

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Alabama Arise
Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 612
City or town, state or province, country, and ZIP or foreign postal code
Montgomery, AL 36101

D Employer identification number
63-1030975
E Telephone number
(334) 832-9060
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: _____
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L 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 **\$ 89,232**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 14,933
2 Program service revenue including government fees and contracts	2 0
3 Membership dues and assessments	3 61,441
4 Investment income	4 0
5a Gross amount from sale of assets other than inventory	5a 0
b Less cost or other basis and sales expenses	5b 0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0
c Less direct expenses from gaming and fundraising events	6c 0
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0
7a Gross sales of inventory, less returns and allowances	7a 0
b Less cost of goods sold	7b 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8 Other revenue (describe in Schedule O)	8 12,858
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 89,232
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10 0
11 Benefits paid to or for members	11 0
12 Salaries, other compensation, and employee benefits	12 58,100
13 Professional fees and other payments to independent contractors	13 0
14 Occupancy, rent, utilities, and maintenance	14 3,340
15 Printing, publications, postage, and shipping	15 1,168
16 Other expenses (describe in Schedule O)	16 10,207
17 Total expenses. Add lines 10 through 16	17 72,815
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 16,417
Net Assets	
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 24,213
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 40,630

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	28,040	22	43,633
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	318	24	506
25 Total assets	28,358	25	44,139
26 Total liabilities (describe in Schedule O).	4,145	26	3,509
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,213	27	40,630

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 Promote fairer public policies toward low-income Alabamians

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	61,184

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part 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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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 amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer 2018-05-01 Date
Verner K Fornister State Coordinator Type or print name and title

Table for Preparer Information with columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 63-1030975

Name: Alabama Arise

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Alabama Arise members advocated for the successful passage of a bill to end Alabama's judicial override policy Arise worked on many other structural causes of poverty health care, housing, employment and tax policy Arise worked tirelessly to help beat back plans to slash Medicaid and repeal the Affordable Care Act (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	61,184

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kimble Forrister State Coordinator	7	12,738	0	0
Cindy Lowry President	0 5	0	0	0
Sara Wood Secretary	0 5	0	0	0
Nancy Stewart Vice President	0 5	0	0	0
Carmen Austin Treasurer	0 5	0	0	0
Cesar Mata Board Member	0 3	0	0	0
Roger McCullough Board Member	0 3	0	0	0
Alice Paris Board Member	0 3	0	0	0
Dollie Hambrick Board Member	0 3	0	0	0
Carolyn Foster Board Member	0 3	0	0	0
Jim Trumpower Board Member	0 3	0	0	0
Norm Baldwin Board Member	0 3	0	0	0
Andrea Hudson Board Member	0 3	0	0	0
Chris Wooten Board Member	0 3	0	0	0
Vera Moore Board Member	0 3	0	0	0

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Sister Marilyn Graf Board Member	0 3	0	0	0
William Blackerby Board Member	0 3	0	0	0

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

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Department of the Treasury
Internal Revenue Service

Name of the organization
Alabama Arise

Employer identification number

63-1030975

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8	Description,Amount^Deepwater Horizon Settlement,12795 Other miscellaneous income,63^Total,12858^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description, Amount^Office Supplies, 386 Electronic Communications, 1359 Insurance, 231 Travel, 2831 Legislative Day, 4796 Fees and taxes, 269 Dues and memberships, 335^Total, 10207^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24	Description, EOY Amount^Prepaid Expenses,506^Total,506^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26	Description, EOY Amount^Payroll Liabilities, 3509^Total, 3509^