([(E)]) Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2017

Department of the Teasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	<u>2017 calenda</u>	ar year, or tax year beginning	January 1	, 2017, and ending	Dece	mber 3	1 , 20	17
В	Check if ap	pplicable	C Name of organization			D Emplo	yer ident	rfication number	er
	Address c	hange	Interfaith Council for Peace and Jus	stice			38-2	2528035	
밁	Name cha	-	Number and street (or P O. box, if mail is n	ot delivered to street address)	Room/suite	E Teleph	one num	ber	
岩	Initial retui	m n/terminated	1414 Hill Street			1	(734)	663-1870	
Ħ	Amended		City or town, state or province, country, an	d ZIP or foreign postal code	00	F Grou	p Exemp	otion	, , , , , , , , , , , , , , , , , , , ,
	Applicatio		Ann Arbor, MI 48104		()5_	Num	ber ►		
G	Account	ting Method	☑ Cash ☐ Accrual Other (spe	ecify) ►	Н	Check ▶	if th	ne organization	n is not
	Website		icpj.org			required	to attacl	h Schedule B	
J ·	Tax-exen	npt status (che	eck only one) - 🗸 501(c)(3) 🔲 501(c)	() ◄ (insert no.) ☐ 494	7(a)(1) or 527	(Form 99	0, 990-E	Z, or 990-PF)	
		organization			Other				
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipt	s. If gross receipts are \$200	,000 or more, or if tota	lassets			
(Pa	art II, col	umn (B) belov	v) are \$500,000 or more, file Form 990	instead of Form 990-EZ	<u> </u>	!	\$		187022
	art I	Revenu	e, Expenses, and Changes in	Net Assets or Fund	Balances (see the	instruc	tions fo	or Part I)	
		Check If	the organization used Schedule	O to respond to any qu	estion in this Part I				
	1	Contribution	ons, gifts, grants, and similar amou	ints received			1	1	35,098
	2	Program s	ervice revenue including governme	ent fees and contracts		[2		43,818
	3	Membersh	ip dues and assessments			[3		0
	4	Investmen	t income			[4		212
	5a	Gross amo	ount from sale of assets other than	inventory	5a	0			
	Ь	Less: cost	or other basis and sales expenses	3	5b	0			
	C	Gain or (lo	ss) from sale of assets other than i	nventory (Subtract line 5	b from line 5a)	[5c		0
	6	Gaming ar	nd fundraising events						
_	a	Gross inc	ome from gaming (attach Sche	edule G if greater thai	٦	İ			
Rovenie	<u> </u>				6a	0			
٥	b		ome from fundraising events (not in		5,000 of contribution	ns			
ď	2		aising events reported on line 1)		9 , ,	ļ	ŀ		
			ch gross income and contributions		6b	2,914			
	C		ct expenses from gaming and fund		6c	6,749	1		
	d		ie or (loss) from gaming and fund	iraising events8(addQirles	s 6a and 6b and su	btract			
		line 6c)	· · · · · · · · 6 . "	11. 6		}	6d		<i>-</i> 3,835
	7a	Gross sale	es of inventory, less returns and allo of goods sold	owances N. UT · ·	7a	4,981			
	b				7b	8,572			
	С	•	fit or (loss) from sales of inventory	•		· ·	7с		-3,591
	8						8	·	0
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7			. •	9	1	71,701
,	10		d similar amounts paid (list in Sche				10		3,250
3 3 9	11	•	aid to or for members			[11		
J 6	12		ther compensation, and employee				12		95,382
ې د	<u>2</u> 13	Profession	nal fees and other payments to inde	ependent contractors .]	13		9,308
ֶּזְ מַּכְּ	14	•	y, rent, utilities, and maintenance			[14		9,589
ں م	15_	Printing, p	ublications, postage, and shipping				15		8,665

Part		•		5		_
	Check if the organization used Schedule	O to respond to ar	ny question in this		,	<u> </u>
00	Ozah zami wasi i		<u> </u>	(A) Beginning of year	001	(B) End of year
22	Cash, savings, and investments		}	28,133	22	61,321
23	Land and buildings				23 24	
24 25	,		}			0
25 26			}	28,133	26	61,321
20 27	Net assets or fund balances (line 27 of column	(P) must agree with		28,133		2,490
Part		<u> </u>		28,133 Part III)	2"	58,831
T GIT L	Check if the organization used Schedule	•		•	Ì	Expenses
What		grassroots peace an		<u> </u>		quired for section
						(c)(3) and 501(c)(4) anizations, optional for
as me	be the organization's program service accomplise easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the			othe	· ·
28	Hosted over 40 trainings reaching over 500 people to	build social chance	capacity such as by	stander		
į	intervetion training, community organizing skills]
					l	
	(Grants \$) If this amount				28a	35,000
	organized faith communities on human rights issues			nding, and		
3	affordable housing, refugee support, and support for	Muslims and other r	eligious minorities		Į	
	(Cronto #	andudos foreign are	nta chook hara		00-	
	·	includes-foreign-gra			-29a	35,000
	Racial and Economic Justice education and advocac	·			1	
	enforcement and community dialogue, and training c	ommunity members	to engage with police	e departments on	1	
	racial justice topics (Grants \$) If this amount	ıncludes foreign gra	ints check here	▶ □	30a	35,000
	Other program services (describe in Schedule O)			· · · • <u> </u>	1008	35,000
	(Grants \$ 3,500) If this amount			• П	31a	35,000
	Total program service expenses (add lines 28a t	hrough 31a)			32	
Part						. 10,000
	Check if the organization used Schedule					🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		1.3	Estimated amount of other compensation
Donne	ell Wyche				+	
Presid		4	Į ,		I.	
	eline Weinert		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	· · · · · · · · · · · · · · · · · · ·
Secre		3		0		
	Khan				十	
	President] 3		o		
Ron G					\neg	
Treas	urer	3		0		
La'Ro	n Williams					
Direct	or	2		0		
Cathe	rine Bartholomay					
Direct	or	2		0	\perp	rr
Kim E	llumenthal				J	
Direct	or	2		0	_	
Tama	ra Stiles Beechey]	Ì		- [
<u>Direct</u>	ог	2		0	\perp	
Angel	lina Zaytsev				- {	
Direc	or	2		0	_	
	McCabe	{	[
Direct		2		0	_	
	E. Allen-Richardson	1				
Direc		2	 	0	+	
	k Warpehoski	·		_		
Exect	tive Director	26	27,90	5 6	44	

Form	990-F7	(2017)

ABCO Page 3

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧ .	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes " attach a conformed			
-				
	x			
~~				
m ga ina i	,			
				_
1				
ļ _				

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

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

Page	4

Form	മമറ.	.F7	(201	71
	330		1201	11

40	Did the ergenization engage directly as it	adivantly in malitical a	ampaign activities as	habalf of a-	ID 000001	<u>-</u>	Yes	N
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						 	-
Part '			, raili	· · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	. 46	1	<u> </u>
i air	All section 501(c)(3) organization		stions 47–49h and	52 and co	nnlete th	e tahles	for lin	മ
	50 and 51.	is must answer que	onono 41 – 430 anu i	oz, and col	npiete III	,	.01 1111	US
	Check if the organization used Sc	hedule () to respond	to any question in th	his Part VI				
	endok ii ine engariizanom deed ee	nedale o to respond	to any quodicition in	THO I CITE VI	• • •		Yes	ΪN
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect o	luring the	tax	1.55	+
	year? If "Yes," complete Schedule C, Par						1	
48	Is the organization a school as described i					ļ	+-	١,
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?		. 49a		Τ.
b	If "Yes," was the related organization a se							
50	Complete this table for the organization's							
	employees) who each received more that	n \$100,000 of comper	nsation from the organ			e, enter "	None.	
	(a) Name and title of each ample	(b) Average	(c) Reportable	(d) Health contributions		(e) Estima	ed amo	unt
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other co		
				compen	sation			
none_								
	 	 						
		1						
		 		 				
				†				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1						
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization.	s five highest comp	ensated independent	contractors	who eacl	n receive	d more	e th
	· •	's five highest companization. If there is no	ensated independent			receive	<u> </u>	e tl
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e tl
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e tl
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e ti
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e tl
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			· · · -	<u> </u>	e th

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name	of the organization					Employer identification	number
Interf	aith Council for Peace and Justice					38-25	
Par			-				ns.
The c 1 2 3 4	irganization is not a private founda A church, convention of church A school described in section A hospital or a cooperative hospital research organization hospital's name, city, and state	nes, or association 170(b)(1)(A)(ii). (a spital service orgon on operated in co	on of churches descrit Attach Schedule E (Fo anization described in	oed in se orm 990 o o section	ction 170 or 990-EZ 170(b)(1	O(b)(1)(A)(i). ⁽).))(A)(iii).	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university of	owned or	operate	d by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				ı the general public
8 9	☐ A community trust described in An agricultural research organ or university or a non-land-grauniversity:	zation described nt college of agri	I in section 170(b)(1)(iculture (see instruction	A)(ix) opens). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and unr fter June 30, 197	nctions—subject to ce related business taxat 75. See section 509(a	ertain exc ble incom)(2). (Con	eptions, e (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its
	☐ An organization organized and ☐ An organization organized and of one or more publicly support Check the box in lines 12a through	operated exclus	ively for the benefit of ns described in secti	, to perfo on 509(a	rm the fu	unctions of, or to carection 509(a)(2). See	e section 509(a)(3).
а	the supported organization supporting organization. Y	n(s) the power to ou must comple	regularly appoint or elete Part IV, Sections	lect a ma A and B.	jority of t	he directors or trust	ees of the
b	control or management of organization(s). You must	the supporting o complete Part I	rganization vested in t V, Sections A and C.	the same	persons	that control or man	age the supported
C	its supported organization	(s) (see instructio	ns). You must compl	ete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions)	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	orted organization(s d an attentiveness
€	functionally integrated, or	Type III non-func	tionally integrated sur	porting o	ne IRS that organizat	at it is a Type I, Type ion.	e II, Type III
f	Enter the number of supported						
	Provide the following informatio (i) Name of supported organization	n about the supp	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)	_	_					
(E)							
= -		T	T		1	1	

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support		# N 0044	1 2015	1 1 2 2 2 2	() 2247	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Tax revenues levied for the						
~	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	-			_		
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly	1		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	_supported _organization)includedon- line 1 that exceeds 2% of the amount		Charles Share Share				
	shown on line 11, column (f)			3.4			
6	Public support. Subtract line 5 from line 4		Part Sales				
_	on B. Total Support				Manager 1		
_	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						-
	payments received on securities loans,	[Į.	
	rents, royalties, and income from			1			
	similar sources	\					
9	Net income from unrelated business activities, whether or not the business						
	is regularly carned on	1					
10	Other income. Do not include gain or		 -				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			A STATE OF THE STA	3.33.47.5		
12	Gross receipts from related activities, etc	. (see instructi	ons) 🛴			12	
13	First five years. If the Form 990 is for the	-			•		, ,, ,
	organization, check this box and stop he			<u> </u>	<u> </u>		<u> </u>
	on C. Computation of Public Suppo			3 - 1 (0)			
14 15	Public support percentage for 2017 (line Public support percentage from 2016 Sc		•			15	<u>%</u> %
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organ			- (ıs 331/3% or m	
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the				ızatıon qualıfie		• • • —
_	organization						
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization supported organization			stances test.	-	ion quaimes as	a publicly
18	Private foundation. If the organization d						see
	instructions						

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

(Complete only if you checked the box on line 10 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	109,616	125678	89012	103850	135098	563254
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		'		l	1	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1196	255	28717	30068	48713	108949
3	Gross receipts from activities that are not an	"				ľ	
	unrelated trade or business under section 513						
4	Tax revenues levied for the	ŀ					
	organization's benefit and either paid to					,	
	or expended on its behalf						
5	The value of services or facilities		'				
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	110812	125933	117729	133918	183811	672203
7a	received from disqualified persons .						
	•						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					_	
8	Public support. (Subtract line 7c from						
	line 6.)						672203
Secti	on B. Total Support	<u> </u>		·		<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	110812	125933	117729	133918	183811	672203
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,]					
	royalties, and income from similar sources .	37	36	27	36	212	348
b	Unrelated business taxable income (less				i		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	37	36	27	36	212	348
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			Ì		1	
12	(Explain in Part VI.)					 	
13	and 12.)	440040	405000	447750	400054	404000	070554
14	First five years. If the Form 990 is for the	he organization	125969		133954	184023	672551 p. 501(c)(3)
17	organization, check this box and stop he	-			<u>-</u>		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line			3. column (fl)		15	99.95 %
16	Public support percentage from 2016 Sc		=			16	99.97 %
	on D. Computation of Investment In						00.01 /0
17	Investment income percentage for 2017			y line 13, colur	nn (f))	17	0.05 %
18	Investment income percentage from 201	•		-		18	0.00 %
19a	331/3% support tests-2017. If the organ	nization did not	check the box	x on line 14, ai	nd line 15 is m		%, and line
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organizatı	on 🕨 🔽
b	331/3% support tests-2016. If the organic						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 📙
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	heck this box	and see instru	ctions 🕨 🗌
				·	Sch	nedule A (Form 99	or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part-VI-how the organization-had-such-control-and-discretion-despite being controlled or supervised by or in connection with its supported organizations.
- c 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.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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 **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

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	e A (Form 990 or 990-EZ) 2017	Page 5
Part	V Supporting Organizations (continued)	
ь	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described in (a) above?	Yes No 11a 11b
	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
Section	on B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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 Pair VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	n 2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tyear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	ax 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI he the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government en	ntity (see instructions).
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes how the organization was responsive to those supported organizations, and how the organization determine that these activities constituted substantially all of its activities.	of Sof
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or most the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 a	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? Provide details in Part VI.	3a
b	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.	ach 3b

		on Nov. 20, 1970 (exp	
instructions. All other Type III non-functionally integrated supporting org Section A - Adjusted Net Income	ganizatio	ns must complete Sec (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		, ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	 	
5 Depreciation and depletion	5		
	 3 	 	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	<u></u>	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d_Total_(add_lines_1a,_1b,_and_1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		· · · · · ·
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	nt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u></u>	
6 Multiply line 5 by .035.	6		
7-Recoveries of prior-year distributions	7		
		-	
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- Action mayor and a

art ecti	V Type III Non-Functionally Integrated 509(a)(on D - Distributions	· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers ex		orted	
_	organizations, in excess of income from activity	.op., p.a., p.a.a.a.a.a.a.a.a.		
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)	·-	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whi	ch the organization is res	sponsive	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
а	Applied to 2017 distributable amount			
	Applied to 2017 distributable arriodit		r · ·	
		1	1	

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.)
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	<u></u> -
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Tax) (s	see separate instructions), t		ty rux, (occ copulat		
	ection 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer iden	ntification number
	J			' '	
Part	th Council for Peace and J	e organization is exempt un	der section 501/		38-2528035 organization
1 2 3	Provide a description of definition of "political car Political campaign activities"	f the organization's direct and i	ndirect political ca	ampaign activities in Part	IV. (see instructions for
Part		e organization is exempt un			
1		excise tax incurred by the organization			
2		excise tax incurred by organization			
3	-	ed a section 4955 tax, did it file Fo	-		Yes No
4a	Was a correction made?				Yes 🗌 No
<u>b</u>	If "Yes," describe in Part				
Part	I-C Complete if th	e organization is exempt un	der section 501(c), except section 501	(c)(3).
2 3 4 5	Total exempt function act Total exempt function of line 17b Did the filing organization Enter the names, address organization made paymenthe amount of political controls.	filing organization's funds contrivities expenditures. Add lines 1 and in file Form 1120-POL for this yea ses and employer identification ni ents. For each organization listed contributions received that were print fund or a political action committed	2. Enter here and	solution form 1120-POL, 1 on Form 1120-POL, 2	zations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

SCHEU		990 01 990-62) 2017					Page ∡
	l II-A	Complete if the organization section 501(h)).					ection under
A C	heck ►	if the filing organization belo address, EIN, expenses, and				liated group memb	er's name,
B C	heck >	If the filing organization chec	cked box A and "	limited control" pr	ovisions apply.	, 	
		Limits on Lob	bying Expenditu	ires		(a) Filing	(b) Affiliated
		(The term "expenditures" r	neans amounts	paid or incurred.		organization's totals	group totals
1a	Total lo	obbying expenditures to influence	e public opinion	grass roots lobby	ing)	2500	
b	Total lo	obbying expenditures to influenc	e a legislative bo	dy (direct lobbying	3)	1250	
C	Total lo	obbying expenditures (add lines	1a and 1b) .			3750	
d	Other 6	exempt purpose expenditures .				167951	
е	Total e	xempt purpose expenditures (ad	dd lines 1c and 1	d)		171701	
f	Lobbyi columr	ng nontaxable amount. Enter	the amount fr	om the following	table in both	34340	
	If the ar	mount on line 1e, column (a) or (b) i	is: The lobbying	nontaxable amount	is:		
	Not ove	r \$500,000	20% of the am	ount on line 1e.			
	Over \$5	00,000 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 of	ver-\$1,500,000		
		7,000,000	\$1,000,000.				
g		oots nontaxable amount (enter 2	•			8585	
h		ct line 1g from line 1a. If zero or				0	
i.		.ct_line_1f_from_line_1clf_zero_or_l	•		 	0	
j		e is an amount other than zer ng section 4911 tax for this yea		1h or line 1i, did	•		Yes No
	(Som	e organizations that made a s	ection 501(h) ele	Period Under sec ection do not hav uctions for lines	e to complete all	of the five colum	ns below.
		Lobbyir	ng Expenditures	During 4-Year Av	eraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a	Lobby	ing nontaxable amount	24174	23916	27917	34340	11037
t		ing ceiling amount of line 2a, column (e))					16552
	Total le	obbying expenditures	1200	6750	7195	3750	1889
		oots nontaxable amount	6044	6729	6954	8585	2831
		oots ceiling amount of line 2d, column (e))	ين المالية				4246
f	Grassr	roots lobbying expenditures	2000	1750	2195	2500	844

Schedule C (Form 990 or 990-EZ) 2017

Part II-B	Complete if the organization is exempt under section 501(c)(3) a (election under section 501(h)).	and has NOT filed Form 5768
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Schedule C (For	m 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Interfaith Council for Peace and Justice	38-2528035
Liabilities: \$2491 payroll liabilities	
Other programs: other social justice organizing such as support for the March for Women's Lives, Ska	te Against Hate, and other programs
\$35,000	
\$33,000	
Other Board of Directors: :Lori Carey, Bob Milstein	
Other Evpences	
Other Expenses	
Bank Service Charges 2,044.86	
accounting fees 372.06	
Supplies 679.81	
· Technology 1,859.87	
· Travel Costs 6,652.00	
	······································
· Other Event Expense 947.00	
· InsuranceNon Employee Related 1,742.30	
- Staff Development 381.38	
	•••••••••••••••••••••••••••••••••••••••
· Other Miscellaneous Expenses 110.00	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Interfaith Council for Peace and Justice	382528035
,	

Schedule O (Form 990 or 990-EZ) (2017)