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Short Form Return of Organization Exempt From Income Tax

2014

Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

UNITED POWER FOR ACTION AND JUSTICE, INC

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

4848 N. CLARK STREET

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60640

D Employer identification number

36-4205738

E Telephone number
312-965-6505F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.UNITED-POWER.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 170,501.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	47,758.
	2 Program service revenue including government fees and contracts	2	36,800.
	3 Membership dues and assessments	3	85,257.
	4 Investment income	4	44.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	642.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	170,501.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	52,653.
	13 Professional fees and other payments to independent contractors	13	5,799.
	14 Occupancy, rent, utilities, and maintenance	14	5,144.
	15 Printing, publications, postage, and shipping	15	631.
	16 Other expenses (describe in Schedule O)	16	62,542.
	17 Total expenses Add lines 10 through 16	17	126,769.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	43,732.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	71,158.
Net Assets	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	114,890.

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

Form 990-EZ (2014)

14/95

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,214.	22 116,822.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	73,214.	25 116,822.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2,056.	26 1,932.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	71,158.	27 114,890.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 **A NONPARTISAN ORGANIZATION COMMITTED TO ACTING ON SOCIAL VALUES AND WORKING FOR A JUST SOCIETY BY STANDING FOR THE WHOLE,**

(Grants \$) If this amount includes foreign grants, check here ► 28a 116,630.

29 _____

(Grants \$) If this amount includes foreign grants, check here ► 29a _____

30 _____

(Grants \$) If this amount includes foreign grants, check here ► 30a _____

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a _____

32 Total program service expenses (add lines 28a through 31a) ► 32 116,630.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN BOUMAN DIRECTOR	2.00	0.	0.	0.
NICK BRUNICK DIRECTOR	2.00	0.	0.	0.
HORATIO ESPARZA DIRECTOR	2.00	0.	0.	0.
ALEC HARRIS DIRECTOR	2.00	0.	0.	0.
RICHARD FUNG DIRECTOR	2.00	0.	0.	0.
KATHELEEN KEARNS DIRECTOR	2.00	0.	0.	0.
SAMUEL DE LA ROSA DIRECTOR	2.00	0.	0.	0.
MAGGIE PERALES DIRECTOR	2.00	0.	0.	0.
GREG PIERCE DIRECTOR	2.00	0.	0.	0.
REV. ALAN RAGLAND DIRECTOR	2.00	0.	0.	0.
SUSAN DRUCKER DIRECTOR	2.00	0.	0.	0.
JIM SCHWARBER DIRECTOR	2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35a

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35b N/A

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c 0.

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 0.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f

41 List the states with which a copy of this return is filed ► IL

42a The organization's books are in care of ► AMY TOTSCH Telephone no. ► 773-803-8830

Located at ► 4848 N. CLARK STREET, CHICAGO, IL ZIP + 4 ► 60640

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c 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: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee N/A	(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 amount of other compensation

f Total number of other employees paid over \$100,000 ►

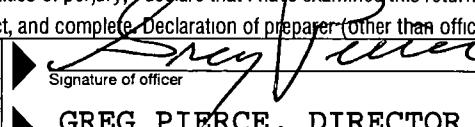
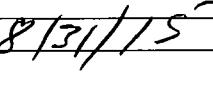
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ►  Date 

Signature of officer

► GREG PIERCE, DIRECTOR

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name ANTHONY J. RUZICKA	Preparer's signature 	Date 8/28/16	Check <input type="checkbox"/> if self-employed	PTIN P00446466
	Firm's name ► KESSLER, ORLEAN, SILVER & CO. P.C.			Firm's EIN ► 36-3117333	
	Firm's address ► 1101 LAKE COOK ROAD, SUITE C DEERFIELD, IL 60015			Phone no. (847) 580-4100	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2014)

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.

Name of the organization

UNITED POWER FOR ACTION AND JUSTICE, INC

Employer identification number
36-4205738

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
<u>INTEREST</u>	<u>44.</u>

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
<u>OTHER</u>	<u>642.</u>

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
<u>TRAINING AND CONFERENCES</u>	<u>9,997.</u>
<u>LETTER OF AGREEMENT</u>	<u>35,000.</u>
<u>STAFF FIELD EXPENSES</u>	<u>1,903.</u>
<u>TELEPHONE AND WEBSITE</u>	<u>1,234.</u>
<u>INSURANCE</u>	<u>1,414.</u>
<u>SUPPLIES AND OTHER</u>	<u>4,390.</u>
<u>DUES</u>	<u>3,000.</u>
<u>PAYROLL TAXES</u>	<u>3,734.</u>
<u>STAFF DEVELOPMENT</u>	<u>1,870.</u>
TOTAL TO FORM 990-EZ, LINE 16	62,542.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
<u>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</u>	<u>2,056.</u>	<u>1,932.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FIGHT FOR SOCIAL

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.

Name of the organization

UNITED POWER FOR ACTION AND JUSTICE, INC

Employer identification number
36-4205738

JUSTICE AND THE COMMON GOOD ON ISSUES OF SHARED CONCERN

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

UNITED POWER FOR ACTION AND JUSTICE, INC

Employer identification number
36-4205738

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions UNITED POWER FOR ACTION AND JUSTICE, INC	Employer identification number (EIN) or 36-4205738
	Number, street, and room or suite no. If a P.O. box, see instructions 4848 N. CLARK STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60640	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

AMY TOTSCH

- The books are in the care of ► **4848 N. CLARK STREET - CHICAGO, IL 60640**

Telephone No. ► **773-803-8830** Fax No. ►

- 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) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

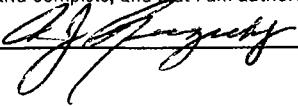
7 State in detail why you need the extension

**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION
NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN**

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ 0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► CPA - AGENT

Date ► **8/1/15**

Form 8868 (Rev. 1-2014)