedule O to respond to any question in this 1 Contributions, gifts, grants, and similar amounts received	Parti	1	116 51
		2	116,51
Program service revenue including government fees and contracts		3	1,80
3 Membership dues and assessments		4	
4 Investment income	50 - 700		3
5 a Gross amount from sale of assets other than inventory	5a 1,196	'	
b Less cost or other basis and sales expenses	3 D	 	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	1,19
6 Gaming and fundraising events	ا ما	2.5 ×	
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported of line 1) tattach Schedule G if the sum	6 a	-	
b Gross income from fundraising events (not including \$	of contributions		
from fundraising events reported on line Treatach Schedule G if the sum	66		
of such gross income and contributions exceeds \$15,000 c Less direct expenses from gaming and fundraising events	6 c	- } \$	
1 101		- ·	
d Net income or (loss) from daming and fundraising events (add lines 6a and 6b and subtract line 6c)	1 - 1	6 d	
7 a Gross sales of inventory, less returns and allowances	7 a	⊣ `	
b Less cost of goods sold OGDEN, UT	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
8 Other revenue (describe in Schedule O)	See Form 990-EZ, Part I, Line 8 Other Reve	-	7,3
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	126,9
10 Grants and similar amounts paid (list in Schedule O)		10	
11 Benefits paid to or for members		11	
E X Salanes, other compensation, and employee benefits		12	81,6
P 13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)		14	7,8
Printing, publications, postage, and shipping	0 F 000 F3 D 111 10 01 T	15	4,8
16 Other expenses (describe in Schedule O)	See Form 990-EZ, Part I, Line 16 Other Expen		16,7
17 Total expenses. Add lines 10 through 16		► 17	110,9
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	15,9
NS 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (n figure reported on prior year's return)	nust agree with end-of-year	19	34,8
TT S 20 Other changes in net assets or fund balances (explain in Schedule O)		20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21	50.7

39

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Par	990-EZ (2013) INTERFAITH COUNTY Balance Sheets (see the inst	CIL FOR PEACE & JU	STICE			<u> 88-</u>	<u> 252</u>	8035 Page 2
	Check if the organization used Sched	tule O to respond to any questi	on in this Part II		····			
				(A)) Beginning of y	ear	Ш,	(B) End of year
22	Cash, savings, and investments				34,86	58.	22	50,788.
23	Land and buildings			L		0.	23	0.
24	Other assets (describe in Schedule O)			L		0.	24	0.
25	Total assets				34,86	58.	25	50,788.
26	Total liabilities (describe in Schedule O)					0.	26	0.
27	Net assets or fund balances (line 27 of o				34,86	58 <u>.</u>	27	50,788.
Par		ccomplishments (see the ins	structions for Part III)		ı	- Д.		Expenses
	Check if the organization used Sch	edule O to respond to any que	stion in this Part III					ured for section 501 and 501(c)(4)
Desc	s the organization's primary exempt purpose? PE The the organization's program service accurred by expenses. In a clear and concise reted, and other relevant information for each	CACE & SOCIAL JUSTI complishments for each of its the	CE EDUCATION ree largest program	servi	ices, as	⊣ ∂	braan	nizations and section (a)(1) trusts; optional
bene	fited, and other relevant information for each	ch program title	provided, the number	ОΓР	Crsons	f	or otl	hers.)
28	TO PROMOTE INTERNATIONAL					T		
	_							
	(Grants \$ 0) If th	is amount includes foreign grai	nts, check here		▶ [7	28 а	55,496.
29	DOMESTIC JUSTICE & SUSTAINABILITY ORGANIZ	ING: PROMOTED PUBLIC ENGAGEMENT	IN TRANSIT PLANNING	& SU	PPORT FOR TRANS	TΤ		00,1001
	IMPROVEMENTS, EDUCATED & ADVOCATED FOR SOUND PR							
	DISCUSSION EVENTS ABOUT RACIAL & ECON							
		is amount includes foreign grai			►		29 a	36,627.
30	ANTI-HUNGER MOBILIZING: ORGANIZED LO	CAL HUNGER WALK WITH NEAR	LY 500 PEOPLE FROM	OVE	ER 40 COMMUNIT	דעיד		3070271
	INSTITUTIONS TO GENERATE MORE THA							
	FACILITATED 31 CONGREGATIONAL GARDENS THAT (
		is amount includes foreign grai		r VV L	V-DOW1 GOO1 THOO		30 a	18,868.
31	Other program services (describe in Sche		10, 01100111010			╌╫╌	-	10,000.
•		is amount includes foreign grai	nts check here		▶	\neg	31 a	
32	Total program service expenses (add lin		no, oneok nere			-	32	110,991.
	LIST of Officers, Directors,		November /ust each end	0.100	of not components			
1 01	Check if the organization used Sch			even	i ii iiot compensate	u — :	566 (II	e instructions for Part IV)
	One of the organization about our		1	—Т	(d) Health bene	efits.	T	
		(b) Average hours per						
	(a) Name and Title	week devoted to	(c) Reportable compensati (Forms W-2/1099-MISC))	contributions to en	ploye	e e	(e) Estimated amount of other compensation
	(a) Name and Title		(Forms W-2/1099-MISC) (If not paid, enter -0-))	contributions to en benefit plans, and compensation	ploye defer	ed	(e) Estimated amount of other compensation
RON	(a) Name and Title GREGG	week devoted to	(Forms W-2/1099-MISC))	contributions to en benefit plans, and	ploye defer	ed ed	
		week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-))	contributions to en benefit plans, and	ploye defer	ee ed 0.	other compensation
PRE	GREGG	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-))	contributions to en benefit plans, and	ploye defer	ed	
PRE DEB	GREGG SIDENT	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-))	contributions to en benefit plans, and	ploye defer	ed	other compensation
PRE DEB VIC	GREGG SIDENT KRAUS	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0.	other compensation
DEB VIC	GREGG SIDENT KRAUS E-PRESIDENT	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0.	other compensation
PRE DEB VIC LUC SEC	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0.	other compensation 0.
PRE DEB VIC LUC SEC CHA	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0.	O .
PRE DEB VIC LUC SEC CHA DIR	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR	5.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0.	0 . 0 .
PRE DEB VIC LUC SEC CHA DIR LA'	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI	5.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0.	0 . 0 . 0 .
PRE DEB VIC LUC SEC CHA DIR LA' MEM	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS	5.00 3.00 24.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0. 0.	0 . 0 .
PRE DEB VIC LUC SEC CHA DIR LA' MEM VEE	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI	5.00 3.00 24.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0. 0.	0 . 0 . 0 . 0 . 0 .
PREDEBOUNDED	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS	5.00 3.00 24.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0. 0.	0 . 0 . 0 .
PREDEB VICE SECTION OF THE PREDEB PREDEB PREDEB PREDEB PREDEB PREDEB PREDEB PREDEB PREDEB PREDB	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM	5.00 3.00 24.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to en benefit plans, and	ploye defer	0. 0. 0.	0. 0. 0. 0.
PRE DEB VIC LUC SEC CHA DIR LA' MEM VEE MEM KEV MEM	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS	5.00 3.00 24.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0.	0 . 0 . 0 . 0 .
PRE DEB VIC LUC SEC CHA DIR LA' MEM VEE MEM KEV MEM DEN	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS	5.00 3.00 24.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0.	0. 0. 0. 0. 0. 0.
PREDEBUIC DEBUIC SEC CHADIR LA' MEM VEE MEM MEM DEN MEM MEM	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN	5.00 3.00 24.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 .
PREDEB VICE SECTION OF THE MEMORY MEMORY MEMORY MEMORY MEMORY BOB	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS	5.00 3.00 24.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
DEB VIC LUC SEC CHA LA' WEM WEM MEM MEM BOB MEM	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN	5.00 3.00 24.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
PRE DEB VIC LUC SEC CHA DIR LA' WEM MEM MEM MEM BOB MEM REB MEM MEM MEM REB	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS	5.00 3.00 24.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
PRE DEB VICUSEC CHA DIR LA'. MEM WEEK MEM MEM BOB MEM MEM MAR	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON	5.00 3.00 3.00 24.00 2.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0. 0. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
PRE DEB VICUSED CHASE CH	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON ASURER	5.00 3.00 3.00 24.00 2.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0. 0. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
PRE DEB VICUSED CHASE CH	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON	week devoted to position 5.00 3.00 24.00 2.00 2.00 2.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 0. 3. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE DEB VICUSEC CHA DIR LA'. MEM VEE MEM MEM BOB MEM MEM MEM MEM TREE REV	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON ASURER	week devoted to position 5.00 3.00 24.00 2.00 2.00 2.00 2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 0. 3. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE DEB VICUSEC CHASE CH	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON ASURER LORI CAREY BER, BOARD OF DIRECTORS JEFFREY HARROLD	week devoted to position 5.00 3.00 24.00 2.00 2.00 2.00 2.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0. 0. 0. 0. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PRE DEB VICUSEC CHASE CH	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON ASURER LORI CAREY BER, BOARD OF DIRECTORS	week devoted to position 5.00 3.00 24.00 2.00 2.00 2.00 2.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 3. 0. 0. 0. 0. 0. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PRE DEB VICUSEC CHASE CH	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS NA KULKARNI BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON ASURER LORI CAREY BER, BOARD OF DIRECTORS JEFFREY HARROLD BER, BOARD OF DIRECTORS JEFFREY HARROLD BER, BOARD OF DIRECTORS JEFFREY HARROLD BER, BOARD OF DIRECTORS N GREWAL	Seek devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 0. 0. 0. 0. 0. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PRE DEB VICUSEC CHASE CH	GREGG SIDENT KRAUS E-PRESIDENT IA HEINOLD RETARY RLES WARPEHOSKI ECTOR RON WILLIAMS BER, BOARD OF DIRECTORS IN FRAHM BER, BOARD OF DIRECTORS ESE BROWN BER, BOARD OF DIRECTORS MILSTEIN BER, BOARD OF DIRECTORS ECCA HEAD BER, BOARD OF DIRECTORS Y MORRIS DONALDSON ASURER LORI CAREY BER, BOARD OF DIRECTORS JEFFREY HARROLD BER, BOARD OF DIRECTORS	Seek devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0. 0. 0. 0. 0. 0. 0. 0. 0.	contributions to en benefit plans, and	ploye defer	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

	the instructions for Part V) Check if the organization used Schedule O to respond to any ques				[x]
33				Yes	No
JJ	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
34	, , , , , , , , , , , , , , , , , , , ,	amended documents if they reflect			
25.	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year fron	husiness activities	34	Х	
356	(such as those reported on lines 2, 6a, and 7a, among others)?	r business activities	35 a		х
ı	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explan	ation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 60				
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		х
37 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.	, , , , , , , , , , , , , , , , , , ,		- ^
	Did the organization file Form 1120-POL for this year?		37 b		Х
38 8	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emplo				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this	retum?	38 a		X
•	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	` `	,	٠,
39	Section 501(c)(7) organizations Enter		1		
	a Initiation fees and capital contributions included on line 9	39 a			
ı	b Gross receipts, included on line 9, for public use of club facilities	39 b	*		, .
40 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year				2 1
_	section 4911 , section 4912 , section 4955				;
ı	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 extransaction during the year or did it engage in an excess benefit transaction in a prior year that has	cess benefit s not been reported			<u> </u>
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	·	40 b		X
•	s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			1.50 %
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed		. * *3	**	
	by the organization	·	. *	e i ::	1
•	a All organizations. At any time during the tax year, was the organization a party to a prohibited tax		}	İ	
	shelter transaction? If 'Yes.' complete Form 8886-T		40 e		Х
41	shelter transaction? If Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan		40 e		Х
	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan	Telephone no ► (734) MI ZIP+4 ► 48105			0
42 :	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other	MI ZIP+4 ► 48105 er authority over a	663	-187 Yes	'0 No
42 :	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	MI ZIP+4 ► 48105 er authority over a			0
42 :	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other	MI ZIP+4 ► 48105 er authority over a	663		'0 No
42 :	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	MI ZIP+4 ► 48105 er authority over a	663		'0 No
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42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	MI ZIP+4 ► 48105 er authority over a al account)?	663		'0 No
42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial of 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial account.	MI ZIP+4 ► 48105 er authority over a al account)?	663		No X
42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U S ?	MI ZIP+4 ► 48105 er authority over a al account)?	663		No X
42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U S ?	MI ZIP+4 ► 48105 er authority over a al account)?	663		No X
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42:	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	MI ZIP+4 48105 er authority over a al account)? cial Accounts	663		No X
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42:	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.	MI ZIP+4 48105 er authority over a al account)? clal Accounts here Last 43	663	Yes	No X X
42:	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must by	MI ZIP+4 48105 er authority over a al account)? clal Accounts here Last 43	663 42b 42c	Yes	No X X
42:	shelter transaction? If 'Yes,' complete Form 8886-T List the stales with which a copy of this return is filled Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be of Form 990-EZ.	MI ZIP+4 48105 er authority over a al account)? clal Accounts here Last 43	42b 42c	Yes	No X X
42:	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial fryes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ to Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be of Form 990-EZ to Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	MI ZIP+4 48105 er authority over a al account)? clal Accounts here Last 43	42b 42c 42c	Yes	No X X X
43	shelter transaction? If Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Localed at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U S? If Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Build the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be of Form 990-EZ Duid the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be of Form 990-EZ Duid the organization receive any payments for indoor tanning services during the year? If Yes' to line 44c, has the organization filed a Form 720 to report these payments? If Yos,' provide an explanation in Schedule O	MI ZIP+4 48105 er authority over a al account)? clal Accounts here 43	42b 42c 42c	Yes	No X X X X X
43 443 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	shelter transaction? If Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Located at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial fewers,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial actions are called the organization maintain an office outside of the U.S.? If Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be off Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	MI ZIP+4 48105 er authority over a al account)? clal Accounts here 43	42b 42c 42c	Yes	No X X X
43 443 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	shelter transaction? If Yes,' complete Form 8886-T List the states with which a copy of this return is filed Michigan The organization's books are in care of CHARLES A. WARPEHOSKI Localed at 1679 BROADWAY ANN ARBOR At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U S? If Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Build the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be of Form 990-EZ Duid the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be of Form 990-EZ Duid the organization receive any payments for indoor tanning services during the year? If Yes' to line 44c, has the organization filed a Form 720 to report these payments? If Yos,' provide an explanation in Schedule O	MI ZIP+4 • 48105 er authority over a al account)? clal Accounts here • L43 e completed instead st be completed (b)(13)? of section 512(b)(13)? If 'Yes,'	42b 42c 42c	Yes	No X X X X X X X X X X X X X X X X X X X

	I the organization engage, directly or indirectly andidates for public office? If 'Yes,' complete So		activities on behalf of or in	opposition to	46		X
<u>Partiv</u>	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only s must answer qu	estions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any qu	uestion in this Part VI		·		\Box
47 Did	I the organization engage in lobbying activities	s or have a section 501	(h) election in effect during	the tax year? If 'Yes'		Yes	No
	mplete Schedule C, Part II	o nave a section of	(II) CICCIOII III CIICOI GGIIII	, the tax year in 100,	47	Х	
	he organization a school as described in sect		•	<u> </u>	48		X
	the organization make any transfers to an ex	•	elated organization?		49 a		X
50 Co	Yes,' was the related organization a section 52 mplete this table for the organization's five highly ployees) who each received more than \$100,	hest compensated em			49 b key		<u> </u>
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE							
•							
51 Co	tal number of other employees paid over \$100 implete this table for the organization's five hig mpensation from the organization. If there is n	hest compensated ind	ependent contractors who	each received more tha	n \$100,000 c	of	
	(a) Name and business address of each independent cor	tractor	(b) Type	of service	(c) Comp	ensatio	n
NONE							
					 		
				-			
							_
	·	· · · · · · · · · · · · · · · · · · ·					
d To	tal number of other independent contractors e	ach receiving over \$10	L 00,000	•			
52 Did	d the organization complete Schedule A? Not aritable trusts must attach a completed Sched	e. All section 501(c)(3)		(1) nonexempt	► XYes	· [No
Under pena true, correc	ities of perjury, I declare that I have examined this return, inc t, and complete Declaration of preparer (other than officer) is	luding accompanying schedul s based on all information of w	es and statements, and to the best hich preparer has any knowledge	of my knowledge and belief, it is			
	oa a m			S/14/2	014		
Sign Here	Signature of officer h artes Type or print name and title	Warpe	hostic	Date			
	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	_	
Paid	<u> </u>			self-employed			
Prepare		~~~~~	\sim				
		<u>repare</u>	<u>a</u>	Firm's Fix			
Use Onl	·	<u>repare</u>	<u>a</u>	Firm's EIN Phone no			
Use Onl	·	repare vn above? See instruct	cions		► Yes	 ;]No

SCHEDULE A (Form 990 or 990-EZ)

Total

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 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 38-2528035 INTERFAITH COUNCIL FOR PEACE & JUSTICE

Part	4	Reason for Publ	ic Charity Status	(All organizations n	nust co	mplete	this p	art.) S	<u>ee inst</u>	ruction	S		
he or	gai	nization is not a private	foundation because it	is (For lines 1 through 1	1, check	only on	e box)			•			
1	П	A church, convention of	of churches or associat	tion of churches describe	ed in sec	tion 170)(b)(1)(A	.)(i).					
2	Г	A school described in	section 170(b)(1)(A)(i	i). (Attach Schedule E.)									
3	Г	A hospital or a coopera	ative hospital service o	rganization described in	section	170(b)(1)(A)(iii)						
4		A medical research or	ganization operated in	conjunction with a hospi	tal descr	ibed in s	ection 1	170(b)(1)(A)(iii)	Enter th	e hospital's		
	_	name, city, and state											
5		An organization opera 170(b)(1)(A)(iv). (Cor	ted for the benefit of a nplete Part II)	college or university owr	ned or op	erated l	oy a gov	emment	al unit d	escnbed	ın section		
6		A federal, state, or local	al government or gove	mmental unit described i	ın sectio	n 170(b)(1)(A)(v	r).					
7			ormally receives a sub \(vi). (Complete Part	stantial part of its suppor II.)	t from a	governn	nental ur	nt or fro	m the ge	neral pu	blic describ	ed	
8		A community trust des	scribed in section 170(b)(1)(A)(vi). (Complete F	Part II)								
9	Х	from activities related investment income and	to its exempt functions	ore than 33-1/3% of its s — subject to certain exc exable income (less sect iplete Part III)	eptions,	and (2)	no more	than 33	-1/3% of	its supp	ort from gro	SS	
10		An organization organ	ized and operated exc	lusively to test for public	safety. S	ee sec t	ion 509	(a)(4).					
11		more publicly supporte	ed organizátions descri	lusively for the benefit of bed in section 509(a)(1) and complete lines 11e	or section	n 509(a	unctions)(2). See	of, or c e sectio	arry out i n 509(a)	the purpo (3). Che	oses of one ck the box t	or hat	
		a Type I b	Type II c	Type III — Functions	ally integ	rated	d	ı 🗀 🤈	ype III -	- Non-fu	nctionally in	tegrate	ed
е		By checking this box, other than foundation section 509(a)(2)	certify that the organic managers and other th	zation is not controlled di an one or more publicly	rectly or supporte	indirect ed organ	ly by one izations	or mor describe	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f		If the organization received this box	eived a written determi	nation from the IRS that	ıs a Type	e I, Type	II or Ty	pe III su	pporting	organiza	ation,		
g		Since August 17, 2006	6, has the organization	accepted any gift or coi	ntribution	from a	ny of the	followin	g persor	ıs?			
_		•					-					Yes	No
		(i) A person who di below, the gover	rectly or indirectly cont rning body of the supp	rols, either alone or toge orted organization?	ther with	person	s descrit	oed in (ii) and (III)	11 g (i)		
		(ii) A family membe	er of a person described	d ın (ı) above?							11 g (ii)		
		(iii) A 35% controlled	d entity of a person dea	scribed in (i) or (ii) above	?						11 g (iii)		-
h		Provide the following is	nformation about the s	upported organization(s))						,		
·		(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) is organiza column (i) your gov docum	ition in listed in reming	(v) Did you the organia column (l) suppo	of your	(vi) Is organiza colum organize U S	ation in in (i) d in the	(vii) Amoun sup		etary
					Yes	No	Yes	No	Yes	No			
A)													
B)									<u> </u>				
C)									L				
D)			-						.				
= \													

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

Schedule A (Form 990 or 990-EZ) 2013

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)

				<u> </u>			
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	* * * *	*	* * *		* * 0	
	shown on line 11, column (f)	·		.* <		e të gjilli e (
6	Public support. Subtract line 5 from line 4	, , , , , , , , , , , , , , , , , , , ,	*	· , , , , ,	*		
Sec	tion B. Total Support					· · ·	
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1	
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	, , , ,	* .	٠, ١	3 A S TO S		
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and s		on's first, second, th	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 201	•	•	, column (f))		14	%
15	Public support percentage from 20)12 Schedule A, Pa	art II, line 14			15	%_
16 a	33-1/3% support test — 2013. If and stop here. The organization of				ne line 14 is 33-1/3	% or more, check to	his box
b	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	I not check a box o cly supported organ	n line 13 or 16a, a nization	ind line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization method the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box a	ind stop here. Exc	lain in Part IV how	▶ []
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes The organization	t, check this box a qualifies as a pub	ind stop here. Exp licly supported org	lain in Part IV how anization	the □
18	Private foundation. If the organiz	ation did not check	a box on line 13, 1	l6a, 16b, 17a, or 1	7b, check this box	and see instruction	is 🕨 📗

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	109,381.	118,335.	114,239.	109,616.	125,678.	577,249.
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	2,512.	1,961.	4,911.	729.	1,196.	11,309.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2/312.	1,3011	1,311.	,23.		117303.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.]	0.	0.
6	Total. Add lines 1 through 5	111,893.	120,296.	119,150.	110,345.	126,874.	588,558.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6)						588,558.
<u>Sec</u>	tion B. Total Support						•
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9		111,893.	120,296.	119,150.	110,345.	126,874.	588,558.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	130.	30.	27.	28.	37.	252.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	130.	30.	27.	28.	37.	252.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		·				
13	Total Support. (Add Ins 9,10c, 11 and 12)	112,023.	120,326.	119,177.	110,373.	126,911.	588,810.
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	-
	tion C. Computation of Pu						
	Public support percentage for 2013	, ,	•	s, column (f))		15	99.96 %
	Public support percentage from 20					16	99.87 %
Sec	tion D. Computation of Inv						, <u> </u>
17	Investment income percentage for			line 13, column (f))	17	0.04 %
18	Investment income percentage fro	m 2012 Schedule	A, Part III, Ine 17			18	0.13 %
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	nis box and stop h	ere. The organizat	ion qualifies as a p	oublicly supported	organization	► [X]
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, or Private foundation. If the organization	check this box and	stop here. The or	ganization qualifie:	s as a publicly sup	ported organizatio	%, and n
20	ravate loundation, it the organiza	audii ulu nol check	a bux on line 14,	isa, or isb, check	uns box and see I	nsu ucuuns	▶ ∐

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) org	anizations Complete Part III.			
Name	of organization			Employer identifica	stion number
INT	TERFAITH COUNCIL FO	R PEACE & JUSTICE		38-252803	5
Pa	rt/I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the or	rganization's direct and indirect political camp	aign activities in Part I	V	
2	Political expenditures			\$	▶
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under sect	ion 4955	▶ \$	
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for this	year?		Yes No
4 :	a Was a correction made?				Yes No
ı	f Yes,' describe in Part IV.				
Pal	t I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly exp	ended by the filing organization for section 52	7 exempt function act	vities ► \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ► \$	
3	Total exempt function expend line 17b	itures Add lines 1 and 2 Enter here and on f	Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments. amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amouns received that were promptly and directly diaction committee (PAC)	nt paid from the filing of	organization's funds. Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
<u></u>					

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

Schedule C (Form 990 or 990-EZ) 2013

	the organization			38-25280 d filed Form 5768 (ele	
address	ng organization belon , EIN, expenses, and	gs to an affiliated group (and share of excess lobbying ex ed box A and 'limited control	penditures).	liated group member's name	
<u></u>	Limits on Lobby			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publi	c opinion (grass roots lobby)	na)	3,300.	
	•	slative body (direct lobbying	•.	1,900.	
c Total lobbying expenditu	-	,,	,	5,200.	· · · · · · · · · · · · · · · · · · ·
d Other exempt purpose e	•			104,311.	
e Total exempt purpose e		1c and 1d)		109,511.	
f Lobbying nontaxable an both columns	nount Enter the amou	nt from the following table in	1	21,902.	
If the amount on line 1e, co	lumn (a) or (b) is	The lobbying nontaxable	amount is	*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Not over \$500,000	(2) (2)	20% of the amount on line 1e		*1	
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000	* * * * * * * * * * * * * * * * * * * *	14.4
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		A STATE OF THE STA
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of			
Over \$17,000,000		\$1,000,000		* * * * * * * * * * * * * * * * * * * *	*
g Grassroots nontaxable a	amount (enter 25% of	line 1f)		5,476.	
h Subtract line 1g from line	•	•		0.	
i Subtract line 1f from line				0.	<u> </u>
section 4911 tax for this	year?	line 1h or line 1i, did the org	nder Section 501(h)	· -	Yes No
(3011	column	s below. See the instruction	ons for lines 2a throu	gh 2ḟ.)	
	Lobb	ying Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))		Say of the second of the secon			
f Grassroots lobbying expenditures					
BAA				Schedule C (Form 9	90 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 INTERFAITH COUNCIL FOR PEACE & JUSTICE Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity No **Amount** 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 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 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? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? j Total Add lines 1c through 1i 2 a 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 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Partille Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.' Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 a **b** Carryover from last year 2 h 2 c c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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 and political 4 expenditure next year?

Part IV | Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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P	a	a	6	4

RatilVa Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

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.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INTERFAITH COUNCIL FOR PEACE & JUSTICE

38-2528035

Pt V, Line 34

CHANGE IN MISSION STATEMENT

NEW MISSION STATEMENT IS AS FOLLOWS: "INTERFAITH COUNCIL FOR PEACE & JUSTICE INSPIRES, EDUCATES, AND MOBILIZES PEOPLE TO UNITE ACROSS DIFFERENCES AND TO ACT FROM THEIR SHARED ETHICAL AND SPIRITUAL VALUES IN PURSUIT OF PEACE WITH SOCIAL AND ENVIRONMENTAL JUSTICE."

Schedule O (Form 990 or 990-EZ), Supplemental Infor Form 990-EZ, Part I, Line 8 Other Revenue	mation to Form 990 or 990-EZ	
Other revenue (describe in Schedule O) SPECIAL EVENTS	7 261	
SPECIAL EVENIS	7,361.	
Total	<u>7,361.</u>	
Schedule O (Form 990 or 990-EZ), Supplemental Infor Form 990-EZ, Part I, Line 16 Other Expenses	mation to Form 990 or 990-EZ	
Other expenses (describe in Schedule O)		
, , ,	160	
WORKERS COMP	460.	
WORKERS COMP BANK SERVICE CHARGES	1,185.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES	1,185. 1,538.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM	1,185. 1,538. 973.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM TRAVEL	1,185. 1,538. 973. 351.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM TRAVEL	1,185. 1,538. 973. 351. 6,147.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM TRAVEL EVENT EXPENSES	1,185. 1,538. 973. 351.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM TRAVEL EVENT EXPENSES INSURANCE STAFF DEVELOPMENT	1,185. 1,538. 973. 351. 6,147. 2,022.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM TRAVEL EVENT EXPENSES INSURANCE STAFF DEVELOPMENT MISCELLANEOUS EXPENSES	1,185. 1,538. 973. 351. 6,147. 2,022. 340.	
WORKERS COMP BANK SERVICE CHARGES SUPPLIES TELEPHONE & TELECOM TRAVEL EVENT EXPENSES INSURANCE	1,185. 1,538. 973. 351. 6,147. 2,022. 340. 277.	