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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

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.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2014 calendar year, or tax year beginning and ending		D Employer identification number	
B Check if applicable	C Name of organization	E Telephone number	
<input type="checkbox"/> Address change	UNITED POWER FOR ACTION AND JUSTICE, INC	36-4205738	
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number	
<input type="checkbox"/> Initial return	4848 N. CLARK STREET	312-965-6505	
<input type="checkbox"/> Final return/terminated	Room/suite	F Group Exemption Number ▶	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Application pending	CHICAGO, IL 60640		
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.UNITED-POWER.ORG			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)		<input checked="" type="checkbox"/> Check if the organization used Schedule O to respond to any question in this Part I	
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	
5b Less: cost or other basis and sales expenses		5b	
5c 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 \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b	
6c 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	
7b Less: cost of goods sold		7b	
7c 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.
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.
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.

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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**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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	<input type="checkbox"/>	28a 116,630.
29				
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30				
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		<input checked="" type="checkbox"/>	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 ☒

	Yes	No
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <input checked="" type="checkbox"/> N/A ; section 4912 <input checked="" type="checkbox"/> N/A ; section 4955 <input checked="" type="checkbox"/> N/A		
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		<input checked="" type="checkbox"/>
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	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	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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed <input checked="" type="checkbox"/> IL		
42a The organization's books are in care of <input checked="" type="checkbox"/> AMY TOTSCH Telephone no. <input checked="" type="checkbox"/> 773-803-8830		
Located at <input checked="" type="checkbox"/> 4848 N. CLARK STREET, CHICAGO, IL ZIP + 4 <input checked="" type="checkbox"/> 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)?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
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.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

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

49b		
-----	--	--

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	(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
N/A				

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

Signature of officer

Date

GREG PIERCE, DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
ANTHONY J. RUZICKA		8/28/15		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

SCHEDULE O
(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.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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:

INTEREST

44.

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

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

OTHER

642.

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

TRAINING AND CONFERENCES

9,997.

LETTER OF AGREEMENT

35,000.

STAFF FIELD EXPENSES

1,903.

TELEPHONE AND WEBSITE

1,234.

INSURANCE

1,414.

SUPPLIES AND OTHER

4,390.

DUES

3,000.

PAYROLL TAXES

3,734.

STAFF DEVELOPMENT

1,870.

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

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

2,056.

1,932.

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

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

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE O
(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.irs.gov/form990.

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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.

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)

[illegible]

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

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	Employer identification number (EIN) or	
	UNITED POWER FOR ACTION AND JUSTICE, INC	36-4205738	
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)	
	4848 N. CLARK STREET		
	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 **▶**

[Signature]

Title **▶ CPA - AGENT**

Date **▶**

8/1/15

Form 8868 (Rev. 1-2014)