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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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 F	or the 2	2015 calenda	ar year, or tax year beginning , 2015, and ending		, 20				
B C	neck if ap	plicable	nploye	r identification number					
□ △	ddress cl	hange		46-1235166					
	ame cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele		e number				
=	utial retur		940 S. Gilbert Court		319-594-7593				
=	mended :	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup E	xemption				
=		n pending	lowa City, IA 52240	umber	· • '				
G A	ccount	ing Method		k ▶ [If the organization is not				
ı w	ebsite	: ► www.			attach Schedule B				
J Ta	x-exem	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527 (Form	990, s	990-EZ, or 990-PF)				
			☑ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts	*				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 186,322				
Pa	irt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the insti	uctio					
			the organization used Schedule O to respond to any question in this Part I		,				
$\neg \gamma$	1		ons, gifts, grants, and similar amounts received	11					
	2		ervice revenue including government fees and contracts	2	170,040				
	3		p dues and assessments	3	37,133				
	4	Investment	•	4					
	5а		in the second of	<u></u> ⊢	-0-				
ļ	b			0- 0-					
	c		·		-0-				
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events							
	-	a Gross income from gaming (attach Schedule G if greater than							
e l	a	\$15,000) .							
Revenue	h	•	me from fundraising events (not including \$ 1,132 of contributions	<u>0-</u>					
ě	D		alsing events reported on line 1) (attach Schedule G if the						
~			th gross income and contributions exceeds \$15,000\	_					
	С		t expenses from gaming and fundraising events 6c	0-					
	ď		e or (loss) from gaming and fundraising events	<u>0-</u>					
	ŭ	line 6c) .		-	-				
	7a	,		60	-0-				
	b			05					
	C		of goods sold	0-					
	8		nue (describe in Schedule O)	70					
ĺ	9			8					
\dashv	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	100,022				
	11			-	-				
ر _د	12			11	. +				
Expenses	13	Profession	ther compensation, and employee benefits	<u> </u>					
Jen	14		γ , rent, utilities, and maintenanceJAN .1 7 2017	13					
꿃	15			14					
		-		15					
	16 17		enses (describe in Schedule O) OGDEN, UT	16					
	17		enses. Add lines 10 through 16	17					
sts	18 10		(deficit) for the year (Subtract line 17 from line 9)	18	74,189				
SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with ir figure reported on prior year's return)	-	_				
Net Assets	00	•		19					
S	20		ages in net assets or fund balances (explain in Schedule O)	20	_				
-	21		or fund balances at end of year Combine lines 18 through 20	21	1 140,737 Form 990-FZ (2015)				

	Palana Obasta (see the materialisms	(D 11)				
га	Balance Sheets (see the instructions			Down II		•
	Check if the organization used Schedule	to respond to a	ny question in this	(A) Beginning of year	r ' 	(B) End of year
00	On the second se		ļ		100	``
22	Cash, savings, and investments			69,149		143,415
23	Land and buildings				23 24	-0-
24	Other assets (describe in Schedule O)					-0-
25	Total assets			69,149		143,415
26	Total liabilities (describe in Schedule O)			2,601		2,678
27	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			66,548	21	140,737
rei	Check if the organization used Schedule	•		•		Expenses
Mba	at is the organization's primary exempt purpose?	charitable & education		Part III	(Rec	quired for section
						(c)(3) and 501(c)(4)
	cribe the organization's program service accompl				orga	anizations, optional for
	measured by expenses In a clear and concise n sons benefited, and other relevant information for e		e services provide	a, the number of	0	,
			- 46-2		₩	T
20	CWJ united low-wage workers through issue based					
	educated low-wage and immigrant workers about th		ts, and deepened co	mmunity	1	
	alliances to seek justice for all community residents (Grants \$) If this amount	includes foreign gra	nata abaak bara		28a	100.005
29	(Graffic \$) if this amount	includes loreign gra	ints, check here	· · · <u> </u>	20a	103,635
29						
					ł	
	(Create \$) If the amount	t makedon forces are	nata abaal bara		200	
20	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> P</u> LJ	29a	<u> </u>
30						
					ļ	
	/C	· · · · · · · · · · · · · · · · · · ·			20-	
24		includes foreign gra	ants, check here .	<u> P []</u>	30a	
31	Other program services (describe in Schedule O)					
20	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra	ants, cneck nere	· · · · <u>P</u> 💾	31a	
	t IV List of Officers, Directors, Trustees, and Ke			<u> </u>		<u> </u>
r ai	Check if the organization used Schedule					<u> </u>
	Check if the organization used Schedule	T	(c) Reportable	(d) Health benefits.		🔻
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
	and Hustada Dunnidant		(······		+-	
iviarc	cela Hurtado, President	-	١ .	1	_	•
	Li cari para di para di	8	-0	• <u> </u>	0-	-0-
Maza	ahir Salih, Deputy President					•
	· I	8			0-	0-
Serg	gio Irund-Awan, Secretary					•
		4	-0		0-	-0-
Scot	tt Smith, Treasurer				_	_
		4	 	-	0-	-0-
Mist	y Rebik, Executive Director		40.00			_
		40+	43,96	2,50	10	-0-
<u>Ali A</u>	Ahmed, Director		_			_
		2	-0	-	0-	-0-
Mari	ia Cachua, Director	<u>-</u>				
		4	-0	`-	<u>0- </u> _	-0-
Jess	se Case, Director					
		10			0-	0-
Brad	darie Djeugang, Director		1		-	
		4	-0	<u> </u>	0-	-0-
Robi	in Clark-Bennett, Director	4			-	
		15	-0	-	0-	-0-
Char	rlie Eastham, Director	4				
		4	-0		0-	-0-
Fana	ai Galicia, Director			1	1	
		2	l .c	<u>.</u> l	n- l	-۸-

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	∨ 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	33	res	NO J
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)?	35a		▼
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	35b		
С	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	35c		√
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 37a			
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?	38a		√
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:]		
a	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40b	-	
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	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	40e		
41	List the states with which a copy of this return is filed ▶ lowa	400		
42a	The organization's books are in care of ▶ Scott Smith, Treasurer Telephone no. ▶			-
	Located at N			
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)?	42b	Yes	No ✓
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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	•	.)	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	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 d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 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)	45a		
		1450		./

							_
Form 99	Did the organization engage, directly or in				i	Yes	Page 4
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sc	s only s must answer que	estions 47–49b and	52, and comple		es for lir	/ _nes . □
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n ın effect durinç		Yes 47 ✓	s No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers the state of the organization as second the stable for the organization is employees) who each received more than	o an exempt non-cha ection 527 organization five highest comper	aritable related organizon?	tation?	directors, tr		
	(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 beneficontributions to employments and decompensation	oloyee (e) Estreferred other	mated amo	
None							
f 51	Total number of other employees paid ov Complete this table for the organization	's five highest comp		contractors who	each recei	ved mor	e than
	\$100,000 of compensation from the orga (a) Name and business address of each indepen-		one, enter "None " (b) Type of serv	rice	(c) Compe	nsation	
None			-				
			-				
52	Total number of other independent contr Did the organization complete Sched completed Schedule A	-		nizations must	0 attach a ▶☑	Yes □	No

true, correct, and complet 01-Sign Date Here Mazahir Salih, President
Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check if self-employed Paid **Preparer** Firm's name Fırm's ElN ▶ **Use Only** Firm's address

May the IRS discuss this return with the preparer shown above? See instructions Phone no ► ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization						number		
	Center for Worker Justice of Eastern lowa 46-1235166							
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1							
1 2	A school described in section	•						
3	A hospital or a cooperative hos							
4	A medical research organization						iii). Enter the	
	hospital's name, city, and state						•	
5	An organization operated for a section 170(b)(1)(A)(iv). (Complete Complete		college or university	owned or	operate	d by a governmenta	al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally	receives a subs	tantial part of its supp				the general public	
	described in section 170(b)(1)			Port II \				
8 9	A community trust described in An organization that normally				rom cont	ributions members	hin fees, and dross	
9	receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business t	certain e axable ir	exception ncome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its	
10	An organization organized and							
11	☐ An organization organized and						out the purposes of	
	one or more publicly supported the box in lines 11a through 11a							
а								
	the supported organization(s organization. You must com	plete Part IV, S	ections A and B.					
b	 Type II A supporting organic control or management of the organization(s). You must control 	e supporting org	janization vested in th					
c		ited A supportir	ng organization operat				y integrated with,	
c	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and		
€							I, Type III	
	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganızatıo	n.		
f ç		•		•	•		• []	
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))		ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

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Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2011 Calendar year (or fiscal year beginning in) ▶ **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . 2,015 42,864 <u>177,</u>700 361,044 138,395 2 Tax revenues levied for organization's benefit and either paid to or expended on its behalf . . . -O -0--0 -0--0-The value of services or facilities 3 furnished by a governmental unit to the organization without charge ı۵--0-Total. Add lines 1 through 3 2,015 42,864 138,395 177,700 361,044 The portion of total contributions by (other each person than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). -0-Public support. Subtract line 5 from line 4. 361,044 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 **(e)** 2015 (f) Total 7 Amounts from line 4 2,015 42,864 138,395 177,700 361,044 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources -0--0--0--0-Net income from unrelated business activities, whether or not the business is regularly carried on -0--0--0--0--0-10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . 1,850 22,177 11 Total support. Add lines 7 through 10 383,221 12 591 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 \checkmark Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 14 14 % Public support percentage from 2014 Schedule A, Part II, line 14 . 15 15 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

O 1:	- A Dublic Comment	ariaor ano ao	oto notog bon	ow, picaco co	onipioto i dit	,	
	on A. Public Support	() 0044	1 0010	() 0040	4.0.0044	1 1 2 2 2 4 5	(a +
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
^	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf .						1
5	The value of services or facilities		 				
•	furnished by a governmental unit to the						
	organization without charge						
e	-		 				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ	ļ			
b	Amounts included on lines 2 and 3			•			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)					Į.	
Secti	on B. Total Support						_
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less	 [· · · · · · · · · · · · · · · · · · ·		
_	section 511 taxes) from businesses	İ					
	acquired after June 30, 1975 .	İ					
С	Add lines 10a and 10b			 	1		
_	Net income from unrelated business			-			-
11	activities not included in line 10b, whether	İ	ŀ				
	or not the business is regularly carried on	İ					
40							ļ
12	Other income Do not include gain or	İ				1	
	loss from the sale of capital assets	1					
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	<u> </u>	11.6	1 1		l .	504()(0)
14	First five years. If the Form 990 is for the						on 501(c)(3)
	organization, check this box and stop he			· · · ·			P []
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	%_
16	Public support percentage from 2014 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (•	mn (f)) .	17	%_
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion 🕨 🗀
b	331/3% support tests - 2014. If the organiz	ation did not	check a box on	line 14 or line	19a, and line 16	3 is more than	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop!	here. The organ	ization qualifies	s as a publicly s	supported organ	nization 🕨 🔲
20	Private foundation If the organization di	d not check a	hoy on line 14	10a or 10h	check this hov	and see instru	ictions 🕨 🗆

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	on A. All Supporting Organizations			,	_
		r	Yes	No	7
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1]
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-]
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a]
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c]
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a]
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				
_	purposes.	4c	<u> </u>	+	7
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action				
	was accomplished (such as by amendment to the organizing document).	5a			_
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				bracket
	designated in the organization's organizing document?	5b		<u>↓</u>	_
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	┼—	7
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.				
-	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6	+	\vdash	_
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with				
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7			_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	┼	_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	2=		-	
h		9a		+-	-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	1	1	۷
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1		_
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		$oxed{\Box}$	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer 10b below	10a			_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		-	_

Part	V Supporting Organizations (continued)		•	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		
<u> </u>	on b. Type i oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			,
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			.
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	_ 3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	otion	
1	The organization satisfied the Activities Test Complete line 2 below.	nsuu	CHOIR	s).
a b	The organization satisfied the Activities rest <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	struction	ons)
0	Activities Test Anguer (a) and (b) helev		Voc	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	-	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ļ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			·			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI)						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6		=			
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount Subtract line 5 from line 4, unless subject to	6					
emergency temporary reduction (see instructions) 7		tograted Type III augusta	ting organization (see			
Instructions)	y-111	regrated Type III suppor	ung organization (see			

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	.
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>	- Ca	/:::\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
<u>a</u>				
b				
C				
d	From 2013			
<u>e</u>	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount Remainder, Subtract lines 4a and 4b from 4.			
<u>с</u> 5	Remaining underdistributions for years prior to 2015, if			
3	any Subtract lines 3g and 4a from line 2 (if amount	1		
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			- · · · · · · · · · · · · · · · · · · ·
8	Breakdown of line 7:			
а				
b			···· -· · · · · · · · · · · · · · · · ·	
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015 .			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a.or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Line	10 Other income includes Income from other entities for use of all or a portion of the building leased by the Center for Worker
Justice (\$8,	498), and refunds received on purchased items (\$54)

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

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

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

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

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

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

	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ide	ntification number
Center	for Worker Justice of Easte				46-1235166
Part		e organization is exempt und		-	organization.
1		the organization's direct and indire		-	
2	•			🕨 🤄	\$
3	Volunteer hours		· · · · ·		
Part		e organization is exempt und			
1		excise tax incurred by the organiza			\$
2	-	excise tax incurred by organization	~		\$
3		ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?			· · · · · · · · · · · · · · · · · · ·	UYes UNo
b	If "Yes," describe in Part				
Part		e organization is exempt und			I(c)(3).
1		ly expended by the filing organiz		•	•
2		filing organization's funds contrib			
4		vities			•
3		expenditures Add lines 1 and 2)
3	line 17b			011 F01111 1120-F0L,	2
4		n file Form 1120-POL for this year			· . Yes No
5		ses and employer identification nui			
3		ents For each organization listed,			
		ontributions received that were pro			
		fund or a political action committee			
		<u> </u>	l ·	1	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
(2)	<u> </u>				
(3)					
(4)					
(5)					
(6)					

	# C C (1 C) 11 C C C C C C C C C C C C C C C C					i age =
	II-A Complete if the organization section 501(h)).	•				
A C	heck ► ☐ if the filing organization be name, address, EIN, expe					up member's
B C	heck 🕨 🗌 if the filing organization ch	necked box A	and "limited cont	rol" provisions a	pply.	
	Limits on Lob	bying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" m	neans amounts	paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ing)	3,262	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)			2,323		
С					5,585	
d	Other exempt purpose expenditures .				98,050	
е	Total exempt purpose expenditures (ad				103,635	
f	Lobbying nontaxable amount. Enter columns	the amount f	rom the following	table in both	20,727	
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	mount on line 1e			
ſ	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000	}	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2	5% of line 1f)			5,182	
h	Subtract line 1g from line 1a. If zero or l	ess, enter -0-			-0-	
i	Subtract line 1c If zero or less, enter -0				0-	
j	If there is an amount other than zero		1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year	?	<u></u>	<u> </u>	<u> </u>	∐ Yes ∐ No
	(Some organizations that made a se	ection 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount			18,068	20,727	38,795
b	Lobbying ceiling amount (150% of line 2a, column (e))					58,193
С	Total lobbying expenditures			4,175	5,585	9,760
d	Grassroots nontaxable amount			4,517	5,182	9,699
e 	Grassroots ceiling amount (150% of line 2d, column (e))					14,549
	Grasaroota labbuing avaanditures					

Schedule C (Form 990 or 990-EZ) 2015

2,485

	(election under section 501(h)).	(a	1)	(t)	
	'Yes," response on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity.	Yes	No	Amount		
1	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					
а	Volunteers?		_	İ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	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 d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . 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) 501(c)(6).	(5), c	or se	ction		
	•			Y	'es l	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of $\$2,000$ or less?			2		
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<u> </u>		3		
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes." Dues, assessments and similar amounts from members	Ř (b)	Part	: III-A, lir	ne 3,	is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	. [2 a			
b	Carryover from last year	·	2b			
C	Total		2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
7	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
_	and political expenditure next year?		4			
5 Part	Taxable amount of lobbying and political expenditures (see instructions)	•	5	l		
Provid	e the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions), and Part II-B, line 1. Also, complete this part for any additional information	ıp list	i), Pai	rt II-A, line	 es 1 a	and
						•

Schedule C (Form 990 or 990-EZ) 2015 Page 4				
Part IV	Supplemental Information (continued)			
		,		
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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.

OMB No 1545-0047 2015

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

Open to Public Inspection

Employer identification number

Center for Worker Justice of Eastern Iowa	46-1235166			
Part I. Line 8. Other Revenue \$54, are refunds received for purchased items				
Part I Line 16 Other Expanses. Total on form - \$15 000; Itamization of these expanses is as follows:				
Part I. Line 16 Other Expenses. Total on form = \$15,988; Itemization of those expenses is as follows:				
Equipment \$1,214; Fundraising/Development \$596; Member Leadership Development \$2,503; Member	Meeting Expenses \$2,749;			
Office Expenses not reported on Line 15 \$7,836; Other Organizational Expenses \$ 1,090				
Part II. Line 26 Total Liabilities \$2,678; this amount is entirely Payroll Taxes withheld or incurred but no	ot yet paid as of 12/31/2015			
Part IV. The Remaining Members of the Board of Directors Are:				
Father Rudolph Juarez, Director; 2 hours per week devoted to position; \$0 each in columns (c), (d), an	d (e)			
Jennifer Xie, Director; 2 hours per week devoted to position; \$0 each in columns (c), (d), and (e)				
Diane Finnerty, Director; 2 hours per week devoted to position; \$0 each in columns (c), (d), and (e)				
Katie Wilson, Director; 4 hours per week devoted to position; \$0 each in columns (c), (d), and (e)				
Janet Marcelino, Director; 2 hours per week devoted to position; \$0 each in columns (c), (d), and (e)				
Fidencio Martinez, Director; 2 hours per week devoted to position; \$0 each in columns (c), (d), and (e)				
	·····			

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number