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Extended to November 15, 2017

Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

16

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

_	1 OI 111	e 2010 Calendar year, or tax year beginning	na enamg	_	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		52-1	865575
	Initial returr		Room/suite	E Telephone number	
	Final	1616 D Ctroot NW	150		393-1044
	termii ated		<b>L</b>	G Gross receipts \$	3,337,760.
	Amen	ded Waghington DC 20036		H(a) Is this a group re	
F	Appli			for subordinates	
	pendi	same as C above		H(b) Are all subordinates in	—
$\overline{}$	Tav.ov	empt status: X 501(c)(3) 501(c) ( )	(1) or 527		list. (see instructions)
		te: > www.jwj.org	(1) 01 021	H(c) Group exemption	,
		forganization: Corporation X Trust Association Other	I Vear		State of legal domicile: DC
	art I	Summary	<b>L</b> 1 Cai	oriormation. 1991	Otate of legal dofficile, 20
	1	Briefly describe the organization's mission or most significant activities: Est	ablish	d in 1987 .	Tobs with
Activities & Governance	'	Justice Education Fund is a national or	ganizat	ion with a	network of
nar		Check this box if the organization discontinued its operations or dis	_		
Ver	2		-	1 - 1	8
ဗ္ဗ	3	· · · · · · · · · · · · · · · ·		·····	$\frac{3}{7}$
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1)			24
ţį	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		·····	0
ξį	6	Total number of volunteers (estimate if necessary)		6	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	d	Net unrelated business taxable income from Form 990-T, line 34	·····		
Revenue		Ocabilla di cara card consulta (Desta VIIII di cardia)	-	Prior Year 4,304,317.	Current Year 3,140,745.
	8	Contributions and grants (Part VIII, line 1h)		317,481.	189,347.
	9	Program service revenue (Part VIII, line 2g)		2,867.	3,071.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		672.	4,597.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,625,337.	3,337,760.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			316,015.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		333,938.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	2,382,780.	2,001,746.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  249,	L	0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)	364.	1 272 060	1 402 076
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,272,969.	1,493,976.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,989,687.	3,811,737.
. (/	19	Revenue less expenses. Subtract line 18 from line 12		635,650.	-473,977.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		3,707,471.	3,056,440.
A Pu	21	Total liabilities (Part X, line 26)		269,404.	92,350.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,438,067.	2,964,090.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying sched			/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepare	r has any knowledge.	
		Signature of officer		Data	
Sig		1,		Date	
He	re	Sarita Gupta, Executive Director			
		Type or print name and title		Doto	I DTIN
_		Print/Type preparer's name		Date Check	PTIN
Pai		Nicole M. Prince, CPA Level New	nec :	L1/22/17 self-employe	
	parer	Firm's name ▶ Rogers & Company PLLC		Firm's EIN ▶	58-2676261
Use	Only	Firm's address 8300 Boone Boulevard, Suite 60	0		
		Vienna, VA 22182		Phone no. (7	03) 893-0300
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)	<del></del>		X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	JWJEF is a national organization network organization with 39
	coalitions in 26 states across the country. We believe that all
	working people should have collective bargaining rights, labor and
	employment protections, employment security, and a decent standard of
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	Building and Supporting a Network of Sustainable, Strategic, and
	Powerful Coalitions: We engage our network of local coalitions in strategic efforts to help build and strengthen their capacities to not
	only engage but also lead effective state and local campaigns in
	support of ongoing national efforts around an array of workers' rights
	issues. As an organization with a network of grassroots organizations
	we also provide financial and technical support to our local affiliates
	to effectively conduct outreach and public education activities related
	to workers' rights issues, and to engage in winning workplace justice
	and community campaigns focused on expanding access to health care
	coverage, protecting our public safety net programs like
	Medicaid/Medicare and Social Security, improving public education
4b	1 101 016 07 600
	Winning Campaigns that Build Power for Working People in a Variety of
	Sectors: We are currently leading or co-leading a number of active
	campaigns, including Caring Across Generations, a national effort in
	partnership with the National Domestic Workers Alliance aimed at
	expanding access to affordable elder care options, transforming the
	long-term care system, and building a strong homecare workforce to meet
	our nation's growing needs; Change Walmart, Change the Economy, a
	comprehensive and historic campaign to push one of the world's leading
	retailers to reform its business practices and ensure wholesale changes
	across the retail and logistics sector; and Protecting Our Workers from
	Exploitation and Retaliation (POWER) focused on eliminating the threat
	of ICE in worker organizing efforts, while working to expand
4c	(Code:)(Expenses \$396,474. including grants of \$ 84,690.) (Revenue \$)  Developing Leaders and Activists to Guide our Struggles: In addition to
	offering financial and technical gurnant to our struggles: In addition to
	offering financial and technical support to our network of coalitions, we also provide leadership development and training opportunities for
	staff and leaders of our network and facilitate cross-train
	opportunities across our network. Through our National Training and
	Leadership Development program we involve our national staff and
	network in new forms of organizing and strategic innovative thinking to
	advance overall organizing efforts, expand, and strengthen existing
	relationships to advance their work. Since the launch of the program we
	have trained nearly 1,000 leaders, organizers, and activists.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 340,918 • including grants of \$ 36,735 •) (Revenue \$ 33,418 •)
4e	Total program service expenses ► 3,147,298.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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	3		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
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		Х
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	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	45	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	27	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.5		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		X

# Form 990 (2016) Jobs with Justice Education Fund Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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	Х	
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? If "Yes," complete			l
	Schedule J	23		X
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			l
	Schedule K. If "No", go to line 25a	24a		Х
	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		
	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		X
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			х
00	Schedule L, Part I	25b		Α.
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,"	00		х
07	complete Schedule L, Part II	26		
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2016) Jobs with Justice Education Fund Part V 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				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				77					
	(gambling) winnings to prize winners?	 I	I	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.4							
	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 retu			2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					v				
	•			3a 3b		X				
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O										
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	accou	nt)?	4a		X				
D	If "Yes," enter the name of the foreign country:	١	-t- (FDAD)							
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E.		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X				
	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 to			30						
oa	any contributions that were not tax deductible as charitable contributions?			6a		х				
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			- Ou						
	were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w									
	to file Form 8282?			7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		X				
f										
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
				9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
	Section 501(c)(7) organizations. Enter:	۱								
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against	118								
D	amounts due or received from them.)	11b								
1 <b>2</b> 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		) ?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand									
				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b						
					000	(0040				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, 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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₩.	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	-22	
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the second state of the second state of the second sec	16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Scarlet Jimenez - Finance and Operations Director - 202-393-104	4		
	1616 P Street, NW, No. 150, Washington, DC 20036			

#### Form 990 (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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, and 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.

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

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

(A) Name and Title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an officer and a director/frustee		h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sarita Gupta	20.60	.,						FF 661	0	0 700
Executive Director	2 00	Х		Х				55,661.	0.	2,783.
(2) Chris Shelton	2.00							0.	0	^
Director rep. by Ron Colli (3) Richard Trumka	2.00	Х						0.	0.	0.
(3) Richard Trumka Director rep. by Tefere Ge	2.00	X						0.	0.	0.
(4) Russell Davis	2.00							0.	•	
Director		x						0.	0.	0.
(5) Denise Diaz	2.00	<del> </del>								
Director		x						0.	0.	0.
(6) Lara Granich	2.00									
Director		х						0.	0.	0.
(7) Mark Perrone	2.00									
Director rep. by Esther Lo		Х						0.	0.	0.
(8) Mary Kay Henry	2.00									
Director		Х						0.	0.	0.
(9) James Hoffa	2.00									
Director rep. by Andy Bank		Х						0.	0.	0.
(10) Julie Martinez Ortega	2.00									
Director		Х						0.	0.	0.
(11) Ruth Milkman	2.00									
Director		Х						0.	0.	0.
(12) Katherine Ozer	2.00									
Director		Х						0.	0.	0.
(13) Elce Redmond	2.00	l								•
Director		Х						0.	0.	0.
(14) Lee Saunders	2.00									•
Director rep. by Naomi Wal	0.00	Х						0.	0.	0.
(15) Harley Shaiken	2.00	٠,,							0	0
Director	2 00	Х						0.	0.	0.
(16) Marcelle Grair	2.00	X						0.	0.	0.
Oirector (17) Steven Valencia	2.00	^				$\vdash$		0.	0.	<u> </u>
Director	2.00	x						0.	0.	0.
DIFECTOR 620007 11 11 10	<u> </u>	Δ.	<u> </u>					1 0.	U •	Eorm <b>990</b> (2016)

Part VII   Section A. Officers, Directors, (A)	(B)	(B) (C)				(D)	(E)			(F)			
Name and title	Average	Average			ition		one	Reportable	Reportable		Es	timate	∍d
	hours per	(do not check more than one box, unless person is both ar officer and a director/trustee)					h an	compensation	compensation	n	an	nount	of
	week	$\vdash$						from	from related			other	
	(list any hours for	director						the	organization			pensa 	
	related	or di	8			ated		organization	(W-2/1099-MIS	SC)		om the	
	organizations	ustee	trust		e e	ubeu		(W-2/1099-MISC)			_	anizat d relat	
	below	dualtr	tional		nploy	st cor	-					anizati	
	line)	Individual trustee or	Institutional trustee	Office r	Key employee	Highest compensated employee	Pom 6						
(18) Maxwell Love	2.00	<del>                                     </del>	<u> </u>		_								
Director		X						0.		0.			0.
(19) Alexandra Flores-Quilty	2.00												
Director		X						0.		0.			0.
(20) Chris Sanders	2.00												
Legal Counsel		X						0.		0.			0.
1b Sub-total							ightharpoons	55,661.		0.		2,7	
c Total from continuation sheets to Pa							ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	55,661.		0.		2,7	83.
2 Total number of individuals (including b	out not limited to th	nose	liste	ed at	oove	e) wl	no r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization	<u> </u>												0
												Yes	No
3 Did the organization list any former off				•	•	•							
line 1a? If "Yes," complete Schedule J											3		X
4 For any individual listed on line 1a, is the	•							•	•				
and related organizations greater than											4		Х
5 Did any person listed on line 1a receive					,		elat	ted organization or indivi	dual for services	;			7.7
rendered to the organization? If "Yes,"	complete Schedul	e J t	or s	uch <sub>l</sub>	pers	son					5		X
Section B. Independent Contractors									•			_	
1 Complete this table for your five highes	-	-								npens	ation 1	rom	
the organization. Report compensation		ear	endi	ng w	vith	or w	ıthır T		year.				
<b>(A)</b> Name and busir		NT	INC					<b>(B)</b> Description of s	ervices	c	)) Anmoe	<b>;)</b> nsatio	n
Traine and busin	1033 add1033	147	)INI	<u> </u>			$\dashv$	Description of s	ICI VICC3		Jonnpe	iioatio	
							$\dashv$						
							$\dashv$						
							$\dashv$						
									l				
							$\dashv$						
									l				
2 Total number of independent contractor	ore (including but r	not li	mito	d to	tho	ا عو	ster	d above) who received m	ore than				
\$100,000 of compensation from the or		IOL II		u iU		0	٥١٥	a above, who received it	iore triair				
φτου,σου οι compensation nom the or	garnzation										Гокт	200	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 3,584 1 a Federated campaigns **b** Membership dues ..... 1b 47,202. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 3,089,959. g Noncash contributions included in lines 1a-1f: \$ 3,140,745. h Total. Add lines 1a-1f ... Business Code Program Service Revenue 2 a Program events 900099 127,301 127,301 b Labor Research & Action Network 611710 33,418 33,418 c Program Fees 611710 28,628. 28,628 d f All other program service revenue g Total. Add lines 2a-2f. 189,347. Investment income (including dividends, interest, and 3,071 3,071 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Miscellaneous 900099 4,597 4,597 b d All other revenue e Total. Add lines 11a-11d 4,597 3,337,760. Total revenue. See instructions. 193,944. 3,071. Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	256,510.	256,510.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	14,815.	14,815.		
3	Grants and other assistance to foreign	-	-		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	44,690.	44,690.		
4	Benefits paid to or for members	-	-		
5	Compensation of current officers, directors,				
	trustees, and key employees	58,444.	43,979.	8,767.	5,698.
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	1,449,385.	1,090,662.	217,408.	141,315.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	63,119.	47,497.	9,468.	6,154.
9	Other employee benefits	309,759.	233,093.	46,464.	6,154, 30,202,
10	Payroll taxes	121,039.	91,082.	18,156.	11,801.
11	Fees for services (non-employees):		,	,	·
	Management				
b	Legal	3,972.	2,989.	596.	387.
	Accounting	17,544.	16,167.	1,377.	
		27,0220	20/20/1	273774	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	382,989.	352,919.	30,070.	
40	· · · · · · · · · · · · · · · · · · ·	9,948.	7,486.	1,492.	970.
12	Advertising and promotion	172,642.	131,514.	24,926.	16,202.
13	Office expenses	25,927.	19,599.	3,835.	2,493
14	Information technology	25,721.	17,377.	3,033.	2,475
15	Royalties	179,175.	134,829.	26,876.	17,470.
16	Occupancy	84,040.	63,240.	12,606.	8,194.
17	Travel	04,040.	03,240.	12,000.	0,194
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	515,311.	515,311.		
19	Conferences, conventions, and meetings	313,311.	313,311.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,234.	21,246.	4,235.	2,753.
23	Insurance	40,434.	41,440.	4,433.	4,133
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 0.)				
_	Other	64,975.	52,325.	7,663.	4,987.
a h	Staff training	9,219.	7,345.	1,136.	738.
D -	20021 0101111119	J, 21J•	7,343•	1,150	, 50 .
q					
d	All other eveness				
e oe	· — — +	3,811,737.	3,147,298.	415,075.	249,364.
25	Total functional expenses. Add lines 1 through 24e	J, UII, 13/•	J,141,430•	±13,0/3•	449,304.
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 if following SOP 98-2 (ASC 958-720)				F 000 (2010

i u	πх	Balance Sneet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	514,435.	1	15,372.		
	2	Savings and temporary cash investments			2,248,052.	2	2,505,300.
	3	Pledges and grants receivable, net			000	3	465 004
	4	Accounts receivable, net		830,000.	4	465,304.	
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		·			
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use		114 041	8	CF 401	
	9	Prepaid expenses and deferred charges		114,941.	9	65,421.	
	10a	Land, buildings, and equipment: cost or other		0 000			
		basis. Complete Part VI of Schedule D		8,000.	0		0
	1	Less: accumulated depreciation		8,000.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			43.	14	E 042
	15	Other assets. See Part IV, line 11	3,707,471.	15	5,043.		
	16	Total assets. Add lines 1 through 15 (must equ	131,611.	16	3,056,440.		
	17	Accounts payable and accrued expenses	7,306.	17	66,034. 7,306.		
	18	Grants payable			7,300.	18	7,300.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee	,			00	
Lia	00	Complete Part II of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines	•				
				· · · · · ·	130,487.	25	19,010.
	26	Schedule D  Total liabilities. Add lines 17 through 25			269,404.	26	92,350.
		Organizations that follow SFAS 117 (ASC 958				20	22/0000
S		complete lines 27 through 29, and lines 33 an					
၁င	27	Unrestricted net assets			1,640,359.	27	1,559,923.
alaı	28	Temporarily restricted net assets			1,797,708.	28	1,404,167.
e B	29	Permanently restricted net assets		29			
ڃ		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			3,438,067.	33	2,964,090.
	34	Total liabilities and net assets/fund balances			3,707,471.	34	3,056,440.

Pai	rt XI Reconciliation 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	3,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,81		
3	Revenue less expenses. Subtract line 2 from line 1	3	-47		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,43	8,0	67.
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	2,96	4,0	90.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	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 oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2016** 

Open to Public Inspection

Name of the organization

**Employer identification number** 52-1865575

			ice Educatio					2-1865575			
Part	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions	S.				
The org	anization is not a private found	dation because it is: (	For lines 1 through 12, o	check only	one box.)						
1	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2	A school described in <b>sect</b>										
з 🗆	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).					
4	A medical research organiz	zation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental ι	ınit descrik	ped in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local go	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X											
	section 170(b)(1)(A)(vi). (C			· ·			Ū	•			
8	A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org				ed in conju	unction with a	land-grant	college			
	or university or a non-land-	-			-		-	-			
	university:		,								
10	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from			
	activities related to its exer										
	income and unrelated busi	-	•					-			
	See <b>section 509(a)(2).</b> (Co		,		·	·		,			
11	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	arry out the	purposes of one or			
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b> 5	509(a)(3). (	Check the box in			
	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, and	d 12g.				
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
<b>b</b>	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving			
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported			
	organization(s). You mus	st complete Part IV,	Sections A and C.								
<b>c</b> [	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,			
	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d [	Type III non-functionally		-				ted organi	zation(s)			
	that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness			
	requirement (see instruct	tions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.					
е [	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III				
	functionally integrated, o										
f E	nter the number of supported										
gР	rovide the following information	n about the supporte	ed organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Total											

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,140,773.	2,790,237.	4,242,652.	4,304,317.	3,140,745.	16,618,724.		
2	Tax revenues levied for the organ-						_		
	ization'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	2,140,773.	2,790,237.	4,242,652.	4,304,317.	3,140,745.	16,618,724.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						4,131,414.		
6	Public support. Subtract line 5 from line 4.						12,487,310.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	2,140,773.	2,790,237.	4,242,652.	4,304,317.	3,140,745.	16,618,724.		
8	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	20,246.	4,864.	4,607.	2,867.	3,071.	35,655.		
9	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 capital								
	assets (Explain in Part VI.)		47,355.	2,706.	672.	4,597.	55,330.		
11	Total support. Add lines 7 through 10						16,709,709.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	664,465.		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)			
	organization, check this box and stop	here					<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2016 (					14	74.73 %		
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	76.50 %		
16a	33 1/3% support test - 2016. If the								
	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2015. If the								
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	ū				*			
	more, and if the organization meets the		•		•				
	organization meets the "facts-and-cire								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,			, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					i	
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0) :	<u></u>
14	First five years. If the Form 990 is for	· ·			-	. , , , ,	
<u> </u>	check this box and stop here ction C. Computation of Publi						<b>P</b>
	Public support percentage for 2016 (I			acluma (fl)		15	%
	Public support percentage from 2015					16	——————————————————————————————————————
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2015 Schedule A, Part III, line 17						
	a 33 1/3% support tests - 2016. 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 a						
ŀ	33 1/3% support tests - 2015. If the						
-	line 18 is not more than 33 1/3%, che	· ·			*		
20	Private foundation. If the organizatio			•		•	

## 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
'		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
10		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b	<u> </u>	0010
m 990 or 99	JU-EZ	2016

Pa	rt IV   Supporting Organizations (continued)			age e
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
b	A family member of a person described in (a) above?	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		
	etion B. Type I Supporting Organizations			<u> </u>
	71 11 0 0		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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•	•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(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 entity (see inst	ructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		_		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: it inco, describe in <b>rait vi</b> the role played by the organization in this regard.	UU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
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 which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

Jobs with Justice Education Fund 52-1865575 Organization type (check one):

_					
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	-	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>m</b> u	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

# Jobs with Justice Education Fund

52-1865575

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	865,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	90,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 3	Name, address, and ZIP + 4	\$_	Total contributions  125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	89,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c) Total contributions	(d)
No. 6	Name, address, and ZIP + 4	\$_	130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Jobs with Justice Education Fund 52-1865575

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

# Jobs with Justice Education Fund

52-1865575

Description of noncash property given    Moc.   (c)   (c)   (d)	Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. rom Description of noncash property given S	(a) No. from Part I		FMV (or estimate)	
(a) No. or Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (d) Date received (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (e) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (e) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (See instructions)  (a) No. or Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. or Description of noncash property given (c) FMV (or estimate) (See instructions)  (b) Date received (d) Date received (See instructions)				
No. or Description of noncash property given			<sup>Ψ</sup>	
(a) No. room Description of noncash property given S	(a) No. from Part I		FMV (or estimate)	
(a) No. rom Description of noncash property given Special (c) FMV (or estimate) (See instructions) (d) Date received (See instructions) (See instructions) (See instructions) (d) Date received (d) Date received (d) Date received (See instructions) (See instruct	_		<u> </u>	
No. Torm Description of noncash property given S			\$	
(a) No. rom Description of noncash property given See instructions See instructions Description of noncash property given See instructions See instructions Description of noncash property given See instructions See instructions Description of noncash property given See instructions Description See instruction See instruc	(a) No. from Part I		FMV (or estimate)	
(a) No. rom Description of noncash property given See instructions See instructions Description of noncash property given See instructions See instructions Description of noncash property given See instructions See instructions Description of noncash property given See instructions Description See instruction See instruc				
(a) No. rom Description of noncash property given See instructions See instructions Description of noncash property given See instructions See instructions Description of noncash property given See instructions See instructions Description of noncash property given See instructions Description See instruction See instruc	_			
No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions)  (a) No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received			\$	
(a) No. (b) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (b) Date received  (c) FMV (or estimate) (See instructions)  (d) Date received  (a) No. (c) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received	(a) No. from Part I		FMV (or estimate)	
(a) No. rom Part I  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) Date received  (see instructions)  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received  (d) Date received				
(a) No. (b) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (b) Date received  (c) FMV (or estimate) (See instructions)  (d) Date received  (a) No. (c) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received				
No. (b) FMV (or estimate) (See instructions)  (a) No. (b) Compared (See instructions)  (b) Compared (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (a) No. (b) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions)			\$	
(a) No. Irom Part I  (b) FMV (or estimate) (See instructions)  Date received	(a) No. from Part I		FMV (or estimate)	
(a) No. Irom Part I  (b) FMV (or estimate) (See instructions)  Date received				
(a) No. Irom Part I  (b) FMV (or estimate) (See instructions)  Date received	—			
No. (b) FMV (or estimate) Oart I  (d) Date received			\$	
	No. from		FMV (or estimate)	
	'art I		(222 1104 404 5110)	

Name of organization Employer identification number Jobs with Justice Education Fund 52-1865575 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Jobs with Justice Education Fund

**Employer identification number** 52-1865575

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
-	Assessment of a supervision in a second to the second to t	allian and alabata and and and and an analysis	and a second and a second and a second
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conserv	ation easements during the year
0	Data and appearation assembly variety on line 2(d) sha	us satisfy the requirements of saction 17	O(b)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) abo		
0	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organization	•	
		tion's illancial statements that describes	s the organization's accounting for
Par	conservation easements. rt III   Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Similar Assets
- <b>-</b>	Complete if the organization answered "Yes" on Forn	•	7.000.0.
1a	If the organization elected, as permitted under SFAS 116 (A)		ement and halance sheet works of art
·u	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		aries of public service, provide, in real count,
b	If the organization elected, as permitted under SFAS 116 (Al		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	radiation, or research in farther area of pr	able correct, provide the relieving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		3, p
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	collections of A				or Othe	r Similaı		<b>ts</b> /continu	
3	Using the organization's acquisition, accessi		_		-				•	
	(check all that apply):	o.,, a., a. o., . o., . o.	,		.ccg		y			
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	e		Other	ago p.og					
c	Preservation for future generations	J								
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	he organizati	on's exen	not purpos	e in Par	t XIII	
5	During the year, did the organization solicit o							o iii i ai	. ,	
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV   Escrow and Custodial Arran									
	reported an amount on Form 990, Par			o. ga <u>_</u> a			,	,		
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not i	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
_									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fe								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.	•	•				-,			
	t V Endowment Funds. Complete it									
	·	(a) Current year		rior year	(c) Two year		<b>d)</b> Three yea	ars back	(e) Four ye	ears back
1a	Beginning of year balance	(a) carrerre year	(~):	y cu.	(0)	,	<b>,</b>		(-)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
C										
	and programs									
	Administrative expenses									
g	End of year balance	rant vaar and balana	o (lino 1	a column /	)\ bold oo:					
2	Provide the estimated percentage of the curr	rent year end baland	•	g, column (a	a)) neiu as.					
	Board designated or quasi-endowment ►  Permanent endowment ►	%	_%							
С	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho	· ·	-4: 41	الماما مدما				4:		
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are neid a	ina aaministe	erea for th	ie organiza	tion	L.	aa Na
	by:									es No
	(i) unrelated organizations								3a(i)	+
	(ii) related organizations	#1 10 - # 1							3a(ii)	_
D	If "Yes" on line 3a(ii), are the related organiza								3b	
Dai	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	runas.						
rai	Complete if the organization answere		) Dort I	/ lina 11a (	Caa Farm 000	Dort V	lina 10			
					1				(-I) D I	1
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation		(d) Book v	/alue
	Land	` `	nent)	Dasis	(Other)	uep	I ECIALIUI I	+		
	Land							-		
	Buildings							+		
	Leasehold improvements							+		
	Equipment				8,000.		8,00	$\overline{}$		<u> </u>
	Other		V 0-1:	an (D) line i			0,00	$\stackrel{\smile}{\vdash}$		0.
ıota	. Add lines 1a through 1e. (Column (d) must e	quai rorm 990, Part	л, colun	ווו (ש), ווne ז	ı UC.)					<u> </u>

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization of the organization and the organization of the organization and the organization of the organi			32-1003373 Page
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives	(2) 20011 101010	(0,111011101011111111111111111111111111	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		<u> </u>	
Complete if the organization answered "Yes"	on Form 990. Part IV.	. line 11c. See Form 990. Part X. I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		-	
Complete if the organization answered "Yes"	on Form 990, Part IV,	, line 11d. See Form 990, Part X, I	line 15.
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	, line 11e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Due to local chapters		19,010.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	19,010.	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ......▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	ts	1	
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		<del></del>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	rt XII Reconciliation of Expenses per Audited Financia	al Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.			
Pa		line 18.)	5	ΚI,
<b>Pa</b> l Prov	rt XIII Supplemental Information.	line 18.)and 4; Part IV, lines 1b and 2b;	5	KI,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	KI,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ζΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	<b>Κ</b> Ι,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	KI,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	<b>Κ</b> Ι,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ζί,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ζ(,
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)and 4; Part IV, lines 1b and 2b;	5	ζ(,

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

**Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

Jobs with Justi	~~ Td~~	tion Bun	.a		F2 106FF7	_
			tside the United States. Comple	ata if the areas	52-186557	
Form 990, Part IV		ictivities ou	tside the Officed States. Compile	ete ii trie organ	ization answered if	es on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
United States.		-	procedures for monitoring the use of it		ther assistance outs	side the
			an be duplicated if additional space is I	· ·		·
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
				Global work	ers' rights	
South Asia	0	1	Program services	initiatives	and research	102,465.
			Travel stipends to recipients located in			
South Asia	0	0	region			7,690.
East Asia and the			Grants to recipients			
Pacific	0	0	located in region			27,000.
			Grants to recipients			
South Asia	0		located in region			10,000.
						,
3 a Sub-total	0	1				147,155.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	I	I				I

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

Schedule F (Form 990) 2016

147,155.

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

52-1865575

	1	1	1	1	ı	1		1
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Travel stipends for					
			recipients located in					
		South Asia	region	7,690.	EFT	0.		FMV
		South Asia	Research grant	10,000.	EFT	0.		FMV
		East Asia and the						
		Pacific	Research grant	7,000.	EFT	0.		FMV
		1 401110	Robouron grane	7,000		, .		
		East Asia and the						
		Pacific	Research grant	20,000.	EFT.	0.		FMV
				+				
2 Enter total number of	recipient organization	ons listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by	•	•
the IRS, or for which	the grantee or couns	sel has provided a sectio	n 501(c)(3) equivalency letter			<b>&gt;</b>		4
3 Enter total number of	other organizations	or entities						0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

52-1865575

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

## Part IV | Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) \_\_\_\_\_ Yes X No 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016

6

Provide the information required by Part I, line 2 (monitoring of funds investments vs. expenditures per region); Part II, line 1 (accounting restimated number of recipients), as applicable. Also complete this part II.	nethod); Part III (accounting method); and Part III, column (c)
Part I, Line 2:	
Research grants are monitored through the	e Research Director.
Part I, line 3:	
Foreign expenditures are accounted for or	n the accrual method of
accounting.	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Justice	Education E	rund				Employer identification number $52-1865575$
Part I General Information on Grants a		<u>Ludcucion</u> i	una			L	32 1003373
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	led.			
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alliance for a Greater New York 50 Broadway, 29th Floor	00 0550004	501( )(2)	1 000				
New York, NY 10004	20-0559291	501(c)(3)	1,000.	0.	N/A		Capacity
Alliance for a Greater New York 50 Broadway, 29th Floor New York, NY 10004	20-0559291	501(c)(3)	10,000.	0.	N/A		Campaign/Solidarity Coordination
Coalition for Economic Justice 2495 Main Street, Suite 547 Buffalo, NY 14214	22-3037457	501(c)(3)	7,500.	0.	N/A		Campaign/Solidarity Coordination
Central Florida Jobs with Justice 231 East Colonial Drive Chicago, FL 32801	20-1449852	501(c)(3)	25,000.	0.	N/A		Network Sustainability
Chicago Jobs with Justice 333 S. Ashland Orlando, IL 60607	80-0111994	501(c)(3)	10,000.	0.	N/A		Network Capacity
Cleveland Jobs with Justice 20525 Center Ridge Rd #700 Cleveland, OH 44116	34-1850535		10,000.	0.	N/A		Organizational Development
2 Enter total number of section 501(c)(3) a	ind government o	rganizations listed in the	ne line 1 table				<b>▶</b> 18.

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Jobs with Justice							
309 W 1st Ave							
Denver, CO 80223	52-2082139	501(c)(3)	10,000.	0.	N/A		Network Capacity
Colorado Jobs with Justice							
309 W 1st Ave							Campaign/Solidarity
Denver, CO 80223	52-2082139	501(c)(3)	10,000.	0.	N/A		Coordination
DC Jobs with Justice							
1875 Connecticut Ave NW, 10th Floor	:						Campaign/Solidarity
Washington, DC 20009	26-0038632	501(c)(3)	10,000.	0.	N/A		Coordination
Long Island Jobs with Justice							
390 Rabro Drive							Campaign/Solidarity
Hauppauge, NY 11788	27-0085901	501(c)(3)	10,000.	0.	N/A		Coordination
Mi shuuqay							
MichUHCAN 35828 Smithfield Court							
Farmington, MI 48335	74-3142101	501(c)(3)	3,000.	0	N/A		Capacity Building
FAIMINGCON, MI 40333	74-3142101	501(0)(3)	3,000.	0.	N/A		capacity Bulluing
Jobs with Justice Kentucky							
1800 W Muhammad Ali Blvd 2E							Organizational
Louisville, KY 40203	61-1309181	501(c)(3)	30,000.	0.	N/A		Development
Rhode Island Jobs with Justice							
3 Bell Street							
Providence, RI 02909	05-0519891	501(c)(3)	10,000.	0.	N/A		Network Capacity
Rhode Island Jobs with Justice							
3 Bell Street	05 0510004	E01/->/2>	7 500		17/2		Campaign/Solidarity
Providence, RI 02909	05-0519891	501(c)(3)	7,500.	0.	N/A		Coordination
San Francisco State University							
1600 Holloway Avenue							
San Francisco, CA 94132	93-1137247		10,010.	0.	N/A		Research/study

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas New Era Center Jobs With							
Justice - 1408 N Washington							
Avenue, Suite 240 - Dallas, TX							Local Coalition
75204	46-5342315	501(c)(3)	40,000.	0.	N/A		Development
Mamphine County Warkens Conton/Test							
Tompkins County Workers Center/JwJ 115 E MLK Jr Street							
	45 2125002	F01/-\/2\	7 500	0	AT / 3		G
Ithaca, NY 14850	45-3135903	501(c)(3)	7,500.	0.	N/A		Support
Vermont Workers' Center							
294 North Winooski Ave							
Burlington, VT 05401	20-0163176	501(c)(3)	5,000.	0	N/A		Capacity
	20 01001/0		0,000.	•			
New Orleans Workers' Center for							
Racial Justice - 217 N. Prieur							
Street - New Orleans, LA 70112	33-1167415	501(c)(3)	40,000.	0.	N/A		Strategy Development
,							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
abor Research Action Network (LRAN) Grant	3	14,815.	0	FMV	
addi Residion nesion Residin (Man) siane		11,010			
Part IV Supplemental Information. Provide the information	required in Part I lin	ne 2: Part III. column	(b): and any other a	dditional information	
Part I, Line 2:	equilibra in Francis, in	10 L, 1 a.t III, 001aIII	r (S), and any other a	additional information.	
Research and Labor Research and A	Action New	tork grant	g are moni	tored through	
the Research Director and Grants					
	to our ro	Cai Coaiic	TOIIS are in	onicored by	
field staff.					

#### 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.

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Jobs with Justice Education Fund

Employer identification number 52-1865575

Form 990, Part I, Line 1, Description of Organization Mission: 37+ local coalitions in 25 states engaged in organizing and public advocacy campaigns for workers' rights and economic justice. The mission of the organization is to lead the fight for workers' rights and an economy that benefits all workers. By bringing together labor, community, student, and faith voices at the national and local levels, we are creating innovative solutions to the problems workers face today. Alongside workers across the country, we lead, participate in, and support on-the-ground and online campaigns that advocate for workers' rights. Core issues we organize and advocate around include immigrant rights, corporate accountability, minimum wage, economic recovery, healthcare, and collective bargaining rights for workers.

Form 990, Part III, Line 1, Description of Organization Mission: living. In partnership with a diverse universe of partners and allies we are creating innovative solutions to the socio-economic challenges working families face today. Our core strategies for advancing our collective efforts are three-fold: 1) Lead and incubate campaigns that combine innovative communications strategies, solid research and policy innovations, and grassroots base-building and mobilization; 2) Shape public discourse about workers' rights and the economy to advance collective bargaining as a solution to inequality; and 3) Build and support a network of coalitions that provide a permanent infrastructure for working people to build power, wage strategic campaigns, mobilize, organize and negotiate.

Name of the organization

Jobs with Justice Education Fund

Form 990, Part III, Line 4a, Program Service Accomplishments:

statewide, advocating for increased access to childcare services for

low-wage families, tackling housing and transit issues, and many more.

Form 990, Part III, Line 4b, Program Service Accomplishments:

protections for immigrant worker leaders who stand up to unscrupulous

employers. We are also incubating new strategic campaigns aimed at

creating on-ramps for worker organizing that address the changing

nature of work and its impact on working people. These include our Low

Wage Employer Fee and our Just Hours and Scheduling campaigns.

Interwoven throughout our work is are racial, class and gender frames

that allow us to effectively elevate the profound socio-economic

impacts of issues our campaigns seek to address on women, people of

color, immigrants, and low wage families and communities."

Form 990, Part III, Line 4d, Other Program Services:

Cultivating New Strategic Alliances and Strengthening Existing Ones: We are a national network that is committed to building and nurturing a more powerful, visionary, and connected movement. Through our relationship building activities with other national networks, institutions and global partners, we aim to develop strategic alliances that help us to reach the scale that is necessary to win real changes for working families. Today our growing universe of partners and allies include labor groups, social and economic justice nonprofits, academics/researchers, student groups, civil rights leaders, and policy advocates. Our network of local coalitions across the country also have a diverse membership base of nearly 1,000 institutional partners working with our coalitions to advance our collective mission and

Name of the organization

Jobs with Justice Education Fund

Vision for working families.

Expenses \$ 271,983. including grants of \$ 21,920. Revenue \$ 0.

Developing Credible Workers' Rights Spokespeople and Resources to Shape
the Public Discourse: As national organization dedicated to
implementing real change for workers and their families across the
country, we recognize the importance and impact of intentionally
influencing the public discourse on workers' rights. In developing
credible workers' rights spokespersons we aspire to be a reliable voice
on workers' rights by producing original research on key issues;
engaging in the debate via traditional media and new media projects and
analysis; and generating steady, timely popular education materials. We
continue to identify and deploy scholars of various disciplines in
support of organizing campaigns and advocacy efforts through funded
research, media outreach, and expert advice.

Form 990, Part VI, Section B, line 11b:

The 990 is prepared by an independent public accounting firm with management's assistance, then made available to the Board of Directors for review and comment prior to filing with the Internal Revenue Service.

Expenses \$ 68,935. including grants of \$ 14,815. Revenue \$ 33,418.

Form 990, Part VI, Section B, Line 12c:

Any potential conflicts brought to the attention of the Board of Directors are reviewed independently to ensure any conflicts are appropriately dealt with, and that any related transactions are reasonable and proper.

Name of the approximation	Page 2
Name of the organization  Jobs with Justice Education Fund	Employer identification number 52-1865575
The Executive Director's (ED) compensation is reviewed an	d approved by the
Board of Directors, while other key employees are reviewed	d by the ED with
Board input when appropriate. In all cases, comparable b	enchmarking data
is utilized in helping to determine and set compensation	levels.
Form 990, Part VI, Section C, Line 18:	
The 990 and 1023 are made available upon request, pursuan	t to Federal
regulations.	
Form 990, Part VI, Section C, Line 19:	
Requests for conflict of interest policies, governing doc	uments, and other
financial information are reviwed by the Organization and	made available at
its discretion.	
Form 990, Part IX, Line 11g, Other Fees:	
UWC Project: Communications:	
Program service expenses	18,430.
Management and general expenses	1,570.
Fundraising expenses	0.
Total expenses	20,000.
UWC Project: International Strategy:	
Program service expenses	169,079.
Management and general expenses	18,207.
Fundraising expenses	0.
Total expenses	187,286.
Other fees:	

Name of the organization  Jobs with Justice Education Fund	Employer identification number 52-1865575
Program service expenses	44,565.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	44,565.
Contract labor:	
Program service expenses	120,845.
Management and general expenses	10,293.
Fundraising expenses	0.
Total expenses	131,138.
Total Other Fees on Form 990, Part IX, line 11g, Col A	382,989.

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

# filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instruct	Employer identification number	er (EIN) o				
print	Jobs with Justice Education	Fund	1	52-186557	5		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see 1616 P Street, NW, No. 150	Social security number (SSN)					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Washington, DC 20036						
Enter the Return Code for the return that this application is for (file a separate application for each return)							
Application	on I	Return	Application		Return		

Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12

Scarlet Jimenez - Finance and Operations Director The books are in the care of ► 1616 P Street, NW, No. 150 - Washington, DC 20036 Telephone No. ► 202-393-1044 Fax No.

•	If the organization does not have an office or place of business in the United States, check this box		
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, ch	eck ti	his
hr	ox 🕨 If it is for part of the group, check this box 🕨 and attach a list with the names and FINs of all members the extension is f	or	

	<u> </u>			
1	I request an automatic 6-month extension of time until	November 15,	2017	, to file the exempt organization return
	for the organization named above. The extension is for t	the organization's return for:		

	tax year beginning , and ending					
2	If the tax year entered in line 1 is for less than 12 months, check reason:					
	Change in accounting period					
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	3a	\$			
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$			
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

► X calendar year 2016 or

Form 8868 (Rev. 1-2017)