.... 990**-**EZ

Short Form Return of Organization Exempt From Income Tax

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

0MB No. 1545-1150 20**15**

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

AF	or the 2	2015 celendar year, or tax year beginning	(404) ((404) 444) ((404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404)		* 44.4
8 (Check it ap	plicable C Name of organization	D Empl	•	entification number
	Address ci			*****************	2-1577038
	Name char		/suité E Tolep	horre nu	imber
Water	tniŭal retur	27.(). 150X 124002	<u></u>	61	5-256-3906
Same		City of town, state of province, country, and Ziff or fereign postal code	F Grou	р Ехе	nption
dereited	Amended (Patters	Num	ber 🎽	•
	Application	ing Method: ☑ Cash ☐ Accrual Other (specify) ▶	H Check 1	· [] i	f the organization is not
			Annex 3		ach Schedule B
	Vebsite	the status (check only one) — 1 501(c)(3) □ 501(c) () 4 (insert no.) □ 4947(a)(1) or □ 501(c) () 4 (insert no.) □ 401(c) (})-EZ, or 990-PF).
		*	****		***************************************
K	onn of	organization: Corporation Trust Association Other 55b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, c	r if total assets	********	naga gangga marang mananenan menang menang melaksi di pelaksi sakat persengan pengangki mendisi dike
1. F	kaa iines	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		* •	165528
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (se	os the instru	tions	
	arti	Check if the organization used Schedule O to respond to any question in this	un nouv Part l	. u p 30/4 99/3	
		Check if the organization used achequie of to respond to any question in this	* 2 EAT & 1 * * *	1	133611
	**	Contributions, gifts, grants, and similar amounts received		2	rapidata personal for the management of the made in the 1982 of 1972 (1972) and the contract of the personal contract of the second of the sec
	2	Program service revenue including government fees and contracts	. ,	3	0
	3	Membership dues and assessments		4	35435
	4	Investment income			108
	5a	Gross amount from sale of assets other than inventory	0		
	b	Less: cost or other basis and sales expenses	<u> </u>		
	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			
3		\$15,000)	0		
Revenue	b	Gross income from fundraising events (not including \$ 0 of cont	ributions		
ŵ	n-Adimava	from fundraising events reported on line 1) (attach Schedule G if the			
Belies	division	sum of such gross income and contributions exceeds \$15,000) 6b	345		•
	C	Less: direct expenses from gaming and fundraising events 8c	3971		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract		
	recever	line 6c)		6d	-3626
	7a	Gross sales of inventory, less returns and allowances	0		
	b	Less; cost of goods sold	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	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	165528
	10	Grants and similar amounts paid (list in Schedule O)		10	0
	44	Benefits paid to or for members		44	**************************************
224	12	Salaries, other compensation, and employee benefits		12	
(i)	13	Professional fees and other payments to independent contractors		13	51274
sesued	1	Occupancy, rent, utilities, and maintenance		14	4668
ű	14	Printing, publications, postage, and shipping		15	6436
142	15	Other expenses (describe in Schedule O)		16	20846
	16			17	182564
diam'd radio	17	Total expenses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·	18	-17036
13	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	et arreac with	- 10	*1/030
9	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus	or william anggr	19	the district
903 905	1	end-of-year figure reported on prior year's return)		ž~~~v	240428
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	<u> </u>
Hum	21	Net assets or fund balances at end of year. Combine lines 18 through 20	· · · · · · · · · · · · · · · · · · ·	21	223392

Form	990-EZ (2015) Tennessions for Alkino		<u>Our Peral</u>	44	62-15	no	3. 2.2.
Pa	Balance Sheets (see the instruction		36 \$43		**		ganang
	Check if the organization used Schedu	lle O to respond to a	ny question in tr	ara si karana karan	II	*	LL
22	Cash, savings, and investments			hat o	241826	22	225302
23	Land and buildings			 		23	0
24	Other assets (describe in Schedule O)	2 4 4 4 4 4 4			the contract that the text of the deviation of the thirt between the first of the contract of of	24	
25	Total assets			protesta variation.	241826	25	225302
26	Total liabilities (describe in Schedule O) .				1398	26	1910
27	Net assets or fund balances (line 27 of colur			<u> </u>	240428	27	<u> </u>
	Statement of Program Service Acco						500 may 100 M 100 M
	Check if the organization used Schedu					(As	Expenses quired for section
	t is the organization's primary exempt purpose?	***************************************		************	***************************************		(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomp neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the	fits three larges a services provid	t progra led, the	im services, i i number of	-	anizations; optional for ers.)
28	Educated individuals and groups statewide on dea	th penalty issues					ing garage and the control of the co
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	(Grants \$ 63000) If this amou	nt includes foreign gra	ints, check here	5 1 5		28	133405
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	(Grants \$) If this amou	nt includes foreign gra	ants, check here	e is an all resources and decree	··· ⊁ □	29:	4
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		nt includes foreign gra				30:	
31	Other program services (describe in Schedule C) nt includes foreign gra				31:	
32	(Grants \$) if this amount Total program service expenses (add lines 28)					32	ingummamamamamamamamam
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	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-M	SC) b	enefit plans, and		other compensation
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Form 990	Temps for Alternatives to the Drath Penalty 62-157103			age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
*ASSAGAMAN	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part'	<u> </u>	
***************************************		g/140-44-403-404/	Yes	No
	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		1
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 a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	35b	N	A
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	i ordenda entreladorio de	1
	during the year? If "Yes," complete applicable parts of Schedule N	36	caaceas chicad chicad	
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a n/a	37b		1
58a	Did the organization file Form 1120-POL for this year? 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?	V****/		
b	If "Yes," complete Schedule L. Part II and enter the total amount involved	38a	*******	
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			************
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			**************************************
	section 4911 > 0 ; section 4912 > 0 ; section 4955 > 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	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	40b		······································
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tex on line 40c reimbursed by the organization			A0044 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 -
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	40e		1
	List the states with which a copy of this return is filed > Tennessee	******	and the second	hrago objishla nis noviki ba
42a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15-25	water manage	6
	Located at > P.O. Box 120552, Nashville, TN	372	112	4
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)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country:	7440		ļ
	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 U.S.?	42c.	4/ //gappha ni/ada.co.co	<u> </u>
43	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	* *	,	≽ [] n/a
	and enter the amount of tax-exempt interest received or accided during the tax year	**********	Ves	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448		1
þ	Did the organization operate one or more hospital facilities during the year? If "Yes." Form 990 must be completed instead of Form 990-EZ	aab		
c	Did the organization receive any payments for indoor tenning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	./	A
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

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ne name desertant deservation	unun anna anna anna anna anna anna anna							7		Yes No
46	Did the organiza	ation engage, directly or	indirectly, in	political c	ampaign activ	rities on	behalf of or	in opposit	ion	
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	the state of the s					***************************************	(/ -1 /4/821414/1-12/1-12/1-12/1-12/1-1/1-1/1-1/1-1/1-1	~~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	umaning parameters	dan marana dan dan dari dan dari dan dari dari dari dari dari dari dari dari
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						himan im Ab	im Phase 171			? <u>-</u>
	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in upposition to candiciates for public office if "Yes," complete Schedule C, Part 1. Section 501(c)(3) organizations only All section 501(c)(3) organizations shust answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule C to respond to any question in this Part VI Did the organization angage in fobbying activities or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as described in section 170(b)(1)(4)(ii) if "Yes," complete Schedule E 48									
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	χ.		i contract of the contract of				, , , ,	* * *	. 47	
48								y > y	\$4.00.000.00	
49a	Did the organiza	ition make any transfers	to an exemp	ot non-cha	ritable related	organiz	ation?		. 49a	
b	If "Yes." was the	e related organization a s	section 527	organizatio	m?					
50	Complete this ta	able for the organization	's five highe	st compen	sated employ	ees (oth	er than offic	ers, direct	ors, truste	es and ke
	employees) who	each received more tha	in \$100,000	of comper	nsation from th	he organ	ization. If th	ere is non	e, enter "N	lone."
6-14-14-14-14-14-14-14-14-14-14-14-14-14-	/44/04/44/44/44/44/44/44/44/44/4/4/44/4/4/4/4	\$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00	20 40	Sittatus	(e) Flancata	alote			4 2 44	
	(a) Name and titl	e of each employee	hours p	er week	compensa	tion				
			devoted t	o position	(Forms W-2/109	39-MISC)			***************************************	-
None		enner met de de la company de la company La company de la company d	 	pagagaa maana aa	\$	***************************************	1888 / 1884 Jack Holle Barrier Barri	<u> </u>		ediding paglaga etalopia abbethy et inne
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51	Complete this t	able for the organization	n's five high	est compi	ansated indep	endent	contractors	who each	received	more than
******************	\$100,000 01 00	mpensation from the org	janizauon. II	there is no	me, enter ivo	(114), 		nelitrin eta en anne anne anne anne		
	(a) Name and bu	siness address of each indepet	ndent contracto		(b) Ty	pe of servi	ce	(4)	Compensati	<u>on</u>
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đ	Total number of	other independent conti	ractors each	receiving	over \$100,000	0	¥~		0	
52	Old the organia	zation complete Sched	lule A? No	ite: All se	ction 501(c)(3	3) organ	izations m	ust attach	8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							v + × 9			☐ No
Linciar p	ensities of parniry. I d	oclare that I have examined this	s return, includia	na accompan	vina schedules an	id stateme	nts, and to the	best of my kr	owledge and	i belief, it is
true, cor	rect, and complete. D	Peclaration of preparer (other the	an officer) is ba	sed on all into	mnation of which i	preparer h	as any knowled	ge.		
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

> Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revanue Service

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

OM8 No. 1645-0047

2015

Open to Public www.irs.gov/form990. Inspection

Employer identification number

*****	20 1 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10						
MANAMAN	sseans for Alternatives to the Death	n Penalty					77038
Par							118.
he c	rganization is not a private founda						
A	A church, convention of church						
2	☐ A school described in section						
3	☐ A hospital or a cooperative ho	spital service org	janization described ii	n section	170(b)(1	()(A)(III).	\$4.40% \$400 A
a,	A medical research organization		onjunction with a nost	onal desc	nbea in t	iection 170(b)(1)(A)	im). Enter the
	hospital's name, city, and state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****			
5	☐ An organization operated for		college or university	owned o	r operate	xi by a government	al null described ()
	section 170(b)(1)(A)(iv). (Com					4:70.00.0	
6	A federal, state, or local govern	nment or govern	mental unit described	in sectio	m 17U(b)	(1)(A)(V).	
7	[7] An organization that normally			peri irom	a gover	duneurso mur or itou	i me general public
	described in section 170(b)(1)						
8	A community trust described i						
9	☐ An organization that normally	receives: (1) mo	re than 331/5% of its	support i	rom con	tributions, members	hip fees, and gross
	receipts from activities related	d to its exempt	functions—subject to	certain	exceptio	ns, and (2) no more	i than 337a% of its
	support from gross investme	ent income and	unrelated business t	taxadie II	ncome (i	ess section 511 ta	x) from pusinesses
	acquired by the organization a						
10	An organization organized and	t operated exclus	sively to test for public	c sarety.	500 50C 1	ion sua(a)(4).	
11	☐ An organization organized and	operated exclusi	vely for the benefit of,	to perior	m the fur	ctions of, or to carry	out the purposes of
	one or more publicly supported the box in lines 11a through 11	o organizations o	eschosom secoom o	oroopiasi	(SECUUII	i oveqejiz j. Dee eevi Somoleto linee 11e -1	i um uval_laj , timetr 11 and 11a
8	Type I. A supporting organize the supported organization(s	(anon operateu, :	supervised, or control	nea by its of a maio	anoponi At ta utic	BU Organizacion (5), i) 5 diventore or testes	picany by giving
	the supported organizations organizations			vi a maju	uny or un	E UNCOUNT OF HUSICE	a or one adporting
	**	•		~~~4[m~	dilin like acc	nandari avadeiraki	alore has housined
Ċ	☐ Type II. A supporting organic control or management of the	Zallon Supervisei	u of controlled in coll maintain material in th	ia coma s (Istrini) M	un na ou oroone t	pportou Organizator serem in kantaa ter	na), by naving sa the elementari
	organization(s). You must or			re same t	retound t	nat control or manag	le me adoborcos
	Type III functionally integra			ted in cor	nection	with, and functional	v Integrated with.
C	its supported organization(s)	s tea . A supporti Usee instructions	s). You must comple	te Part N	/. Sectio	ns A. D. and E.	2
d	☐ Type III non-functionally in						red organization(s)
\4	that is not functionally integr	rated. The organi	zation denerally must	satisfy a	distribut	on requirement and	an attentiveness
	requirement (see instruction						
8	Check this box if the organiz						I, Type III
•	functionally integrated, or Ty						
ď.	Enter the number of supported	organizations .	2 2 2 2 2 3 3	. 2 6			, ,
Q	Provide the following information		orted organization(s).	·			Carcing and and address and
· · · · · · · · · · · · · · · · · · ·	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rgarization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9		s governing mem?	1 '	other support (see instructions)
			above (see instructions))		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	irrstnætions)	area destessoù
				Yes	No	g 20	
A)	ente de la companya del la companya de la companya del la companya de la companya	***************************************					
		Agricultura de la constanta de					
8)						and the same of th	
			фециальную применя в население и се в чествення в применя в применя на применя на применя на применя в поставл В применя на применя в применя в применя в применя в применя в применя на применя в применя в применя в применя	<u> </u>			
C)				-		THE PARTY OF THE P	
· /2/	mile tarih ita kerin kerin angan mengapangkan mengapangkan berin di terupangkan penghan negarapan penghah kerin di terupangkan berin di		***************************************				
D)						**	
	adalah kalut kenduluk dalah bilan bi	dan persentana dan dan dan dan dan dan dan dan dan		<u></u>	İ	anga ina ina ina mana mana mana mana si mana sa mana s	
E)		***		1	en e	2000 PARTITION 1	3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5
			***************************************	***************************************	ý	NG NAMES AND SANDANG AND	de en la decembra de la companya de la colonia de la colon
		4	¥	1	*	1	

Schedule A (Fo	orm 390 or 990-EX 2015 Tenussians for Alternatives to the Death Penalty	62-15170 3 8, 2
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to	
	Part III. If the organization falls to qualify under the tests listed below, please complete Part II	L)

Secti	on A. Public Support	Lagrania de la composiçõe		gyarrangyang ara-arapad ah tilah dalikhankhinda bilikhankhinda bilikhankhinda bilikhankhinda bilikhankhinda bi	gamentario e altre e estamente e en estamente e en entre	governosteritores experiente con externa (territoria escapa escapa escapa escapa escapa escapa escapa escapa e	en antigen and an an
Calen	dar year (or fiscal year beginning in) 🦫	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4.446.22	405500	170404	4 27.255	400048	040070
		143023	192592	159191	146527	169046	810379
2	Tax revenues levied for the organization's benefit and either paid	,				a e de d	
	to or expended on its behalf				_		240
		Ŭ.	0	0	0	0	• • • • • • • • • • • • • • • • • • •
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge		n		ō	ō	٨
4	Total, Add lines 1 through 3	143023	0 192592	<u> </u>	146527	169046	810379
		1-13V4.3	134342	130101		10000	
5	The portion of total contributions by					Odd daga	
	each person (other than a governmental unit or publicly						
	supported organization) included on					And the second	
	line 1 that exceeds 2% of the amount					TO STATE OF THE ST	
	shown on line 11, column (f)					r en	72550
6	Public support. Subtract line 5 from line 4.	amananamanamanikeetiteetie	(4,0), (4,0), (100,0),				737829
Secti	on B. Total Support	nicionamente accementation in incidental access and incidental acc	ggggerran og de sie een een een een een een een een een e	haa saa cadaa kada kada ka	######################################	\$\$1.55 \$44\$ \$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	121112811212121211211121112111211121112
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
na Ž	Amounts from line 4	143023	192592	159191	146527	169046	810379
8	Gross income from interest, dividends.						
	payments received on securities loans.						
	rents, royalties and income from similar						
	sources	401	164	93	105	108	
8	Net income from unrelated business						
	activities, whether or not the business	ageneration					
	is regularly carried on	0					
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						~
44		0	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	increment	ons) , , .	*	************************************	12	811250
13	First five years. If the Form 990 is for the				or lifth tay w		0 (8)(6)(7)
10	organization, check this box and stop her	***				, , , , , , , , , , , , , , , , , , ,	
Sarti	on C. Computation of Public Suppor			varan var an min skuntiller variation to the termination of		***************************************	······································
14	Public support percentage for 2015 (line 6			1. column (f))	didirikaninin didirikani didirikani didirikan	14	90.9 %
15	Public support percentage from 2014 Sch					15	92.4 %
16a	331/3% support test - 2015. If the organiz				1 line 14 is 331	3% or more, ci	neck this
	box and stop here. The organization qual				· ·		. > 2
b	331/e% support test-2014. If the organ	ization did no	t check a box	on line 13 or	16a, and line	15 is 331/2% :	
	check this box and stop here. The organi	zation qualifie:	s as a publicly	supported org	anization .		. » []
17a	10%-facts-and-circumstances test20	I 15. If the orga	nization did no	at check a box	on line 13, 16	a, or 16b. and I	ine 14 is
	10% or more, and if the organization mee						
	Part VI how the organization meets the "la						ipported
	organization	* * * * * :					. » []
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
	supported organization						
18	Private foundation. If the organization dis						
-	instructions		. , , , , , , ,	·	• • • • · · · ·	* * * * * *	

Schedu	ile A (Form 990 ar 990-EZ) 2015 Tennesson	5 for A14	madives.	10 me Dec	WL Pera	ly 62-1	577038 00 3
Part	Support Schedule for Organiza	itions Descr	ibed in Secti	on 509(a)(2)	NIA	•	
	(Complete only if you checked th						der Part II.
was contracted to the contract	If the organization fails to qualify	under the te	sts listed beli	ow, please co	omplete Part	li)	
,41414444444444444444444444444444444444	on A. Public Support		d destrument de como d'amondo amondo de destruido de destruido de la como de destruido de la como de la como d	**************************************	<u>.</u>		90.5 (10.00 Marie 10.00 Ma
Caler	dar year (or fiscal year beginning in) 🦫	(a) 2011	(b) 2012	(6) 2013	(d) 2014	(e) 2015	(f) Total
4	Gifts, grants, contributions, and membership fees						OCT CONTRACTOR CONTRAC
	received. (Do not include any "unusual grants.")		-				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						avversava
	furnished in any activity that is related to the						vade de la constant d
	organization's tax-exempt purpose		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	is Manus de marchine a l'adres de l'archine de l'archine de l'archine de l'archine de l'archine de l'archine d	gannessanskýddiles varskárskárskárskárskárskárskárskárskárská	dere er er er selve er er kildele er elem er el dere er else			***************************************
4	Tax revenues levied for the						
	organization's benefit and either paid		•				VENTON
	to or expended on its behalf			directabelikaria acceptorali adapendari per remenus adape	***************************************		
5	The value of services or facilities						
	furnished by a governmental unit to the						- No.
_	organization without charge			0-44-71V-0000004-V-00-40-004-00-00-00-00-00-4-00-4-00	and and add life on the description and an array of the contract of the contra	***************************************	44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
6	Total. Add lines 1 through 5		***************************************	*********************************	all the state of t		***************************************
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
4.				ongo a palas sereda serigida meso a silango nilipa nilipa nilipa nilipana di maggipana ese anta		***************************************	
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						
c	Add lines 7a and 7b	***************************************	***************************************	8-07-88-07-88-077-7-07	tinatulation to the termination of the termination	***************************************	***************************************
8	Public support, (Subtract line 7c from	***************************************		gericken an engene over in a wind was onde hely before the anneae signification.		***************************************	enemental este mentalmente mente al manuel proprieta mente al manuel estado estado al manuel estado de la comp
_	line 6.)						
Secti	on B. Total Support				14.54.64.64.64.65.64.64.66.64.66.66.66.66.66.66.66.66.66.	***************************************	
	dar year (or fiscal year beginning in) 🦫	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				***************************************		er en
10a	Gross income from interest, dividends,				/		***************************************
	payments received on securities loans, rents,						
	royalties and income from similar sources .				VELVELASIA SI		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	***************************************			***************************************	****	***************************************
C				***************************************	*******************************	***	***************************************
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	***************************************		ver a con-			
473	(Explain in Part VI.)	***************************************	~~~	***************************************		Maria de Maria de Maria de Maria de Cara de Car	***************************************
13	Total support, (Add lines 9, 10c, 11, and 12.)	AWARANA	Approx.				
14	First five years. If the Form 990 is for th		in financia				w 604 (ANO)
§ 44 3 *	organization, check this box and stop her				· · · · · ·		
Sarti	on C. Computation of Public Suppor			***************************************	* * * * *		
15	Public support percentage for 2015 (line 8			3 column (A)		115	
16	Public support percentage from 2014 Sch					16	
AUGUSTUS AUGUSTUS SE	on D. Computation of Investment Inc			***************************************			ootatoontenamanananananananananananananananananan
17	Investment income percentage for 2015 (li	CARLOR SANDA LANCON CONTRACTOR SELECTION CARLO CARLO CONTRACTOR CO	ana	/ line 13. colur	nn (fi)	17	
18	Investment income percentage from 2014					18	
19a	331/s% support tests-2015. If the organi					***************************************	
~ 4P N/K	17 is not more than 331/5%, check this box a						
b	331/3% support tests-2014. If the organiza						9.000
	line 18 is not more than 331/2%, check this b						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Par	IN Supporting Organizations NIA			
	(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete	Sect	ions	A
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, co	lqmc	ete	
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P.	art V	.)	
Secti	on A. All Supporting Organizations		***********	
	And the state of t	perelerare even	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			Man and a second
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_	ļ	ļ
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		<u>.</u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		en den en
\$n.	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		<u> </u>	*********
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			Canada Ca
	organization made the determination.	3b		eng cuadra se
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	<u>.</u>	ļ
48	Was any supported organization not organized in the United States ("foreign supported organization")? If		Consideration	****
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	40	·	
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	s-veneral participation of the second of the	nomentum est	
	despite being controlled or supervised by or in connection with its supported organizations.	40	acceptance and a second	
c	Did the organization support any foreign supported organization that does not have an IRS determination		<u> </u>	1
*	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		
58	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			- CANADA
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (f) 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			A
	was accomplished (such as by amendment to the organizing document).	l 5a		The state of the s
b	reference of a second of the s		1	-
347	designated in the organization's organizing document?	Sb.		1
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	*	e Available Cuts	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	COLONOR	acaute and a	
	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	-	THE CONTRACTOR
2004	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		.l
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		d'Avenue	-
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).	7	White state of the	Arian
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77			
*	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	4
98	Was the organization controlled directly or indirectly at any time during the tax year by one or more		-	7
•	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		· Constant
a.		Ja	1	1
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	95	Variation of the Control of the Cont	Aveland Aveland
C	me : is any a : 2 per . 3 m . 20 m .		***************************************	***************************************
~	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		No.	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		ST CONTRACTOR OF THE PERSON OF	*
	supporting organizations)? If "Yes," answer 10b below.	108	1	*

10b

Schedu E	Ble A (Form 990 or 990-EZ) 2015 Tennessions - 6/ Alternotives to the Doth Penalty (6) NA Supporting Organizations (continued) NA	(-151	7038	Page 5
	•	400000000000000000000000000000000000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	A CONTRACTOR	-	
23	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	***	of the second se	
	below, the governing body of a supported organization?	113		<u></u>
	A family member of a person described in (a) above?	110		<u></u>
	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.	111c		
Sect	ion B. Type I Supporting Organizations	***************************************	·	z-n-manan.
4		*************	Yes	No
gleen	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.	ggest		PO VERNOVANO VERNAN
Za.	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	on the Annager and a second	getoroneurrunenreurr	gan tomanaman entr
4		ganamana.	108	No
4	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			
rananananananananananananananananananan	the supported organization(s).		an and an anal	
oecu	on D. All Type III Supporting Organizations	(decelyperalyperalype	parameter (1)	yannannannan * = 2
4	Tild the eventiralian mercicle to ancie at its remainded avantivations be the last deep date till mouse of the		Yes	No
*	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?	- Anna		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s),	2	***************************************	***************************************
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		in managana manganan
Secti	on E. Type III Functionally-Integrated Supporting Organizations	terrenen m. 3	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	:tion:	91:
8	The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
3	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.	2a		en e
Ò	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.	25	***************************************	CONTROLOGICAL CONTROLOGICA CONTROLOG
3	Parent of Supported Organizations. Answer (a) and (b) below.			****************
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Anna Anna Anna Anna Anna Anna Anna Anna	DO TO AND UNA AND UTA STOR.
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.	3is		

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	(A) Prior Year	(8) Current Year (optional)
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instructions).

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6 Distributable Amount. Subtract line 5 from line 4, unless subject to

	A (Form 990 or 990-EZ) 2015 Tenussions for Al-L Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	NIC
	on D - Distributions	Survey and the survey		Current Year
4	Amounts paid to supported organizations to accomplish	exempt purposes		and a suppression of the superior of the super
	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
_	organizations, in excess of income from activity			anna a consecució banha bi 1861 Paris I Papir proposens dibilis igrar belaga becana una cana cana ca
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	ratio kalentaa riiga nyagaa amaa makaa makaa makaa ah kalentaa taa taa taa taa taa ta ta'a ta'a ta
	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.	Maria 1884 (1884) Maria Ma		
7	Total annual distributions. Add lines 1 through 6.	akumaki kalan k	40.40.40 Mark 1.884 1.484 1.484 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1.184 1	anna sanna ann sa 1888 (1886) (1886) (1887) (1887) (1887) (1887) (1887) (1887) (1887)
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.	angga and and a state of the st		en geriphings and a design of the state of t
9	Distributable amount for 2015 from Section C, line 6	inistikis 1400 maanaan maanaksa 180 maanaan maanaksi 1807 maanaan maa	akirkirki (ikkirkirki) (ikkir) yangi yanni ratur ratur katakirkiran apina mini renangana kital	\$18\$\frac{1}{2}\$\langle \frac{1}{2}\$\langle \f
10	Line 8 amount divided by Line 9 amount	***************************************	ennementalista (september 1984) en	yaa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
·	Distributable amount for 2015 from Section C, line 6		alle de la	and the state of t
2.	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		ngg nerserner server server er en er en sterke (er ett ett ett ett ett ett ett ett ett e	\$\tag{\text{2.00}}
3	Excess distributions carryover, if any, to 2015:	and an artist to the second		
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d	From 2013	**************************************	71.1.12817-1417-1517-1518-151-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	CARLO BARRANTA CONTRACTOR CONTRAC
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	Total of lines 3a through e			
9	Applied to underdistributions of prior years	A CONTRACTOR OF THE PROPERTY O		**************************************
	Applied to 2015 distributable amount			
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	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	and a second contract of the second s	and the state of t	terrania mangara arawasan manana manana arawa
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ä	Applied to underdistributions of prior years	***************************************	gas paras sensita e del de estado e en el estado en el estado en el estado en el entre en entre de el el el el	
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<u> </u>	Remaining underdistributions for years prior to 2015, if		g,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			Venezorani productiva de la companya
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		and was a survey of the support of t	
8	Breakdown of line 7:		\$1,000 to 100 to	A CONTRACTOR OF THE PROPERTY O
3			and a construction of the state	
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C	Excess from 2013			
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8	Excess from 2016			Lagrange and the second

Schedule A (i	Form 990 or 990-EZ) 2015 Tennessons for Alternatives to the Death Penatry 62-1517038 age 8
ESSO	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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

Open to Public Inspection

internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 48 (Political Campaign Activities), then

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

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

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

Superad "Yes." on Form 960, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

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	ee separate instructions), th				
	action 501(c)(4), (5), or (6) orga	nizations: Complete Part III.	**************************************		ntification number
	of organization			antipologic too	
enne	sseans for Alternatives to th	e Death Penalty	· · · · · · · · · · · · · · · · · · ·		62-1577038
Pari	[FA] Complete if the	organization is exempt und	er section 507(c	oris a section ozi	organizavon.
4	Provide a description of t	he organization's direct and indire	ct political campa	ign activities in Part IV.	
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3	Volunteer hours	y y y y y s s 4 4 8 7 7			• • • • • • • • • • • • • • • • • • •
Pari	(£3) Complete if the	organization is exempt und	er section 501(c		anderstaden kan en siste kan kentan kan kentan kentan kentan kentan kentan kentan kentan kentan kentan kentan Kentan kentan kenta Be
1	Enter the amount of any e	exclee tax incurred by the organization	ition under section	14955	0
2	Enter the amount of any of	excise tax incurred by organization	managers under	section 4955 🤛	
3	If the organization incurre	d a section 4955 tax, did it file For	m 4720 for this ye	ear?	··· L Yes L No
4 a		4 4 7 4 4 2 4 7 8 9 9	. ,		Yes No
b	If "Yes," describe in Part	10.		man mananistrativa di mananisma di mananisma di mananisma di mananisma di mananisma di mananisma di mananisma Tanggar di mananisma	amannamanan mengenarah mengenarah mengenarah mengenarah mengenarah mengenarah mengenarah mengenarah mengenarah K. S S. S. F. F. S.
Part	(C) Complete if the	organization is exempt und	er section 501(c	3), except section ov	
4		y expended by the filing organiz		DZ/ exempt lunction	A
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2	Enter the amount of the	filing organization's funds contrib	uted to other org	anzagons di Secupii	2
	527 exempt function acti	vities	Cutar barra and	AN CAMA 1100-DO	
3	Total exempt function e	expenditures. Add lines 1 and 2.	, enter nere and	on roun incorror.	
	line 176	0.0 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			[] Yes [] No
4	Did the filing organization	file Form 1120-POL for this year			
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all Si	ection 527 political organ	iizalions lo winon ule ming Grafiante funde. Alea anter
	organization made payme	ents. For each organization listed, ontributions received that were pro	enter the amount motic and disorth	haid nom me ming viga. Aslivated to a apparate	ncedon's ionos, also circ. notitical organization, such
	the amount of pointcal co	ontributions received that were pro- fund or a political action committe	mpny and directly se (DAC). If additin	nal snace is needed, pro-	vide information in Part IV.
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	(e) Name	(b) Address	(c) EIN	(d) Amount paid from thing organization's	(e) Amount of political contributions received and
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c	Total lobbying expenditures (add lines	a and 1b)	, , , , , ,			
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0	Total exempt purpose expenditures (ad	d lines 1¢ and 1¢	1)			(,1,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,
F	Lobbying nontaxable amount. Enter columns.	the amount fro	om the following	table in both		nga pana ngkana kang kata tilak 1888 1899 1899 1899 1894 18
ſ	If the amount on line te, column (a) or (b) is	: The lobbying i	ontaxable amount	is:		
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dayana	Over \$500,000 but not over \$1,000,000		15% of the excess o			
disease.	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
i i	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.		
ĺ	Over \$17,000,000	\$1,000,000.				waanaan oo ahaan oo a
9	Grassroots nontaxable amount (enter 2	5% of line 1f)				
'n	h Subtract line 1g from line 1a. If zero or less, enter -0					
ŝ	Subtract line 1f from line 1c. If zero or le	ass, enter -0-		e e e e e e e e e e e e e e e e e e e	la Come 1700	
ŝ	If there is an amount other than zero	on either line	in of me n, or	are arbenteemen	ing i dilli wild	
•	and a series of the second sec	·7				Yes N
	reporting section 4911 tax for this year				and the second s	L. Jes L. N
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Schoolule C (Form 990 or 990-EZ) 2015 Tennesseans for Allematives to the Death Penatty 62-6 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Pan II-B (election under section 501(h)). (2) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. 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: 1 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Û 1 Mailings to members, legislators, or the public? 1125 0 Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? 0 4 Direct contact with legislators, their staffs, government officials, or a legislative body? . . . 450 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 850 1 7360 9785 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . If "Yes," enter the amount of any tax incurred under section 4912 . . . . . . . . . . . If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A Yes No Were substantially all (90% or more) dues received nondeductible by members? . . . . . 4 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . . 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 12 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 28 25 20 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . 3 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 Taxable amount of lobbying and political expenditures (see instructions) . . . . . . . . . . . . . . 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. Staff Salaries 6960.00 Lobbying Fees 400.00 Letters to legislators, Student conference, speaking engagements to public

Schedule G (Form 990 or 990-EZ) 2015 TENNISSIANS FOR Alternatives to the Death Penalty Supplemental Information (continued)	62-1517038
Supplemental Information (continued)	
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Schedule C (Form 890 or 990-EZ) 2015

#### 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.

OM8 No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Tennesseans for Albemasives to the Drath Penalty

Employer Identification number

990 EZ POUT LINE 16

Meals	986
Insurance	2951
Telephone Office Supplies	2557 3494
Dues	1979
Travel	4014
Mailings Conferences	4350 449
-	20,846