Form 99.0-EZ

**Short Form Return of Organization Exempt From Income Tax** 

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

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

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

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		For the 2016 calendar year, or tax year beginning Sep 1 , 2016, and ending Aug 31	, 2017
		Check if applicable Address change C Name of organization	mployer identification number
	<b>=</b>		76-0565621
	H	Name Change	elephone number
	-		(832) 288-4099
	Ħ	City or town, state or province country and ZIP or foreign postal code	
	-		roup Exemption umber
	_		If the organization is not
			attach Schedule B
			990-EZ, or 990-PF)
		Tax exempt status (check only one) — [2] series(s) — [3] series(s) — [4] series(s) — [5] serie	
		Form of organization X Corporation Trust Association Other	
		Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>P</b> \$ 50.714
			►\$ 52,714.
	Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction of the Park of the	ons for Part I)
	_	Check if the organization used Schedule O to respond to any question in this Part I	
		1 Contributions, gifts, grants, and similar amounts received	1 30,422.
		2 Program service revenue including government fees and contracts	2
		3 Membership dues and assessments	1,619.
		4 Investment income	4
		5 a Gross amount from sale of assets other than inventory	4 1
		b Less cost or other basis and sales expenses	4 - 1
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
	_ '	6 Gaming and fundraising events	
	R E >	a Gross income from gaming (attach Schedule G if greater than \$15,000) · · 6 a	1 1
	Ė	<b>b</b> Gross income from fundraising events (not including \$ of contributions	
	N	from fundraising events reported on line 1) (attach Schedule G if the sum	
	E	of such gross income and contributions exceeds \$15,000)	4
		c Less direct expenses from gaming and fundraising events	4 1
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6,141.
		7 a Gross sales of inventory, less returns and allowances	
		b Less cost of goods sold	~
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
		8 Other revenue (describe in Schedule O)	8
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 _38,182.
		10 Grants and similar amounts paid (list in Schedule O).	. 10
		11 Benefits paid to or for members	. 11
	E	12 Salaries, other compensation, and employee benefits   Q	. 12
	XPENSES	13 Professional fees and other payments to independent contractors JUL.	13 1,100
	E N	14 Occupancy, rent, utilities, and maintenance.	14
	S	15 Printing, publications, postage, and shipping	<b>15</b> 147
	S	See Form 990-F7 Part Line 16 Other Expense	
		17 Total expenses. Add lines 10 through 16	17 40,862
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b> -2,680
	A		2,000
	A S S E E T T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 39,724
		20 Other changes in net assets or fund balances (explain in Schedule O)	20
ٿ آ	S	21 Net assets or fund balances at end of year Combine lines 18 through 20	<del></del>
	B^	<del></del>	Form <b>990-EZ</b> (2016
(2)   MAN (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DA	A For Paperwork Reduction Act Notice, see the separate instructions	FUIII 33U-EZ (2010
= = = = = = = = = = = = = = = = = = = =		900	
ろう			
3			
<b>談</b>		TEEAA912 12/22/16	
<i>U()</i>		TEEA0812 12/22/16	

Forn	990-EZ (2016) HOUSTON PEACE &	JUSTICE CENTER			76-	056	5621 Page <b>2</b>
Pai	til Balance Sheets (see the insti	ructions for Part II)	- the Death				
_	Check if the organization used Sched	ule O to respond to any question	on in this Part II	(4)	Beginning of year	<del>-i</del> -	(B) End of year
22	Cash, savings, and investments .			(A)	<del></del>	22	
23	Land and buildings				39,724.	23	37,044.
24	Other assets (describe in Schedule O)			<u> </u>	<u> </u>	24	0.
25	Total assets			<b> </b>	39,724.	25	
26	Total liabilities (describe in Schedule O).			-	39,724.	26	37,0 <u>44.</u> 0.
27	Net assets or fund balances (line 27 of c		21)	<u>-</u>	39,724.	27	37,044.
	t III Statement of Program Service A		<del></del>	L	39,724.	151	Expenses
<u>  Fai</u>	Check if the organization used Sche				🔟	/Dag.	•
What	is the organization's primary exempt purpose? FD	LICATION AND COMMUN	TTV ORGANIZI	NG	i i		ured for section 501 and 501(c)(4)
Desc	cribe the organization's program service acc	omplishments for each of its th	ree largest program	servi	ces, as	organ	izations, optional
mea	cribe the organization's program service acc sured by expenses. In a clear and concise in litted, and other refevant information for eac	nanner, describe the services p h program title	provided, the number	ot p	ersons	for oth	ners)
28	Website and twice-monthly					$\overline{}$	<del></del>
	primary tools of education					- 1	
	DITURED COOLS OF EGREGATIC	u and informacion	21101111111	~		l	
	(Grants S 0 ) If the	s amount includes foreign grar	nts. check here		<del></del>	28 a	373.
29	Economic justice work		,		<del></del>		
	quarterly_newsletter_goes	to several thousa	nd people	<del>-</del>			
	dagreerly membreerer does		ma peopie		<b>-</b>	- 1	
	(Grants S ) If the	s amount includes foreign grar	nts, check here	:	╌╌╌╌┰┪	29 a	
30	Work to reduce war & mili	<del></del>				$\neg \neg$	
	justice system, and prote					1	
	Describe at second and brock	ee ene envir	~			1	
	(Grants S ) If the	s amount includes foreign gran	nts, check here			30 a	
31	Other program services (describe in Sched	dule O)					
	(Grants \$ ) If the	s amount includes foreign grar	nts, check here		. ▶ 🗍	31 a	
32	Total program service expenses (add lir	es 28a through 31a)			. •	32	373
Pai	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one	even	if not compensated —	see the	e instructions for Part IV)
	Check if the organization used Scho	edule O to respond to any ques	stion in this Part IV		<u> </u>		<u> </u>
	(a) No are and title	(b) Average hours per	(c) Reportable compensat	tion	<ul><li>(d) Health benefits, contributions to employ</li></ul>	ee	(e) Estimated amount of
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (If not paid, enter -0-)	) [	contributions to employ benefit plans, and defer	ee red	(e) Estimated amount of other compensation
CUI		week devoted to	(Forms W-2/1099-MISC	) [	contributions to employ	ee red	(e) Estimated amount of other compensation
	ERYL_CROSIER	week devoted to position	(Forms W-2/1099-MISC	3	contributions to employ benefit plans, and defer	red	other compensation
TRI	ERYL_CROSIEREASURER	week devoted to	(Forms W-2/1099-MISC	) [	contributions to employ benefit plans, and defer	ee red	(e) Estimated amount of other compensation
TRI COI	ERYL CROSIER  EASURER ISTANCE GRAY	week devoted to position	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0 .	other compensation 0.
TRI COI PRI	ERYL CROSIER  EASURER  ISTANCE GRAY  ESIDENT	week devoted to position	(Forms W-2/1099-MISC	3	contributions to employ benefit plans, and defer	red	other compensation
TRE	ERYL CROSIER  EASURER  ISTANCE GRAY  ESIDENT  ENDA PADILLA	week devoted to position  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0 .	other compensation 0.
TRE	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY	week devoted to position	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0 . 0 .	O .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0 . 0 .	O .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .
TRI COM PRI BRI SEC DAV	ERYL CROSIER EASURER USTANCE GRAY ESIDENT ENDA PADILLA CRETARY VN COOK	week devoted to position  8.00  8.00	(Forms W-2/1099-MISC	0.	contributions to employ benefit plans, and defer	0. 0.	0 . 0 .

6-0565621 CGC Page 3

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
		<u>· · · · </u>	Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS?  `If 'Yes,' provide a detailed description of each activity in Schedule O	33	703	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	<u> </u>		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ı	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O .	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		Х.
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 8	a Enter amount of political expenditures, direct or indirect, as described in the instructions .   37 a 37 a 37 a			
١	b Did the organization file Form 1120-POL for this year?	37 b	'	X
38 8	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Χ
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<del></del>	v / (	7.
39	Section 501(c)(7) organizations Enter	-	4 1	
	a Initiation fees and capital contributions included on line 9			`
	b Gross receipts, included on line 9, for public use of club facilities	1 >	\$ 1 ×	
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	3 44	
400	, , , , , , , , , , , , , , , , , , , ,		****	-
	section 4911 , section 4912 , section 4955 , section 4958 excess , section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess		. *	
•	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
(	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	ì	c ;	* '
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	-{	1	* *
(	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	1		
		-   ~ .	3	
	P All organizations. At any time during the tay year, was the organization a party to a prohibited tay.			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	]	Х
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	<u></u>	X
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T			<u>                                     </u>
41	a The organization's books are in care of CHERYL CROSIER  Telephone no (713)		<u>-494</u>	<u>                                     </u>
41 42 a	a The organization's books are in care of CHERYL CROSIER HOUSTON TX ZIP+4 77061			1
41 42 a	a The organization's books are in care of CHERYL CROSIER  Telephone no (713)		-494 <b>Yes</b>	<u>                                     </u>
41 42 a	a The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  BY At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	641		1 No
41 42 a	a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	641		1 No
41 42 a	a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	641	Yes	1 No
41 42 a	a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	641		1 No
41 42 a	a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	641	Yes	1 No
41 422	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  HOUSTON  TX ZIP+4 77061  B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	_641 <b>42b</b>	Yes	1 No
41 422	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  HOUSTON  TX  ZIP+4 77061  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_641 <b>42b</b>	Yes	No X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  HOUSTON  TX ZIP+4 77061  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_641 <b>42b</b>	Yes	No X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  HOUSTON  TX ZIP+4 77061  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_641 <b>42b</b>	Yes	No X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  HOUSTON  TX ZIP+4 77061  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_641 <b>42b</b>	Yes	No X
41 42 3	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  The organization's books are in care of CHERYL CROSIER  Located at 7445 SANTA FE DR  HOUSTON  TX ZIP+4 77061  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_641 <b>42b</b>	Yes	No X
41 42 3	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	_641 <b>42b</b>	Yes	No X
41 42 3	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	_641 <b>42b</b>	Yes	No X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	_641 <b>42b</b>	Yes	No X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	_641 <b>42b</b>	Yes	No X
41 42:	shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSIER Located at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	641 42b 42c	Yes	No X
41 422	shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  a The organization's books are in care of FOHERYL CROSIER  Located at FOHERYL CROSIER	42b 42c 42c	Yes	No X
41 423 43 443	sheller transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSTER  Located at 7445 SANTA FE DR  HOUSTON  TX ZIP+4 77061  bAt any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or Atlany time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  But the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Dold the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?	641 42b 42c	Yes	No X
41 423 43 443	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSTER  Located at 7445 SANTA FE DR  BOUSTON  BOUSTON  TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Bound the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 42c	Yes	No X
41 42:	a The organization's books are in care of CHERYL CROSIER Telephone no (713) Loated at 7445 SANTA FE DR HOUSTON TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42b 42b 42c	Yes	No X X X
41 423 43 443 443 453	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  a The organization's books are in care of CHERYL CROSTER  Located at 7445 SANTA FE DR  BOUSTON  BOUSTON  TX ZIP+4 77061  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) or At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Bound the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 42c	Yes	No X

Form 990-E	Z (2016) HOUSTON PEACE & JUS	TICE CENTER		76-056	55621_	Page	: 4
						Yes No	<u>o_</u>
	e organization engage, directly or indirectly dates for public office? If 'Yes,' complete So				46	\(\)	; X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51		stions 47-49b and 52	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI			[	$\neg$
						Yes N	<u> </u>
compl	ne organization engage in lobbying activities lete Schedule C, Part II				. 47	Х	_
	organization a school as described in secti		•		<del></del>		<u>&lt;</u>
	ie organization make any transfers to an ex				. 49a	<u>&gt;</u>	<u> </u>
	s,' was the related organization a section 52 plete this table for the organization's five hig						_
	byees) who each received more than \$100,0						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		_
None							_
			<del> </del>		-		
					j		
							_
					<del> </del>		_
					ļ		
f Total	number of other employees paid over \$100	000	<u> </u>	<u> </u>	L		_
	plete this table for the organization's five hig	·	ependent contractors who	each received more tha	n \$100.000 d	of	
compe	ensation from the organization If there is n	one, enter 'None '					
(	(a) Name and business address of each independent con	tractor	(b) Type	of service	(c) Comp	ensation	
None							_
			_				
	<del></del>		<del> </del>		<del> </del>		
			-(				
			<del> </del>		<del> </del>		
			-				
							_
					<u> </u>		
	number of other independent contractors ene organization complete Schedule A? <b>Note</b>	3	'		·		—
<del></del> _	leted Schedule A		<del></del>	of my knowledge and helpf, it	. ► X Yes	<u> </u>	No
true, correct, an	s of perjury, I declare that I have examined this return, inc and complete Declaration of preparer (other than officer) is	based on all information of wh	es and statements, and to the best nich preparer has any knowledge				
				7-13-1	8		
Sign Here	Signature of officer  CONSTANCE GRAY ON AUX	of they	>	Date President			
	Type or print name and title  Print/Type preparer's name	Preparer's signature	Date		PTIN		
				Check if		0	
Paid	ANJALI ARJUNANI  Firm's name ► AH CPA'S PLIC	ANJALI ARJUNA	NI	self-employed	<u>P0139853</u>	U	
Preparer Use Only	Firm's name AH CPA'S PLLC  Firm's address 3050 POST OAK B	LVD, SUITE 550		Firm's EIN	47-3017	802	
200 01119	HOUSTON	nan nan	TX 77056	<del></del>		9499	
May the IRS	S discuss this return with the preparer show	n above? See instruction	ons		. ► Yes	s No	0

### **SCHEDULE A** (Form 990°or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2016

**Open to Public** Inspection

Employer identification number Name of the organization 76-0565621 HOUSTON PEACE & JUSTICE CENTER Part | Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (vi) Amount of other (III) Type of organization (described on lines 1-10 above (see instructions)) (iv) is the organization listed (v) Amount of monetary (i) Name of supported organization in your governing document? (A) (E)

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Frivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

76-0565621

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 )

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants ')				43,655.	52,685.	96,340.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				103.	29.	132.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3 received from disqualified persons				43,758.	52,714.	96,472.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				0.		0.
8	Public support. (Subtract line 7c from line 6)		* #** *		*** /** ·	1	96,472.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				43,758.	52,714.	96,472.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3.		3.
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b				3.		3.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				17,338.	20,673.	38,011.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)				61,099.	73,387.	134,486.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization top here		third, fourth, or fifth		tion 501(c)(3)	▶ []
Sec	tion C. Computation of Pu				·		
15	Public support percentage for 201	, ,	,			15	71.73 %
16	Public support percentage from 20	015 Schedule A, Pa	art III, line 15	<u> </u>	<u> </u>	16	<u>64.60 <sup>%</sup></u>
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	•			
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f	f))	17	0.00 %
18	Investment income percentage fro	m 2015 Schedule	A, Part III, line 17			18	0.01 %
19a	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the	he organization did his box and <b>stop h</b>	inot check the boa	c on line 14, and li tion qualifies as a	ne 15 is more than publicly supported	33-1/3%, and line organization	17 <b>►</b> X
	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%,	he organization did check this box and	not check a box of stop here. The or	on line 14 or line 1 ganization qualifie	9a, and line 16 is n es as a publicly sup	nore than 33-1/3%, ported organization	and
20	Private foundation. If the organiz	ation ald not check	a box on line 14,	19a, or 19b, check	k unis dox and see	instructions	· · · ·

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	Δ ΔΙΙ	Supporting	<b>Organizations</b>
SECTION	A. AII	Jubbolullu	Oluanizations

ec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	• !	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		,
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		'
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	- 4a		- '!
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	- 4b	,	s `{
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	*	) \ \}. \}.
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	**	,
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	; <sup>5</sup> 5b	. 18	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
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.	6	`#	7 8
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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a	,	*
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
С	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 <b>Part VI</b>	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		i ~

	ACCOUNT OF THE PROPERTY OF THE			
Pa	rt IV Supporting Organizations (continued)	<del></del> _		
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	/es	No
	a 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?	а	_	
	b A family member of a person described in (a) above?	b	_	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	c		
Sec	etion B. Type I Supporting Organizations			
	_	<u></u>	/es	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
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	4 1 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)		,	~~
Sec	tion D. All Type III Supporting Organizations			
		T	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?	**************************************	۹ -	; ; , , , , , ,
2	organization(s) or (ii) serving on the governing body or a supported organization? If No, explain in Part VI now	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	,5 	×<
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the have part to the method that the experience used to establish be laterall Port Took during the year/ago instructions)			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	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			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s)		
2	Activities Test Answer (a) and (b) below.	Г	Yes	No
		+	165	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in 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	ž 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 Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	ra Maria	

6	Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	-//		, <sub>2</sub> ,	47	
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions)	grated Typ	oe III si	upporting	j orgai	nizatio	n
BAA				Scho	edule .	A (Fo	rn

Enter 85% of line 1

Enter greater of line 2 or line 3
Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

2

3

4

16

Schedule A (Form 990 or 990-EZ) 2016

Fai	t v   Type in Non-1 unctionally integrated 303(a)(3) 3u	pporting Organize	(continuou)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		<del></del>
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppo-	rted organizations		
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 organization Part VI) See instructions	tion is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(ı) Excess Dıstributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			· · · · · · · · · · · · · · · · · · ·
а				
b	A Land Company		with a second	* ;
С	From 2013	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	** *
d	From 2014		<u> </u>	
е	From 2015	24 2		
f	Total of lines 3a through e			, ,
g	Applied to underdistributions of prior years	<i>*</i> ′		
h	Applied to 2016 distributable amount	*	· · · · · · · · · · · · · · · · · · ·	
i	Carryover from 2011 not applied (see instructions)		****	, , , , , , , , , , , , , , , , , , ,
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		* * *	, <sup>)</sup> , , , ,
4	Distributions for 2016 from Section D, line 7 \$	**		
а	Applied to underdistributions of prior years			a ja yi
b	Applied to 2016 distributable amount	*		
С	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	1	<i>\$</i>	
7	Excess distributions carryover to 2017. Add lines 3j and 4c			* **
8	Breakdown of line 7		/*	
a				,,,
b	Excess from 2013			
c	Excess from 2014			· , , , , ,
	Excess from 2015		,4	** /
	Excess from 2016			,

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

Pt III Ln 12 Other Income Part III, Line 12 Description: ANNUAL AWARDS DINNER 2015: 17163. 2016: 20673. Description: CONFERENCE 2015: 175. Description: MISC EVENTS 2015: 0. Description: PEACE CAMP PROGRAM 2015: 0.

### SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

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

2016

2010

OMB No 1545-0047

Depa ≠ment of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

- 3	ection 527 organizations Comp	piete Part I-A only			
If the	organization answered 'Yes,	on Form 990, Part IV, line 4, or Form 990	-EZ, Part VI, line 47 (	Lobbying Activities), th	en
	•	that have filed Form 5768 (election under sec		• -	
• 5	Section 501(c)(3) organizations (	that have NOT filed Form 5768 (election und			
	Part II-A	'an Form 000 Port IV line 5 (Draw Tay)	ana aanarata inatrus	tions) or Form 900 E7 1	Port V. June 25a
(Prox	ky Tax) (see separate instruct	,' on Form 990, Part IV, line 5 (Proxy Tax) ( tions), then	see separate ilistruc	uons) or rollii 550-62, i	rait v, illie 550
•	Section 501(c)(4), (5), or (6) orga	••			
	of organization	<del></del>	<del></del>	Employer identifica	tion number
HOI.	STON PEACE & JUSTIC	CE CENTER		76-056562	ì
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s		
1	Provide a description of the or	ganization's direct and indirect political camp of 'political campaign activities')			
2	•	enditures (see instructions)			
3		impaign activities (see instructions)			
	TI'P Complete if the or	reconstruction is exempt under costi			
	t 1-B   Complete ii the oi	rganization is exempt under section	on 50 i(c)(s).		
1		e tax incurred by the organization under secti			
2	Enter the amount of any excise	e tax incurred by organization managers und	er section 4955	▶\$	
3		section 4955 tax, did it file Form 4720 for this			
					· · Yes No
b	If 'Yes,' describe in Part IV		<u> </u>		
Par	t I-C. <sup>™</sup> Complete if the oı	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function act	vities ▶ Ş	
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	inizations for section 5		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here and on F	Form 1120-POL,	<b>. ≻</b> \$	
4	Did the filing organization file I	Form 1120-POL for this year?			. Yes No
5	organization made payments amount of political contribution	nd employer identification number (EIN) of a For each organization listed, enter the amou is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of elivered to a separate	organization's funds. Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds (f none enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		ļ			

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

Part II-A Complete if section 501(		ı is exempt under sec	tion 501(c)(3) and	l filed Form 5768 (el	ection under				
		as to an affiliated group (and	list in Part IV each affili	lated group member's nan	ne.				
·	Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)								
		ed box A and 'limited control'							
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditur	res to influence public	c opinion (grass roots lobbyin	g)	0.					
· - ·		islative body (direct lobbying)		0.					
c Total lobbying expenditui	res (add lines 1a and	1b)		0.					
d Other exempt purpose ex	55,395.								
e Total exempt purpose ex	penditures (add lines	55,395.							
f Lobbying nontaxable ame	ount Enter the amou	int from the following table in		11,079.					
If the amount on line 1e, colu	umn (a) or (b) is	The lobbying nontaxable a	mount is	14.270	, , , ,				
Not over \$500,000		20% of the amount on line 1e		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,				
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess of	ver \$500,000	2.	· · · · · · · · · · · · · · · · · · ·				
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess of	ver \$1,000,000		\$\tag{\frac{1}{2}}				
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess ov	er \$1,500,000						
Over \$17,000,000		\$1,000,000		1,3,4,	`;				
g Grassroots nontaxable a				2,770.					
<del>-</del>		nter -0		0.					
i Subtract line 1f from line	1c If zero or less, er	nter -0		0.					
j If there is an amount othe section 4911 tax for this		r line 1h or line 1i, did the org			Yes X No				
(Som	e organizations tha	4-Year Averaging Period Ur t made a section 501(h) ele low. See the separate instr	ction do not have to	complete all of the five irough 2f.)					
	Lobb	ying Expenditures During	4-Year Averaging Per	iod					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	( <b>d</b> ) 2016	(e) Total				
2 a Lobbying nontaxable amount									
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
<b>d</b> Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))	, , ,		*						
f Grassroots lobbying expenditures									
BAA				Schedule C (For	m 990 or 990-EZ) 2016				

# Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section con(ii)).		1)	(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				, * •	
a Volunteers?			•	. , '	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				,	
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		*		····-	
b If 'Yes,' enter the amount of any tax incurred under section 4912			_		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					× ;
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	٥r			, 1
section 501(c)(6).	C)(S)	, 01			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5) Part i	, or s II-A,	ection 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					-
a Current year		2 a			
b Carryover from last year	Ì	2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
		á			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?	]	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

HOUSTON PEACE & JUSTICE (	CENTER				76-056562	.1	
Part 1 Fundraising Activities Comp	lete if the organ	nization and	swered 'Ye	s' on Form 990, Part IV,	line 17		
1 Indicate whether the organization ra	anca to complet	ic this part					
a Mail solicitations			е	$\overline{}$	· · ·		
b Internet and email solicitations			Solicitation of government grants				
c Phone solicitations		Special fundraising events					
d In-person solicitations			J				
2a Did the organization have a written of	or oral agreeme	nt with any	ındıvidual	(including officers, direc	tors trustees or key		
employees listed in Form 990, Part	√II) or entity in o	connection	with profes	ssional fundraising servi	ces?	LYes LNo	
b If 'Yes,' list the 10 highest paid indiv compensated at least \$5,000 by the	duals or entities	s (fundraise	ers) pursua	nt to agreements under	which the fundraiser is t	o be	
compensated at least \$5,000 by the	l	T		•	() A		
(i) Name and address of individual	(ii) Activity	(III) Did f	undraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)		have custody or control of contributions?		from activity	fundraiser listed in column (i)	organization	
		Yes	No		column (i)		
1	•	103	""				
2							
3	•						
					<u> </u>	<del> </del>	
4	į						
4							
5							
· <del>- • • •</del>							
6							
					_		
_							
7	1						
			-				
8							
•							
			<u> </u>		<del>                                     </del>		
9		1					
			<u> </u>				
10							
	<u> </u>						
Total			_				
3 List all states in which the organizati				<del>`</del>	n notified it is exempt fr	om registration	
or licensing	on is registered	or license	u to solicit	CONTINUEIONS OF HAS DEE	ат поппеч и із ехетірі іг	om registration	

	<u> </u>	Fundraising Events. Complete if the more than \$15,000 of fundraising events.	ie organization ans ent contributions a	wered 'Yes' on Form nd gross income on	i 990, Part IV, line 1 Form 990-F7, lines	18, or reported s 1 and 6b				
		List events with gross receipts great	er than \$5,000	na gross meeme en	Tomi ooo Ez, mics	, rand ob				
•			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			AWARD BANQUET	NONE		(add column (a) through column (c))				
R			(event type)	(event type)	(total number)					
Ł			00 400			00 422				
<b>ベモンヨとコヨ</b>	1	Gross receipts	20,433.			20,433.				
E	2	Less Contributions								
	_									
	3	Gross income (line 1 minus line 2)	20,433.			20,433.				
	4	Cash prizes	:							
	7	Cash prizes								
	5	Noncash prizes								
P										
R	6	Rent/facility costs								
R C T	7	Food and beverages								
J	•	Tood and beverages								
X	8	Entertainment								
E, N						1.4.530				
S	9	Other direct expenses	14,532.			14,532.				
Ĕ										
EXPENSES	10	Direct synamos synamos Add times 4 through	اله/ سحداد، عدد (ما			14 522				
Š		Direct expense summary Add lines 4 through				14,532.				
-	11	Net income summary Subtract line 10 from	line 3, column (d)	· · · · · · · · · · · · · · · · · · ·	▶	5,901.				
-	11	Net income summary Subtract line 10 from <b>Gaming.</b> Complete if the organization	line 3, column (d)	· · · · · · · · · · · · · · · · · · ·	▶	5,901.				
	11	Net income summary Subtract line 10 from	line 3, column (d)	on Form 990, Part IV	▶	5,901. ed more than				
Par	11	Net income summary Subtract line 10 from <b>Gaming.</b> Complete if the organization	line 3, column (d)	· · · · · · · · · · · · · · · · · · ·	▶	5,901. ed more than  (d) Total gaming (add column (a)				
Par	11	Net income summary Subtract line 10 from <b>Gaming.</b> Complete if the organization	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IN	/, line 19, or reporte	5,901. ed more than (d) Total gaming				
Par	11	Net income summary Subtract line 10 from <b>Gaming.</b> Complete if the organization	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
-	11	Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par	11	Net income summary Subtract line 10 from <b>Gaming.</b> Complete if the organization	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par	11	Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par RE>ESUS	11	Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REYEZUE EXP	11	Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REVENUE EXPE	11	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REVENUE EXPE	11	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REVENUE EXPE	11 2 3	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REVENUE EXPE	11 2 3	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REVENUE EXPE	11 2 3 4	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	fine 3, column (d) on answered 'Yes' (	on Form 990, Part IV  (b) Pull tabs/instant bingo/progressive	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a) through column (c))				
Par REVENUE EXPE	11 2 3 4	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	line 3, column (d) on answered 'Yes' (	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte	5,901. ed more than  (d) Total gaming (add column (a)				
Par REVENUE EXPE	11 2 3 4 5	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte  (c) Other gaming	5,901. ed more than  (d) Total gaming (add column (a) through column (c))				
Par REVENUE EXPE	11 2 3 4 5	Ret income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a  Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte  (c) Other gaming	5,901. ed more than  (d) Total gaming (add column (a) through column (c))				
Par REVENUE EXPE	11 2 3 4 5 6	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte  (c) Other gaming	5,901. ed more than  (d) Total gaming (add column (a) through column (c))				
Par REVENUE EX	11 2 3 4 5 6	Gross revenue	(a) Bingo  Yes 8  No  No column (d)	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte  (c) Other gaming	5,901. ed more than  (d) Total gaming (add column (a) through column (c))				

b if 'No,' explain	 	 <b>-</b>
	 	 <b>-</b> -
Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain		

Sche	edule G (Form 990 or 990-EZ) 2016 HOUSTON PEACE & JUSTICE CENTER	<u> 76-05656</u>	21	Page 3
11	Does the organization conduct gaming activities with nonmembers?	• • • • [	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	to	Yes	No
13	Indicate the percentage of gaming activity conducted in	1 1		
	a The organization's facility	. 13a		o <sub>o</sub>
	b An outside facility.	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords		
	Name •	- <b></b>		
	Address •			
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	∏No
1	b If 'Yes,' enter the amount of gaming revenue received by the organization	the amount		
	of gaming revenue retained by the third party			
•	c If 'Yes,' enter name and address of the third party			
	Name •			- <del></del> -
	Address •			
16	Gaming manager information			
	Name •			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	he	Yes	No
ı	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	it in the		
_	organization's own exempt activities during the tax year \$	· · · · · · · · · · · · · · · · · · ·	- d () ()	
<u>.</u> Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information. See instructions	imns (III) a dditional	ina (v),	

### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOUSTON PEACE & JUSTICE CENTER

Employer identification number

76-0565621

TEEA4901 08/16/16