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DLN: 93493161001006

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public

A E	or + b	o 2015 ca	lendar year, or tax year beginning 01-01-20	15 , and ending 12-31-20	)1E			
		e 2015 ca applicable	C Name of organization	15 , and ending 12-31-20	713	D Emplo	yer identifi	ication number
		change	TAHIRIH JUSTICE CENTER				, 358176	
┌ Nai	ne ch	ange	Doing business as			—	,50170	
┌─ Init		=	<del></del>					
Fin			Number and street (or P O box if mail is not delive	vered to street address) Room/s	suite	E Telepho	one number	
reti	urn/te	rminated	6402 ARLINGTON BOULEVARD NO 300			(571)	282-616	1
M Am	ended	d return	City or town, state or province, country, and ZIP of FALLS CHURCH, VA 22042	or foreign postal code		6.0		204 405
M App	licatio	on pending	TALLS CHORCH, VA 22012			G Gloss I	eceipts \$ 5,8	384,485
			F Name and address of principal office	r	H(a) I	s this a group	return for	
			LAYLI MILLER-MURO 6402 ARLINGTON BOULEVARD NO 3	00		ubordinates?		ΓYes <b>Γ</b> Nο
			FALLS CHURCH, VA 22042		1	vre all subordi ncluded?	nates	□Yes □No
					Ц 1	f "No," attach	a list (se	e instructions)
<b>I</b> Ta	x-exe	mpt status	✓ 501(c)(3)	4947(a)(1) or   527	H(c)	Group exempt	ion numbe	er ►
J W	ebsit	te:► WV	W TAHIRIH ORG					
<b>K</b> Forr	n of o	organization	Corporation Trust Association Other		<b>L</b> Year	of formation 19	97 <b>M</b> Sta	te of legal domicile VA
Pa	rt I	Sum	mary					
			scribe the organization's mission or most si					_
	<u>F</u>	PROTECT	TING COURAGEOUS IMMIGRANT WOMEN	NAND GIRLS WHO REFUS	SE TO BE \	/ICTIMS OF	VIOLENC	<u>E</u>
Governance	-							
屋	-							
<u>\$</u>	2	Check th	nis box 🛏 if the organization discontinued	its operations or disposed	of more th	an 25% of its	net asset	s
	_	Normalia	-6	- wh \			اما	1.0
න් ග	l		of voting members of the governing body (Pa of independent voting members of the gover				4	16 16
₽	l		mber of individuals employed in calendar ye				5	72
Activities &			mber of volunteers (estimate if necessary)				6	1,949
đ	l		related business revenue from Part VIII, co				7a	0
	ı		ated business taxable income from Form 99				7b	
				·		Prior Year		Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)			6,678,	169	4,501,142
≗	9		am service revenue (Part VIII, line 2g) .				200	2,200
Revenue	10	Inves	tment income (Part VIII, column (A), lines	3,4, and 7d)		1,	523	-42,878
ř	11	Other	revenue (Part VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)		-224,	890	-157,996
	12	Total 12)	revenue—add lines 8 through 11 (must equa	al Part VIII, column (A), lı	ne	6,460,	002	4,302,468
	13		s and sımılar amounts paıd (Part IX, column	(A), lines 1-3)		100,	165	158,699
	14		its paid to or for members (Part IX, column (			·	0	, 0
	15		es, other compensation, employee benefits			2,809,	104	3,330,227
Expenses		5-10	•			2,009,		
কু	16a		ssional fundraising fees (Part IX, column (A		•		0	112,887
ठ	b		ındraısıng expenses (Part IX, column (D), line 25) ▶ 5					
	17		expenses (Part IX, column (A), lines 11a-:			1,194,		853,763
	18		expenses Add lines 13-17 (must equal Pa			4,104,		4,455,576
<u>ም</u>	13	kever	ue less expenses Subtract line 18 from lin	C 1		2,355,		-153,108 End of Year
Net Assets or Fund Balances						ing of Current		
Ass Ba	20		assets (Part X, line 16)			4,816,		4,748,002
765 200 200 200 200 200 200 200 200 200 20	21		liabilities (Part X, line 26)		•	410, 4,406,		494,787
	22		ssets or fund balances Subtract line 21 from <b>ature Block</b>			4,400,	223	4,203,215
Unde my kı	r pen nowle	nalties of edge and	perjury, I declare that I have examined this belief, it is true, correct, and complete Dec nowledge					
		Sign				Date		
Sign	1	1.5	ature of officer					
_			I MILLER-MURO EXECUTIVE DIRECTOR					
_		Туре	I MILLER-MURO EXECUTIVE DIRECTOR e or print name and title	consture I	Data	I F	DTIN	
Here	<b>-</b>	Туре	I MILLER-MURO EXECUTIVE DIRECTOR		Date 2016-06-03	Check If self-employed	PTIN P00639053	3
Sign Hero Paid	= 	Type	I MILLER-MURO EXECUTIVE DIRECTOR e or print name and title  Print/Type preparer's name  Preparer's				P00639053	3

**Use Only** 

Firm's address 🟲 1899 L STREET NW SUITE 850

WASHINGTON, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (202) 822-5000

. ▼Yes □No

Do.	- TITL Chalanna	at of Ducanana Comi			
Par		nt of Program Service	onse or note to any line in this	Part III	·
1		he organization's mission	inse of flote to any fine in this	raitiii	
TAH:	IRIH JUSTICE CEN IEN AND GIRLS WH	NTER (TAHIRIH) IS A NA HO REFUSE TO BE VICTI	MS OF VIOLENCE WE ELEV	NIZATION THAT PROTECTS C ATE THEIR VOICES IN COMMU	INITIES, COURTS, AND
CON	GRESS TO CREAT	E A WORLD WHERE WOM	EN AND GIRLS ENJOY EQUA	LITY AND LIVE IN SAFETY AN	D WITH DIGNITY
2	the prior Form 990	or990-EZ?		year which were not listed on	┌Yes ┌No
		these new services on Sc			
3	services?		ake significant changes in how	it conducts, any program	⊤Yes ▼ No
	•	these changes on Schedu			
4	expenses Section	501(c)(3) and 501(c)(4)		its three largest program service report the amount of grants and a	
4a	FAMILY MEMBERS, CHEALTHCARE, AND EMAXIMIZE OUR CAPA AND FRONTLINE PROFESSION OF PEOPLE TIMES, THE WASHINTIMES, AND SURPASTHAT IMPACT THE SYPREVENTFORCEDMA FEDERAL, INTER-AGIOF STATE, HOMELAN BIPARTISAN MOVEME 171 EMERGENCY REGLOBE, EQUIPPED MOUR NATIONAL NETVISAFEGUARDED LEGIS POLICY RESULTING IPROPOSED PRACTIC.	CONNECTED 644 CLIENTS AND FACILISTED 1,949 ATTORNEYS AT 3 CLITY OUR ATTORNEYS AND SO FESSIONALS, INCLUDING ATTORS AND 18 STATES WHO NEEDED TO THE PLIGHT OF IMMIGRANT GTON POST, AND NPR, LAUNCH SED 2 6 MILLION VIEWS ON FACE AFETY AND DIGNITY OF WOMEN ARIAGE ORG, THAT SERVES AS A ENCY RESPONSE TO FORCED MAD TO SECURITY, JUSTICE, AND HEAD TO PROTECT VULNERABLE COURSTS FROM INDIVIDUALS FACE ORE THAN 800 FRONTLINE PROVENT TO PROTECTIONS FOR IMM SO THE PROTECTIONS FOR IMM IN NATIONWIDE ACCEPTANCE OF	AMILY MEMBERS WITH VITAL SOCIAL 337 LAW FIRMS AND CORPORATIONS CIAL WORKERS ALSO CONDUCTED 1: RNEYS, POLICE, JUDGES, AND DOCTO EXPERT ADVICE ON PROTECTIONS A WOMEN AND GIRLS THROUGH 80 AIED TWO NEW WEBSITES, TAHIRIH OF EBOOK, TWITTER, AND OTHER SOCI AND GIRLS TAHIRIH'S FORCED MARA CRITICAL RESOURCE HUB FOR SER ARRIAGE AS A U S PROBLEM THROUGH ALTH AND HUMAN SERVICES, EXPOSE CHILDREN ACROSS THE U S, STARTIFICING FORCED MARRIAGE ISSUES FROM FESSIONALS WITH CRITICAL TOOLS TREATED THE COLOR THROUGH THROUGH THE CRITICAL TOOLS TO THROUGH THRO	\$ 158,699 ) (Revenue \$ SERVICES TO 972 IMMIGRANT WOMEN A SERVICES, INCLUDING EMERGENCY SHE IN OUR PRO BONO NETWORK TO LEVER TO TRAININGS AND EVENTS THAT REACH PRS, ANSWERED CALLS FROM 244 LAWY VAILABLE TO IMMIGRANT SURVIVORS OF RITICLES IN PROMINENT MEDIA OUTLETS RG AND PREVENTFORCEDMARRIAGE ORE AL MEDIA OUTLETS, SPARKING VITAL CO RIAGE INITIATIVE LAUNCHED A ONE-OF- EVICE PROVIDERS AND INDIVIDUALS IN M SH A SERIES OF MEETINGS WITH THE W CD ALARMING CASES OF CHILD MARRIAG NG BY REFORMING STATES' MINIMUM AC DM 32 STATES ACROSS THE COUNTRY AF O IDENTIFY FORCED MARRIAGES AND P H OUTREACH AND EDUCATION TAHIRIH' A CLIMATE OF DEEPNING POLITICAL D UTILATION/CUTTING AS QUALIFYING FOR ION COURT BACKLOG, AND FORGED RO ION COURT	ELTER, FOOD AND CLOTHING, AND RAGE DONATED RESOURCES AND HED 8,754 COMMUNITY MEMBERS ERS AND SERVICE PROVIDERS VIOLENCE, CONNECTED 1, INCLUDING THE NEW YORK 13, THAT WERE VISITED 80,791 INVERSATIONS ABOUT ISSUES -A-KIND WEBSITE, SEED OF HELP, SPARKED A HITE HOUSE AND DEPARTMENTS IS AND SET IN MOTION A BROAD, OF MARRIAGE LAWS, TRIAGED ND NEARLY EVERY REGION OF THE PROTECT VICTIMS, AND GREW SPUBLIC POLICY TEAM  INISIONS, SHIFTED ASYLUM RASYLUM, DEVELOPED AND
4b	(Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
4d		ervices (Describe in Sched	•		
	(Expenses \$	ınclu	ding grants of \$	) (Revenue \$	)
<b>4e</b>	Total program se	rvice expenses 🕨	2,716,162		

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Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$ $\Box$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	l
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
4a	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7 <b>a</b> 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	$\vdash$	165	
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states	1.Ja		
	in which the organization is licensed to issue qualified health plans			
		14a		N o
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
U	II 165, has it med a rothi 726 to report these payments 'II INO, provide an explanation in Schedule O	, <del>1</del> 70	. '	i

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Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			w, 
Se	ection A. Governing Body and Management			
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

a The organization's CEO, Executive Director, or top management official . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 

15b	Νo
16a	No

#### Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO,  $\mathsf{MT}$  ,  $\mathsf{NE}$  ,  $\mathsf{NV}$  ,  $\mathsf{NH}$  ,  $\mathsf{NJ}$  ,  $\mathsf{NM}$  ,  $\mathsf{NY}$  ,  $\mathsf{NC}$  ,  $\mathsf{ND}$  ,  $\mathsf{OH}$  ,  $\mathsf{OK}$  ,  $\mathsf{OR}$  , PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Town website 

    Another's website 

    Upon request 

    Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►VIRGINIA ST JOHN 6402 ARLINGTON BOULEVARD NO 300 FALLS CHURCH, VA 22042 (571) 282-6161

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title					not	chec		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	week (list any hours for related on the line of the norm one box, unless of the norm of th							compensation from related organizations (W- 2/1099-	amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	MISC)	and related organizations
(1) PAUL GLIST BOARD CHAIR	5 00	х		х				0	0	0
(2) LAURIE PLESSALA DUPERIER VICE-CHAIR	1 50	х		х				0	0	0
(3) HOMA SABET TAVANGAR SECRETARY	1 50	х		х				0	0	0
(4) KELLYE JENNINGS TREASURER	1 50	х		х				0	0	0
(5) MARIA A CESTONE MEMBER	1 00	х						0	0	0
(6) GUITTY EJTEMAI MEMBER	1 00	х						0	0	0
(7) NAVID HAGHIGHI MEMBER	1 00	х						0	0	0
(8) FELICITE MIKANDA MEMBER	1 00	х						0	0	0
(9) FERN PHILLIPS O'BRIAN MEMBER	1 00	х						0	0	0
(10) SOULA PROXENOS MEMBER	1 00	х						0	0	0
(11) AMY NICOLLE RODGERS MEMBER	1 00	х						0	0	0
(12) JAMES J SANDMAN MEMBER	1 00	х						0	0	0
(13) SHIRA SAPERSTEIN MEMBER	1 00	х						0	0	0
(14) DAVID SHIN MEMBER	1 00	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	osition (do not check re than one box, unless compensation compensation is both an officer organization organ					(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) KELLY MAHON TULLIER	1 00	×						o		0 0
MEMBER (16) CLIFFORD YEE	1 00									<u> </u>
MEMBER (UNTIL 12/2015)		x						0		0
(17) PAYAM ZAMANI	1 00	x						0		0 0
MEMBER (18) LAYLI MILLER-MURO	40 00			x				113,054		0 4,629
EXECUTIVE DIRECTOR								113,034		4,023
1b Sub-Total			•		•					
c Total from continuation sheets to P d Total (add lines 1b and 1c)			•	•	•			113,054	0	4,629
d Total (add lines 1b and 1c)  2 Total number of individuals (including			liete	اد اد		a) who	rac		<u> </u>	4,023
\$100,000 of reportable compensati				. u u		., <b></b>	,,,,	cived more than		
										Yes No
3 Did the organization list any <b>former</b> on line 1a? <i>If "Yes," complete Schedu</i>			e, key	y em	plo <sup>.</sup>	yee, o	r hıg	jhest compensate	d employee	
For any individual listed on line 1a, i organization and related organization individual									om the	
5 Did any person listed on line 1a recesservices rendered to the organization		•						-		
Services rendered to the organization	II ICS, COMPIEC	C JUITER		, 01	<i>- 4</i> C	., pci 3	<i>3</i> ,1		5	S No
Section B. Independent Contra										
1 Complete this table for your five high compensation from the organization	•									
	(A) nd business address								(B) on of services	(C) Compensation
Name a	.a Susmess dudiess							Безсприс	31 30141003	Compensation
										<del>                                     </del>

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$  0

Form **990** (2015)

Part V	/##1	Statement o		aca ar nota ta any li	no in this Dort VIII			_
		Check ii Scheat	ule O contains a respor	ise or note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>					
وَ قِ	С	Fundraising eve	ents <b>1c</b>	806,280				
iffs, ar A	d	Related organiz	ations 1d					
Contributions, Giffs, Grants and Other Similar Amounts	e	Government grants	s (contributions) <b>1e</b>	778,858				
Si Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,916,004				
ber i		sımılar amounts no	t included above					
클	g	1a-1f \$	ons included in lines	170,169				
a Co	h	Total. Add lines	s 1a-1f		4,501,142			
9				Business Code				
nua	2a	HONORARIUM		900099	2,200	2,200		
Rev	ь							
95	c							
Program Service Revenue	d							
E B	e							
iBo,	f	All other progra	ım service revenue					
<u>&amp;</u>	g		s 2a – 2f		2,200			
	3		ome (including dividend ar amounts)		3,326			3,326
	4		tment of tax-exempt bond p					
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	` '	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,320,559					
	ь	Less cost or other basis and	1,366,763					
	c	sales expenses Gain or (loss)	-46,204					
	d	Net gain or (los			-46,204			-46,204
Other Revenue	8a	Gross income fi events (not incl \$806, of contributions See Part IV, lin	luding ,280 reported on line 1c)					
ē		- ,	a	56,375				
₹	b		penses <b>b</b>	215,254				.=
	c 9a		loss) from fundraising of rom gaming activities le 19	events 🛌	-158,879			-158,879
			a .					
	b c		penses <b>b</b> loss) from gaming activ	vities <b>.</b> ►				
		Gross sales of i	·					
		returns and allo	wances .					
	 	loca cast -f	a l					
	b c		oods sold <b>b</b>   [loss) from sales of inve	entory 🛌				
	Ť	Miscellaneous		Business Code				
	11a	ADMINISTRAT	ION FEE	900099	883			883
	b							
	С							
	d	All other revenu	l l					
	e	Total. Add lines	s 11a-11d	•	883			
	12	Total revenue.	See Instructions		4,302,468	2,200	C	-200,874

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in t	this Part IX	<u> </u>	<u> </u>	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	117,201	117,201		
2	Grants and other assistance to domestic individuals See Part IV, line 22	41,498	41,498		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	117,683	51,781	48,250	17,652
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,744,448	1,911,223	608,112	225,113
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	250,409	171,876	57,155	21,378
10	Payroll taxes	217,687	150,496	49,217	17,97
11	Fees for services (non-employees)				
а	Management				
b	Legal	43,516	43,516		
C	Accounting	23,852	21,286	1,759	80
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	112,887			112,88
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,774		29,774	
12	Advertising and promotion				
13	Office expenses	148,358	37,294	54,543	56,52
14	Information technology	104,691	39,018	47,843	17,83
15	Royalties				
16	Occupancy	369,168	49,563	307,395	12,21
17	Travel	58,958	39,138	2,726	17,09
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,537	12,958	1,081	49
23	Insurance	16,222	13,416	2,515	29
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS EXPENSE	36,925	13,595	4,671	18,659
ь	DUES & SUBSCRIPTIONS	7,762	2,303	1,648	3,81
c			,		,
d		1			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,455,576	2,716,162	1,216,689	522,72
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Fig. if following SOP 98-2 (ASC 958-720)	1,733,370	2,710,102	1,210,000	322,12.

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 291,187 875,184 1 1 785.314 2 1.563.422 2 Savings and temporary cash investments . . . . 2,753,843 Pledges and grants receivable, net . . . . . 2,789,917 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 9,332 8 10,572 8 70.931 128.069 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 240,355 10a Complete Part VI of Schedule D b 10b 105.644 51,729 10c 134,711 Less accumulated depreciation . . . . 312 52.075 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 23.923 15 23.923 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 4,816,442 16 4,748,002 269.859 297,165 17 **17** Accounts payable and accrued expenses . . . . . 18 18 7,437 82.519 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 132,823 25 115,103 410,119 26 494,787 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 832.489 910,911 27 27 3,573,834 3,342,304 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 4.406.323 4,253,215 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 4.816.442 34 4.748.002

	330 (2013)				aye 12
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3	302,468
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,4	155,576
3	Revenue less expenses Subtract line 2 from line 1	3		-:	53,108
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		4,4	106,323
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,2	253,215
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	ıewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ıın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493161001006

Employer identification number

# OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

# **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.

Open to Public Inspection

TAHIR	IH JUS	TICE CENTER						
Do	Part I Reason for Public Charity Status (All organizations must complete this pa					54-1858176	nnc	
				<u> </u>			•	ліs. 
1	Ji yaiii.	nization is not a private foundation because it is (For lines 1 through 11, check only one box)  A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>						
	<u>'</u>	·	-			-		
2 3	<u>'</u>	A school described in						
	<u> </u>	A hospital or a cooper						) Entartha
4	ı	A medical research or hospital's name, city,	-	erated in conjunction v	vitii a nospitai u	iescribed in <b>se</b>	CCION 170(D)(1)(A)(III	). Enter the
5	Γ		ated for the be	nefit of a college or un	iversity owned	or operated by	a governmental unit o	lescribed in <b>section</b>
6	Г	A federal, state, or loc	•	,	described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7	Ī	An organization that n	=	=				jeneral public
	_	described in section 1			•	_		•
8	<u> </u>	A community trust de						
9	Г			ves (1) more than 33				
				s exempt functions—s unrelated business ta:				
		_		ee <b>section 509(a)(2).</b>	•		,	
10		An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b>	n 509(a)(4).	
11		An organization organ						
		one or more publicly s the box in lines 11a th						
а	Γ	Type I. A supporting of	•	7 •	• • •	_		
		supported organization			_	ty of the direct	ors or trustees of the	supporting
L	_	organization You mus						
Ь	ı	<b>Type II.</b> A supporting management of the su						
		must complete Part I			same persons c	inde donieron on i	nanage the supported	organization(5)
С	Г	Type III functionally						grated with, its
d	_	supported organization  Type III non-function						anization(c) that is
u	,	not functionally integr						
		(see instructions) Yo						, , , , , , , , , , , , , , , , , , , ,
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support						
g g	LIICE	Provide the following i					· · · · · · · _	
9		Trovide the following i	mormacion ab	out the supported orge	24(1011(3)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization		Type of	Is the organ		A mount of	A mount of other
				organization (described on lines	listed in your docume		monetary support (see instructions)	support (see instructions)
			1- 9 above (see	docume		(See matractions)	mstractions,	
			ınstructions))					
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 2,211,797 3,024,889 3,422,977 6,678,169 4,501,142 19,838,974 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,211,797 3,024,889 3,422,977 6,678,169 4,501,142 19,838,974 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 2,170,744 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 17,668,230 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 2,211,797 3,024,889 3,422,977 6,678,169 4,501,142 19,838,974 Amounts from line 4 Gross income from interest. dividends, payments received on 4,797 2,200 2,241 3,106 3,326 15,670 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 25,892 14,462 29,603 10,552 883 81,392 capital assets (Explain in Part VI) Total support. Add lines 7 19,936,036 through 10 12 Gross receipts from related activities, etc (see instructions) 12 499,761 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) organization. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 88 620 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 96 760 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% 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  $\vdash$ organization b 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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
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 <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		ı
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	4b		
c	by or in connection with its supported organizations.  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.	<b>4</b> c		
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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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		l
	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		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	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.	11c		_ <del></del>

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting 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 <b>Part VI</b> 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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> 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		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c				
Section D - Distributions	Current Year					
1 Amounts paid to supported organizations to accom						
2 A mounts paid to perform activity that directly furth excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval re	quired)					
6 Other distributions (describe in Part VI) See instru	uctions					
7 Total annual distributions. Add lines 1 through 6						
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section 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 requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
<b>d</b> From 2013						
e From 2014						
f Total of lines 3a through e						
<b>g</b> Applied to underdistributions of prior years						
<b>h</b> Applied to 2015 distributable amount						
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7						
\$						
a Applied to underdistributions of prior years						
<b>b</b> Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount 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 31 and 4c						
8 Breakdown of line 7						
<b>c</b> Excess from 2013						
<b>d</b> From 2014						
<b>e</b> 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).

Facts And Circumstances Test

Return Reference	Explanation			
SCHEDULE A, PART II, LINE 10,	ADMINISTRATION FEE - 2011 AMOUNT \$ 0 2012 AMOUNT \$ 0 2013 AMOUNT \$ 0 2014			
EXPLANATION OF OTHER	AMOUNT \$ 10,552 2015 AMOUNT \$ 883 MISCELLANEOUS - 2011 AMOUNT \$ 25,892 2012			
INCOME	AMOUNT \$ 14,462 2013 AMOUNT \$ 29,603 2014 AMOUNT \$ 0 2015 AMOUNT \$ 0			

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493161001006

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

	Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Com	plete Part II-B Do not complete Part I	ŀΑ
	e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate in	structions) or Form 990-EZ, Part	٧,
	35c (Proxy Tax) (see separate instructions), then		
	Section 501(c)(4), (5), or (6) organizations Complete Part III	Te	
	me of the organization IIRIH JUSTICE CENTER	Employer identification number	
		54-1858176	
Par	t I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.	
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	art IV	
2	Trovide a description of the organizations affect and married pointed campaign derivities in the	11010	
	cical expenditures		
r on	ical expellutures		
Þ	•		
		\$	
3			
Volu	nteer hours		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	*	
	▶	· -	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	┌ Yes ┌ N	No
4a			
Was	a correction made?		

- <sub>Y</sub>	es  No		
b	If "Yes," describe in Part IV		
Par	t I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	
2			
	r the amount of the filing organization's funds contributed to other organizations for section 527 npt function activities		
Þ			
		\$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$	

Dıd t	he filing	organization	file <b>Form</b>	1120-POL	for this year?

Yes	□ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6				

r Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.	Cat No 50084S	Schedule C (Form 990 or 990-E	<u>') 2</u>
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Schedule C (F	OIIII 990 01 990-L2) 2013	age 🗷
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	n
<u> </u>	under section 501(h)).	

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incu	ırred.)	(a) Filing organization's totals	(b) Affiliated group totals

Total lobbying expenditures to influence public opinion (grass roots 1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- $f{c}$  Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)  ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes 🗆

#### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
2a	Lobbying nontaxable amount	292,268	308,117	329,321	367,134	1,296,840
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					1,945,260
_c	Total lobbying expenditures	29,868	37,249	7,549	6,156	80,822
_d	Grassroots nontaxable amount	73,067	77,029	82,330	91,784	324,210
e 	Grassroots ceiling amount (150% of line 2d, column (e))					486,315
f	Grassroots lobbying expenditures	2,848	4,301	1,819	522	9,490

Schedule C (Form 990 or 990-EZ) 2015

522 5,634

4,336,533

6,156

4,342,689 367,134

91,784

	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	(a)	(b)
or each "Yes" r ctivity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
<b>a</b> olunteers?		1 1	ı
	I		
<b>b</b> Paid staf	J ff or management (include compensation in expenses reported on lines 1c through 1i)?		
<b>c</b> ledia advertis	ements?		
	<u> </u>		
<b>d</b> lailings to me	mbers, legislators, or the public?		
I			
<b>e</b> Publicati	ions, or published or broadcast statements?		
<b>f</b> Grants to	o other organizations for lobbying purposes?		
<b>g</b> Direct co			1
<b>h</b> Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> ther activitie	s?		
I			
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912		L
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or section
dicili A	501(c)(6).		Yes No
<b>1</b> Were sub	ostantially all (90% or more) dues received nondeductible by members?		1
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3
Part III-B	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
<b>1</b> ues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
<b>a</b> urrent year			
2a			
ь			
arryover from	last year		
C C			
otal .			
<b>2c</b>   <b>3</b> Aggregat	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
oes the organ	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
<b>4</b> Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		
Provide the d	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	oup list), Part	II-A, lines 1 and
	ctions), and Part II-B, line 1 Also, complete this part for any additional information  eurn Reference Explanation		
	·		90 or 990EZ) 2015

DLN: 93493161001006

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

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

**Supplemental Financial Statements** 

► Attach to Form 990.

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

Open to Public

me of the organization HIRIH JUSTICE CENTER		Empl	oyer identification number
			858176
	or Advised Funds or Other Similar I red "Yes" on Form 990, Part IV, line 6.	Funds (	or Accounts.
<u>-</u>	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	red Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or donor advisor, or for	any othei	Yes No
<u> </u>	lete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by t			aally important land area
Preservation of land for public use (e g , reci	<u> </u>		I historic structure
Preservation of open space	, reservation of a		i ilistoria stractare
Complete lines 2a through 2d if the organization easement on the last day of the tax year	n held a qualified conservation contribution in	the form	of a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easem	nents	2b	
Number of conservation easements on a certifie	ed historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Register		2d	
Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or termina	ted by th	e organization during the
Number of states where property subject to con	servation easement is located 🕨		
Does the organization have a written policy regardiolations, and enforcement of the conservation	arding the periodic monitoring, inspection, ha	mdling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enfor	cing cons	servation easements during the
A mount of expenses incurred in monitoring, insp	pacting handling of violations, and enforcing	concerva	ition escements during the year
►\$	pecting, nanding of violations, and emorting	Conserva	ition easements during the year
Does each conservation easement reported on (B)(i) and section $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requirements of se	ection 17	0(h)(4)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	ct of the footnote to the organization's financi		
t IIII Organizations Maintaining Colle	ections of Art, Historical Treasures, red "Yes" on Form 990, Part IV, line 8.	, or Oth	ner Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its reverse seeks held for public exhibition, education	, or resea	arch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	ar assets held for public exhibition, education		
Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$_	
Assets included in Form 990, Part X			
If the organization received or held works of art, following amounts required to be reported under		for financ	
Revenue included on Form 990, Part VIII, line	- 1		<b>►</b> \$
Assets included in Form 990, Part X			

Part	300	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal '	Trea	sures,	or O	ther S	imilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, cl	heck a						nıfıcant us	e of its	
а	┌ P	ublic exhibition		d	Г	Loa	n or ex	xchange	progr	ams			
b	┌ s	cholarly research		e	Γ	Oth	er						
С	ГР	reservation for future generations											
4	Provid Part X	de a description of the organization's IIII	s collections and exp	olaın ho	w the	/ furt	her th	e organız	atıon	's exem	pt purpose	ın	
5		g the year, did the organization solid										_	
Dov		s to be sold to raise funds rather the		as part	of the	orga	nızatı	on's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, l	ıne 9, o	r rep	orted a	an amour	nt on For	m 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other inter	mediary	/ for c	ontri	bution	s or othe	rass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowin	g tab	le				Am	ount	
C	Beg	ıınnıng balance							1c				
d	Add	ditions during the year							1d				
e	Dıs	tributions during the year							1e				
f	End	ling balance							1f				
2a	Dıd th	e organization include an amount o	n Form 990, Part X, I	ıne 21,	for es	crow	vorcu	stodial a	ccour	nt liabili	ty? <b>┌ Yes</b>	┌ No	
b		s," explain the arrangement in Part											Г
Pa	rt V	Endowment Funds. Comple									/, line 10		
	Begin	ning of year balance	(a)Current year	( <b>D</b> )PI	nor yea	ır	B (C)	wo years	раск	(a) mee	years back	(e)rour y	ears back
b	_	ibutions							_				
_	•												
C	Net ir Iosse	nvestment earnings, gains, and s											
d	Grant	s or scholarships											
e		r expenditures for facilities rograms 											
f	A dmı	nistrative expenses											
g		fyear balance											
2	Provid	de the estimated percentage of the (	current year end bala	ance (lır	ne 1g,	colu	ımn (a	)) held as	<del></del> -				
а	Board	designated or quasi-endowment 🕨											
b	Perma	anent endowment ►											
c		orarily restricted endowment Feercentages on lines 2a, 2b, and 2c	should equal 100%										
3a	A re th	nere endowment funds not in the pos ization by		nızatıon	that a	are he	eld and	d adminis	sterec	l for the		Yes	No
	• •	related organizations						•				(i)	<del>                                     </del>
b		lated organizations s s" on 3a(ii), are the related organiza									-	(ii)   Bb	<del>                                     </del>
4		ribe in Part XIII the intended uses of						• •		• •		,,,	
Par	t VI	Land, Buildings, and Equip	ment.										
		Complete if the organization a Description of property	inswered 'Yes' to I			(a)		ne 11a.S (b Cost or otl	)		90, Part X Accumulated depreciation		). ook value
						stmer		(oth		<u> </u>	,		
				·  _									
		gs		·   ·⊢									
		old improvements		·									
		nent		·  -					61,02		37,0		24,003
			t equal Form 990 Pari		mn (F	() lin	e 10/c		179,33		68,6 • • <b>►</b>	20	110,708 134,711
. J. d	A uu I	mes ta anough te (column (a) mus	c cquai roini 330, Pai	c A, COIU	(E	·y, 11110	0(0,	··/ • •	•	• •	Schedule	D (Form	•

See Form 990, Part X, line 12.  (a) Description of security or category	om.	(h)Pook value	(c)Method of valuation
(including name of security)	ory	( <b>b)</b> Book value	Cost or end-of-year market value
1)Financial derivatives			
2)Closely-held equity interests 3)Other			
<b>5</b> ,5 their			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12	) <b>F</b>		
Part VIII Investments—Program Related.			
Complete if the organization answer	red 'Yes' on Form 990, P		
(a) Description of investment		( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of ella of year market value
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization	ation answered 'Ves' on For	n 990 Part IV line	11 d See Form 990 Part V June 15
		n 550,1 are 1v, nne .	(b) Book value
<b>(a)</b> De	SCHPUOII		
(a) De	sempuon		
(a) De	SCHPHOII		
(a) De	SCHPHOI		
(a) De	SCHPHOII		
(a) De	SCHPHOI		
(a) De	SCHPHOII		
(a) De	SCHPHOI		
(a) De	SCHPHOII		
Total. (Column (b) must equal Form 990, Part X, col.(B) III  Part X Other Liabilities. Complete if the o	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) lu Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) lu Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability	ne 15.)		
Federal income taxes	ne 15.)		
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  L. (a) Description of liability  Federal income taxes	ne 15.)		
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  L. (a) Description of liability  Federal income taxes	ne 15.)		
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  L. (a) Description of liability  Federal income taxes	ne 15.)		•
Federal income taxes	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		•
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		•
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		•
Total. (Column (b) must equal Form 990, Part X, col.(B) lii Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		•
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15.)		•

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	16,866,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	12,564,427
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,302,468
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	4,302,468
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per F	leturn.
1	Total expenses and losses per audited financial statements	1	17,020,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 12,349,173		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	12,564,427
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,455,576
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	4,455,576
			.,.==,

#### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	TAHIRIH PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 215,254
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 215,254

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493161001006

OMB No 1545-0047

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

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

Inspection

Name of the organization TAHIRIH JUSTICE CENTER

**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Employer identification number** 

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations

e Solicitation of non-government grants

Internet and email solicitations

Solicitation of government grants

Phone solicitations

▼ Special fundraising events

- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No													
1 HOLMAN CONSULTING INC 330 MADISON AVENUE 9TH FLOOR	ADVISE ON FUNDRAISING STRATEGY		No	0	84,721	-84,721										
NEW YORK, NY 10017																
2																
3																
4																
5																
6																
7																
8																
9																
10																
Total			<b>&gt;</b>		84,721	-84,721										

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part III Fundraising Event	Part II	Fundr	aising	Events
----------------------------	---------	-------	--------	--------

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	receipts greater than \$5,000	).			
		(a)Event #1  GREATER DC GALA	(b)Event #2	(c)O ther events	(d) Total events (add col (a) through
<u>4</u>		(event type)	(event type)	(total number)	col <b>(c)</b> )
Revenue	<b>1</b> Gross receipts	372,508	490,147		862,655
<u> </u>	<b>2</b> Less Contributions	339,133	467,147		806,280
	Gross income (line 1 minus	33,375	23,000		56,375
	4 Cash prizes				
	5 Noncash prizes				
မှာ	<b>6</b> Rent/facility costs	7,450			7,450
Expenses	<b>7</b> Food and beverages	74,313	58,404		132,717
	8 Entertainment		10,250		10,250
Dreg D	<b>9</b> Other direct expenses	53,235	11,602		64,837
Δ	10 Direct expense summary Add lines	4 through 9 in column (d	)		215,254
D-	11 Net income summary Subtract line 1	LO from line 3, column (c	1)		-158,879
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Ses	2 Cash prizes				
DX Dec	<b>3</b> Noncash prizes				
Direct Expense	4 Rent/facility costs				
	5 Other direct expenses				
	<b>6</b> Volunteerlabor	┌ Yes <u></u> %	Г Yes	厂 Yes <u>%</u> Γ No	
	7 Direct expense summary Add lines	2 through 5 ın column (c	1)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)	<u></u> . <b>.</b>	
9	Enter the state(s) in which the organiza				☐Yes ☐No
а	Is the organization licensed to conduct				, 155 , 115
b	If "No," explain				
10a	Were any of the organization's gaming l				「Yes 「No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes   N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
<b>L4</b>	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L <b>6</b>	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	<b>on.</b> Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa		); and
	Return Reference		Explanation		
		•			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the

Internal Revenue Service

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493161001006

2015

Open to Public Inspection

Name of the organization						Employer identifi	cation number
TAHIRIH JUSTICE CENTER						54-1858176	
Part I General Informa	ation on Grants	and Assistance				I	
	to award the grants of anization's procedur sistance to Domesti	or assistance? res for monitoring the u c Organizations and Do	se of grant funds in the	United States Complete if the organ			Yes C
			ditional space is neede		(6) Mathadasan	(-) D	(1-) D
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF (1) NORTHERN VIRGINIA 4080 CHAIN BRIDGE ROAD FIRST FLOOR FAIRFAX,VA 22030	54-1137931	501(C)(3)	75,000				TO PROVIDE RELATED CIVIL LEGAL SERVICES TO CLIENTS REFERRED BY TAHIRIH UNDER GRANT FROM THE U DOJ
(2) LONE STAR LEGAL AID 1415 FANNIN STREET HOUSTON,TX 77002	74-1537787	501(C)(3)	22,262				TO PROVIDE RELATED CIVIL LEGAL SERVICES TO CLIENTS REFERRED BY TAHIRIH UNDER GRANT FROM THE U DOJ
INTERCULTURAL COUNSELING (3) CONNECTION 1601 GUILFORD AVENUE 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	9,129				TO PROVIDE THERAPEUTIC MENTAL HEALTH SUPPORT TO CLIENTS REFERRED BY TAHIRIH UNDER GRANT FROM THE U DHHS ORR
ASYLEE WOMEN (4) ENTERPRISE 2229 W JOPPA ROAD LUTHERVILLE, MD 21093	45-3769025	501(C)(3)	6,496				TO PROVIDE ANCILLARY SOCIAL SERVICES AND SUPPORT TO CLIENTS REFERRED BY TAHIRIH UNDER GRANT FROM THE U DHHS ORR
							-
				<u> </u>			<u> </u>
<ol><li>Enter total number of section</li></ol>	on 501(c)(3) and do	vernment organizations	s listed in the line 1 tak	nie			4

Enter total number of other organizations listed in the line 1 table .

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

			1		
(a)Type of grant or assistance	( <b>b)</b> Number of	(c)A mount of	(d)A mount of	(e)Method of valuation	(f)Description of non-cash assistance
	recipients	cash grant	non-cash assistance	(book,	
				FMV, appraisal, other)	
(1) RENT	19	12,229			
(2) FOOD	25	5,273			
(3) TRANSPORTATION	82	4,376			
(4) CASE FILING FEES	22	2,509			
CLOTHING, INTERPRETATION	143	17,111			
(5) SERVICES AND OTHER		'			
		1			
		1			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
,	TAHIRIH CONSIDERS THE MONITORING OF SUB RECIPIENTS AS A CRITICAL ELEMENT OF GRANT SUCCESS ALL SUB RECIPIENTS FUNDED BY US FEDERAL AGENCIES MUST FOLLOW THE OFFICE OF MANAGEMENT AND BUDGET (OMB) OMNI CIRCULAR GUIDELINES IN ADDITION, TAHIRIH HAS IN PLACE ITS OWN INTERNAL CONTROL SYSTEMS, POLICIES AND PROCEDURES THAT THE SUB-RECIPIENTS MUST FOLLOW EACH SUBCONTRACT INCLUDES CLEAR WORK PLANS THAT OUTLINE THE GRANT GOALS, CLEAR TERMS AND CONDITIONS REQUIRED IN GRANTS AWARD DOCUMENTS, ALL PROVISIONS TO ENSURE ACCOUNTABILITY AND PROPER USE OF FUNDS ONCE A SUBCONTRACT IS SIGNED, DESIGNATED TAHIRIH STAFF MONITOR THE SUB-RECIPIENT'S ACTIVITIES WITHIN PROGRAM GOALS, ENSURE RESULTS THROUGH PERFORMANCE MONITORING, MONITOR THE FINANCIAL STATUS OF SUB-RECIPIENTS, AND ENSURE THE SUB-RECIPIENTS, ORD ENSURE THE SUB-RECIPIENTS, ORD ENSURE THE SUB-RECIPIENTS.

Schedule I (Form 990) 2015

DLN: 93493161001006

OMB No 1545-0047

2015

**SCHEDULE M** 

# **Noncash Contributions**

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

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

	ne of the organization RIH JUSTICE CENTER				Employer identificat	ion nu	mber	
IANI	RIN JUSTICE CENTER				54-1858176			
Pa	rt I Types of Property			-				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do noncash contrib	etermı		ts
	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	11	170,169	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ► () O ther ► ()							
	Other ► ()							
	Number of Forms 8283 received	by the orga	I Inization during the tax yea	r for contributions				
	for which the organization comple	, -			29			
							Yes	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		Νο
Ŀ	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	<del>-</del>	to solicit, process, or sell	noncash	32a		No
H	If "Yes," describe in Part II					Jau		10
33	If the organization did not report describe in Part II	an amount	: in column (c) for a type of	property for which column (	(a) is checked,			

#### Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Also complete this p	part for any additional information.
Return Reference	Explanation
	TAHIRIH MAY ELECT TO REFUSE OR RETURN GIFTS OF CASH, SECURITIES, REAL ESTATE OR OTHER ITEMS OF VALUE IF THERE IS A REASON TO BELIEVE THAT SUCH GIFTS ARE INCOMPATIBLE WITH THE MISSION OF THE ORGANIZATION, CONFLICT WITH ITS CORE VALUES, OR WOULD CREATE A FINANCIAL, ADMINISTRATIVE, OR PROGRAMMATIC BURDEN THE EXECUTIVE DIRECTOR MUST REFER SUCH QUESTIONABLE GIFTS TO THE EXECUTIVE COMMITTEE OR BOARD OF DIRECTORS FOR GUIDANCE ON A CASE-BY-BASE BASIS TAHIRIH MAY ELECT TO REFUSE GIFTS OF ANY TYPE IF THE POTENTIAL GIFT POSES A CONFLICT OF INTEREST, INCLUDING BUT NOT LIMITED TO REAL CONFLICTS OF INTEREST, APPEARANCES OF CONFLICTS OF INTEREST, APPEARANCES OF COMMITTEE MAY BE CONVENED AND ASKED TO PROVIDE GUIDANCE TO THE EXECUTIVE DIRECTOR AND BOARD REGARDING NON-TYPICAL DONATIONS

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493161001006

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

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

OMB No 1545-0047

2015

Open to Public Inspection

<b>5</b>	Employer identification number
TAHIRIH JUSTICE CENTER	
	54-1858176

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS CONSIST OF ONE CLASS OF FIVE PERMANENT MEMBERS ANY INDIVIDUAL IS ELIGIBLE TO BE ELECTED A MEMBER OF THE CORPORATION THE TERM OF MEMBERSHIP SHALL BE FOR LIFE OR UNTIL A MEMBER'S TERM EXPIRES THROUGH DEATH RESIGNATION, BANKRUPTCY OR REMOVAL IN ACCORDANCE WITH THE PROVISIONS OF THESE BY LAWS NO MEMBER MAY TRANSFER A MEMBERSHIP OR ANY RIGHT ARISING FROM IT
FORM 990, PART VI, SECTION A, LINE 7A	UPON RECEIVING RECOMMENDATIONS BY THE BOARD OF DIRECTORS, THE FIVE PERMANENT MEMBERS ELECT THE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS AND REMOVE EXISTING MEMBERS OF THE BO ARD OF DIRECTORS ADDITIONALLY, BOARD MEMBERS CAN RECOMMEND CHANGES TO THE BY LAWS AND ARTI CLES OF INCORPORATION, AND PERMANENT MEMBERS APPROVE THESE CHANGES
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS SHALL HAVE THE POWER AND AUTHORITY TO ALTER THE NUMBER OF DIRECTORS COMPRISING THE BOARD OF DIRECTORS, AMEND THE BYLAWS, AND, SUBJECT TO APPLICABLE LAWS AND AS LIMITED BY THE BYLAWS, AMEND THE ARTICLES OF INCORPORATION
FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE AND OPERATIONS, AND AUDIT COMMITTEE, WHICH COM PRISES THREE BOARD MEMBERS, PERFORM A THOROUGH REVIEW OF THE DRAFT FEDERAL FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, EVERY BOARD MEMBER RECEIVES A COPY OF THE CO MPLETE DRAFT FEDERAL FORM 990 AND HAS AN OPPORTUNITY TO REVIEW THE DRAFT FEDERAL FORM 990 WITH SUFFICIENT TIME TO ANSWER QUESTIONS AND PROVIDE COMMENTS
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, INCLUDING OFFICERS, ARE REQUIRED TO DISCLOSE CONFLICTS ANNUALLY DISCLO SED AFFILIATIONS AND CONFLICTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR, WHO HAS SIGNATURE A UTHORITY ON PROPOSED TRANSACTIONS IN THE EVENT OF A POTENTIAL CONFLICT, THE EXECUTIVE DIR ECTOR WOULD CONSULT WITH THE CHAIRMAN OF THE BOARD TO DETERMINE APPROPRIATE NEXT STEPS
FORM 990, PART VI, SECTION B, LINE 15A	BOARD MEMBERS RECEIVE NO COMPENSATION FOR THEIR SERVICES THE EXECUTIVE COMMITTEE OF THE B OARD ESTABLISHES THE EXECUTIVE DIRECTOR'S (ED) SALARY AND ALSO VOTES ON A SALARY INCREASE FOR THE ED ANNUALLY ON OCCASION, THE EXECUTIVE COMMITTEE USES NON-PROFIT SALARY SURVEYS A ND OTHER RELEVANT INDUSTRY BENCHMARKS TO SUBSTANTIATE THE SALARY THE BOARD OF DIRECTORS A LSO CONDUCTS A 360 DEGREE ANNUAL EVALUATION OF THE ED, SOLICITING FEEDBACK FROM ALL STAFF AND SEVERAL OUTSIDE REVIEWERS THE BOARD OF DIRECTORS COMPLETED THIS PROCESS MOST RECENTLY IN OCTOBER 2015 SALARIES OF OTHER KEY EMPLOYEES ARE DETERMINED AT TIME OF HIRE BASED ON MARKET CONDITIONS THEREAFTER, ANNUAL INCREASES ARE BASED ON LENGTH OF SERVICE AT TAHIRIH WITH FINAL APPROVAL BY THE ED BASED ON BUDGET CAPACITY A COMPENSATION SURVEY OF ALL EMPLOYEES WAS LAST COMPLETED IN NOVEMBER 2014 THIS SURVEY IS COMPLETED EVERY FIVE YEARS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND THE BOARD OF DIRECTORS' CONFLICT OF INTEREST POLICY ARE MADE AVAIL ABLE UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA TAHIRIH'S WEBSITE AND THE ANNUAL REPORT