Form

Department of the Treasury Internal Revenue Service

### 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 and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

<u>A</u>	For th	ne 2014 calendar year, or tax year beginning , and ending						
В	Check if a	applicable: C Name of organization		DEn	nployer	identifica	ation number	
	Address o	change ALLIANCE FOR METROPOLITAN STABILITY						
		Doing business as			**-***7419			
Ш	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		lephone		A A 171 4	
	Initial retu	um 2525 EAST FRANKLIN AVENUE	200	<u> </u>	12-3	332-	4471	
	Final retu			I				
	terminate	MINNEAPOLIS MN 55406		<b>G</b> Gr	oss recei	pts\$	582	2,781
Ш	Amended	d return F Name and address of principal officer:					. П.,	₹ <b>7</b>
П	Applicatio	ion pending RUSS ADAMS	H(a) Is this a	group retu	ım for sul	ordinates	7 Yes	X No
		2525 EAST FRANKLIN AVE, SUITE 200	H(b) Are all	subordina	tes inclu	ded?	Yes	No
			1 ''	lo," attacl			ctions)	
·			-					
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527						
J	Website		H(c) Group			<u> </u>		
К	Form of o	organization: X Corporation Trust Association Other L	Year of formation:	<u> 199</u>	4	M State	of legal domic	ile: MN
*******	art I							
000000		Briefly describe the organization's mission or most significant activities:			A	P91 /		
			CLI	TIN'	47(1	UV.		
8		See Schedule O		*11/1-1-	$\mathcal{H}\mathcal{H}$	11.	• • • • • • • • • •	
Jan		***************************************	VL16	≖ <i>1.1</i> 1.1.				
Governance	1.	**************************************						
<u>§</u>	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its net a	assets.				
න	3	Number of voting members of the governing body (Part VI, line 1a)			3	10	•	
		Number of independent voting members of the governing body (Part VI, line 1b)			4	10		
Activities	-	•			5	6		
Ęį	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		·····	6	59		
Ac	6	Total number of volunteers (estimate if necessary)						0
		Total unrelated business revenue from Part VIII, column (C), line 12		·····	7a			
	b	Net unrelated business taxable income from Form 990-T, line 34		<u>l</u>	7b			<u> </u>
		·	Prior				Current Yea	
ds	8	Contributions and grants (Part VIII, line 1h)		<u>53,0</u>	160		5/8	<u>,110</u>
ğ	9	Program service revenue (Part VIII, line 2g)						0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9	994			738
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,7	733		3	,722	
			7	56,7				,570
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	<u> </u>	<del>' '  </del>			,500
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		····				<del>, 500</del>
	14	Benefits paid to or for members (Part IX, column (A), line 4)						0.44
Ŋ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4	<u>17,3</u>	323		437	,344
JS6	16a	Professional fundraising fees (Part IX, column (A), line 11e)						0
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,943						
Ä	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1	49.2	220		125	,518
			. 5	66,5	543			,362
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		90,2				,792
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of				End of Year	
Net Assets or	126			23,9				,630
set	<b>20</b>	Total assets (Part X, line 16)						
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	21	Total liabilities (Part X, line 26)		33,5				,022
2,	22	Net assets or fund balances. Subtract line 21 from line 20	5	90,4	100		491	<u>,608</u>
	art II	Signature Block						
	Inder ne	enalties of periury. I declare that I have examined this return, including accompanying schedules and staten	ents, and to the	e best of	my kno	wledge	and belief,	it is
tr	rue, corr	rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowle	edge.				
								*****************
		Standard of Francisco			Date			
Si	_	Signature of officer		T T T T T				
He	ere		JTIVE D	TKEC	TOR			
		Type or print name and title					· · · · · · · · · · · · · · · · · · ·	
	•	Print/Type preparer's name Preparer's signature	Date		Check	l if	PTIN	
Pai	id	GREG EMMERICH	08/	12/15	self-emr	oloyed	*****	**
	eparer	HADDINGTON LANCED C ACCOCTATES	1 7	Firm's I			-***2	347
	e Only			T IIII S	-117 /			. <del> ·</del>
US	e Only					651	-481-	.1100
		Firm's address > SAINT PAUL, MN 55130		Phone	no.	021		
Ma	u tha IE	RS discuss this return with the preparer shown above? (see instructions)					X Yes	No

	1 990 (2014) ALLIANCE FOR METROPOLITAN STABILITY **-**7419	Page 2
P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<b>X</b>
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	, <u>A</u>
-	lee Gebedule O	
	see schedule U	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		es 🗓 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in now it conducts, any program	
		es X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
~	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 147,524 including grants of \$ ) (Revenue \$	
	see schedule U	
	·	
	CLIENT COPY	
	VLIENI VUT	
		· · · · · · · · · · · · · · · · · · ·
4h	(Code: ) (Expenses \$ 178,004 including grants of \$ 43,500 ) (Revenue \$	
	See Schedule O	
	· · · · · · · · · · · · · · · · · · ·	
	······································	
		• • • • • • • • • • • • • • • • • • • •
		· · · · · · · · · · · · · · · · · · ·
	(Code: ) (Expenses \$ 99,862 including grants of \$ 25,000 ) (Revenue \$	
S	See Schedule O	
		• • • • • • • • • • • • • • • • • • • •
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
		· • • • • • • • • • • • • • • • • • • •
4d	Other program services (Describe in Schedule O.)	The state of the s
	(Expenses \$ 193,864 including grants of \$ 50,000 ) (Revenue \$ )	,
4e	Total program service expenses ▶ 619,254	

### Form 990 (2014) ALLIANCE FOR METROPOLITAN STABILITY \*\*-\*\*\*7419 Raft W Checklist of Required Schedules

	The Checklist of Required Schedules			T
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	·	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	}		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	**********	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5 % or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	•		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
, d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	•	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
•	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		· X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
•	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	.Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
· b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
•	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		,	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١.
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part V	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," completed L. L. III. UUI		-	
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b <sub>.</sub>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
<del></del>	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a X account)? If "Yes," enter the name of the foreign country: ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7b X 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Form 990 (2014) ALLIANCE FOR METROPOLITAN STABILITY \*\*-\*\*\*7419 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer director trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	************
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u>.</u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: >			

ELLEN A TITUS INC WHITE BEAR LAKE

4579 CAROLYN LANE

MN 55110

651-294-0030

form 990 (2014	LUDITUROD FOR THE FROM CHARLES CONTINUE	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar	nd
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	<u>. L</u>
Section A	Officers Directors, Trustees, Key Employees, and Highest Compensated Employees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unle īcer ar	ss pe nd a d	ition more i rson i irector	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 <mark>/1099-MISC)</mark>		organization and related organizations
(1) LARRY HISCOCK	2.00							Ch		0
BOARD MEMBER (2) KAREN MONAHAN	0.00	X			<u> </u>			A peri	1601 VI 1601 I	
(2) IVAICHIV PROTEINIA	2.00			,						_
VICE PRESIDENT	0.00	X		X				. 0	0	0
(3) GEORGE GARNETT	0.00								,	
	2.00	x		x				o	0	. 0
TREASURER (4) ELEONORE WESSER		<u> </u>	$\vdash$	^						
(4) HIMOROIGE WESSELE	2.00									
SECRETARY	0.00	X		x				. 0	0	0
(5) ASAD ALIWEYD										
	2.00		1					0	o	. 0
BOARD MEMBER (6) JIM ERKEL	0.00	X	├	<u> </u>			<u> </u>	<u> </u>		
(6) OIM ERRED	2.00									
BOARD MEMBER	0.00	X						0	0	· 0.
(7) KENYA MCKNIGHT										
	2.00								_	
BOARD MEMBER	0.00	X	_	Ŀ	<u> </u>			0	: . 0	0
(8) JOO-HEE POMPLUN	2.00									
PRESIDENT	0.00	X		x				0	0	0
(9) NELIMA SITATI	0.00	12		42	-	_				
	2.00								•	
BOARD MEMBER	0.00	X						0	. 0	. 0
(10) VAUGHN LARRY			1							
	2.00								0	0
BOARD MEMBER	0.00	X	<del> </del>	ļ.	<del> </del>	<del> </del>	<u> </u>	0		
(11) RUSS ADAMS	40.00									
EXECUTIVE DIRECTOR	0.00	1		x				78,988	0	9,839
DAA	1 333		1	·		L	L	<u> </u>	<u> </u>	Form <b>990</b> (2014)

DAA

Enm 990 720141

411977419 08/12/2015 12:06 PM Form 990 (2014) **ALLIANCE FOR METROPOLITAN STABILITY** \*\*-\*\*\*7419

********	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)	
<b>Landardo</b>	(A) Name and title	(B) Average hours per week (list any		(C) Position (do not check more than or box, unless person is both officer and a director/truste					(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-2 1000-MINO)	organization and related organizations
	MAURA BROWN	40.00			x				76,331	. 0	7,725
(13)											
(14)											
(15)											-
(16)										CLIENT COP	Y .
(17)											
(18)											
(19)											
1b c	Total from continuation she	ets to Part VII,	Sect	ion /	٩			<b>▶</b>	155,319		17,564
<u>d</u> 	Total (add lines 1b and 1c)  Total number of individuals (ir reportable compensation from	cluding but not l	imite	ed to				bov	155,319 e) who received more than		17,564
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	complete Schele 1a, is the sum nizations greater	dule of re than	J for eport 1 \$15	suc able 50,00	h ind com	dividu pens f "Ye	ıal satio s," c	on and other compensation complete Schedule J for su	from the	yes No
5	individual  Did any person listed on line 1 for services rendered to the or	rganization? If "Y	rue 'es,"	com com	pens	atior	n fron hedu	n an le J	y unrelated organization or for such person	r individual	
<u>Sect</u>	tion B. Independent Contractor  Complete this table for your fire compensation from the organic	ve highest comp ization. Report c	ensa omp	ated ensa	inde <sub>l</sub>	oenc for t	lent o	conti	dar year ending with or with	<u>iin the organization's tax ye</u>	ear.
-	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
		•									·
										· ·	
				<del>-</del> .			··········				
2	Total number of independent received more than \$100,000	contractors (inclusion of compensation	uding n from	but n the	not org	limite aniz	ed to ation	tho:	se listed above) who	0	

Form 990 (2014) AL	LIANCE FOR	METROPOLITAN	STABILITY	**-***7419

	rt V	Statement of Reve Check if Schedule C	<b>nue</b> ) con	itains a r	esponse (	or note to any line	П		
					1	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u>s</u> s	4-	Federated compaigns	40				revenue		512-514
unt	1a	Federated campaigns Membership dues	1a 1b						
وَ ق	a	Fundraising events	1c		330				
iffs ar A	4	Related organizations	1d						
S, G	e	Government grants (contributions)	1e						
ion	f	All other contributions, gifts, grants,							
but		and similar amounts not included above	1f		577,780				
der.	g	Noncash contributions included in lines 1a-	lf:	\$	▶				
<u> </u>	h	Total. Add lines 1a-1f				578,110			
Program Service Revenue Contributions, Giffs, Grants					Busn. Code				
eve	2a								
9 20	b								
Ž	C	• • • • • • • • • • • • • • • • • • • •							
n Se	d								
grai	e	All other program service rever							
S.	g	Total. Add lines 2a–2f							
		Investment income (including							
		and other similar amounts)				738			738
	4	Income from investment of tax							
	5	Royalties		<u> </u>					
		(i) Real		(ii) P	ersonal				
	6a	Gross rents							
	b	Less: rental exps.			· · · · · · · · · · · · · · · · · · ·				
	ı	Rental inc. or (loss)							
		Net rental income or (loss) Gross amount from (i) Securities		1	Other				
		sales of assets (1) Securities		(11)	Other		Al I	PHT AAM!	
	h	other than inventory							
		basis & sales exps.					Li lini	mill WWI I	
	С	Gain or (loss)							
	i	Net gain or (loss)							
ø	8a	Gross income from fundraising ever	nts						
Other Revenue		(not including \$	330						
Şe		of contributions reported on line 1c)							
er F		See Part IV, line 18	а		1,952				
Ě		Less: direct expenses			211				
•		Net income or (loss) from fund		events .	<b>&gt;</b>	1,741			-
	9a	Gross income from gaming activitie							
	<u>_</u>	See Part IV, line 19 Less: direct expenses			•				
		Net income or (loss) from gam		L	<b>&gt;</b>				
		Gross sales of inventory, less	ing ac						
		returns and allowances	а						
	ь	Less: cost of goods sold							
	1	Net income or (loss) from sale		ventory					
		Miscellaneous Revenue			Busn, Code				
	11a	OTHER REIMBURSEMENT I			900099		1,631		
	b	SPEAKING FEES			900099	350	350		
	С	A II all an annual and				,			
		All other revenue			L	1,981			
	12	Total revenue. See instruction				582,570		0	738
		, Jan 10101140, OUG HIGH HOUDI		<u></u>	· · · · · · · · · · · · · · · · · · ·	===/=:-		·	

Part X Statement of Functional Expenses

Do not Include amounts reported on lines Bb, Toul (4) Programmance includes amounts reported on lines Bb, Toul (4) Programmance includes above the state of the	Sect	ion 501(c)(3) and 501(c)(4) organizations must contains a responsible O			mplete column (A).	
75, 8b, 9b, and 10b of Part VIII.	Do r		(A)	(B)	(C)	
Comparison of current of programments and programments and control programments. See Part N, Intel 2 and 13 and 14 and 15 and		· 1	Total expenses			
2 Grants and other assistance to domestic including the See Part IV, line 17 and 16 an						
2 Grants and other assistance to domestic individuals. See Part IV, line 12 and an other assistance to foreign operations, foreign governments, and fooding individuals. See Part IV, line 15 and 16 and provided individuals. See Part IV, line 15 and 16 and provided individuals. See Part IV, line 15 and 16 and provided individuals. See Part IV, line 15 and 16 and provided individuals. See Part IV, line 15 and 16 and provided individuals. See Part IV, line 15 and 16 and passed described individuals. See Part IV, line 15 and 16 and passed described individuals. See Part IV, line 17 and passed described in eaction 4086(f)(1) and passed described in section 408(f) and 49(f) employer contributions (noted section 401(f) and 49(f) employers benefits 3, 82.6 3, 60.9 21.2 53.8 9 and 10 Payrol table 10 and 10		and domestic governments. See Part IV, line 21	118,500	118,500		
3 Grants and other assistance to foreign comprisation, foreign governments, and develop individuals. See Part IV, lines 15 and 15 description in control of the properties of	2					
Description	•	individuals. See Part IV, line 22				
Individuals See Part IV, lines 15 and 16   Individuals See Part IV, lines 15 and 15   Individuals See Part IV, lines 15 and 16   Individuals See Part IV, lines 15 and 16   Individuals See Part IV, line 17   Individual See Part IV, line 17	3					
4 Benefits paid to or for members 5 Compensation of current officiers, directors, trustees, and key employees 6 Compensation for limited above, to despalling persone (as defined under section 4880(0)) mm of the section 4880(0) mm of the section 4880(0		organizations, foreign governments, and foreign				
6 Compensation of current efficients, directories, trustees, and key employees 6 Compensation not included above, to disqualified parsons (as delified under section 4580)(17) and persons described in section 4580)(17) and 409(1) and 4		individuals. See Part IV, lines 15 and 16				
Tutelees, and key employees   180,111   154,001   17,104   9,006	4	Benefits paid to or for members				
6 Compensation not included shows, to daqualified persons (as defined under section 4988(f)(f)) and persons described in section 4988(f)(f)(g) and persons described in section 4988(f)(g)(g) and persons described in section 4988(f)(g)(g) and 4980(f)(g)(g) and 4980(f)(g)(g) and 4980(f)(g)(g) and 4980(f)(g)(g) and 4980(f)(g) and 4980(f)(g)(g) and 4980(f)(g) and 4980	5	•				
persons (as defined under section 4858(p)(3)) and persons described in section 4858(p)(3)(8)  7 Other salarlas and wages  8 Pension plan accruais and contributions (include section 4010) and 400(b) employer contributions)  9 Other employee benefits  3 6, 047 33, 605 2, 353 89  10 Payroll taxes  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting,  d Lobbying  e Professional fundrisking services. See Part IV, line 17  f Investment management fees  9 Other (fire in genant securised 196 of fire 25, colemn (2)) and included 196 and 196 an			180,111	154,001	17,104	9,006
persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 405(b) employee contributions) 9 Other employee benefits 9 Other employee benefits 9 Cher salaries and wages 19 Other employee benefits 9 Cher salaries and wages 10 Payroll taxes 26,825 24,211 1,982 632 11 Fees for services (non-employees): a Management b Legal Accounting 10 Payroll taxes 11 Fees for services (non-employees): a Management 1 Legal Accounting 1 Chobyling 1 Professional fundraising services. See Part IV, line 17 If Investment management fees 1 Cher (If in 19 genous accessed 19% of line 25, column (A) arount, list of genomes and schedulo 0.) 1 Advertising and promotion 1 Office expenses 1 Chopyling 1 Payments of travel or entertainment expenses for any federal, state, or local public (officials or local public (officials or local public officials or local public (officials or local public (officials or local public officials or local public officials or local public (officials or local public officials or local public officials or local public officials or local	6	•				
7 Other salaries and wages Pension plan accruels and contributions (include section 401(x) and 403(x) imployer contributions) 3 , 826 3 , 609 2 12 5 9 Other employee benefits 3 6, 047 3 33, 605 2 , 353 8 9 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 fill investment management fees g Other, (If line 11g arroant exceeds 10% of line 25, cubus (A) warroant, list line 15g express on Schedule O.) 2 Advertsing and promotion 13 Office expenses 1 Coupancy 1 Travel 1 Royants to travel or entertainment expenses for any federal, state, or local public officials 1 Conferences, conventions, and meetings 2 Depreciation, depletion, and amortization 1 Insurance 2 Other employees in line 24e. If line 24e. If line 24e. If line 24e. In line 24e. If line 24e. In line 24e. If line 24e. In line 24e. If						
8 Persion plan accruels and contributions (include section 401(x) and 403(x)) employer contributions) 9 Other employee benefits 36,047 33,605 2,353 89 10 Payroll taxes 26,825 24,211 1,982 632 11 Fees for services (non-employees): a Management b Legal Caroling 35,750 32,260 2,698 792 d Lobbying Professional Indialising services. See Part IV, line 17 Investment management fees 9 Other. (file 11g emount exceeds 10% of line 25, column (A) amount, list in 11g separate and Setelate 0.) 12 Advertising and promotion 23,092 19,379 2,849 864 13 Information technology 1,652 1,496 123 33 15 Royalties Caroling			100 707	1 7 0 0 0 0		
8 Perison pain accurate and controlutors include section 40(R) and 40(3) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal	7		190,535	179,801	10,551	<del></del>
9 Other employee benefits	8		2 20 5		010	
10 Payroll taxes   26,825   24,211   1,982   632   11 Fees for services (non-employees): a Management   b Legal						
11 Fees for services (non-employees):  a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 119 amount exceeds 10% of line 25, column (A) amount, list line 119 expenses on Schedule O.)  23 Advertising and promotion 31, 250 22, 209 31, 234 7, 807 24 Advertising and promotion 31, 250 22, 209 31, 234 7, 807 24 Advertising and promotion 31, 250 22, 209 31, 234 7, 807 24 Advertising and promotion 25 Advertising and promotion 26 Cocupancy 16, 652 17, 496 123 33 15 Royalties 16 Cocupancy 18, 600 16, 787 17 Au01 412 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 19 Depreciation, depletion, and amortization 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e amount extenses est 50% of line 25, column (A) amount expenses on Schedule O.) 2		Other employee benefits		<del></del>		
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV. line 17 f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (2) Advertising and promotion 13 Office expenses 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses. Itemize expenses on Schedule O.) 23 A 3, 372 3 A 3, 375 3 A 3		Payroll taxes	26,825	24,211	1,982	632
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (film 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 22, 209 1, 234 7, 807 31, 250 32, 260 31, 250 31, 250 32, 260 31, 250 31, 250 31, 250 32, 260 31, 254 31, 254 32, 260 33, 379 33, 379 33, 379 34, 379				,		
CACCOUNTING   35,750   32,260   2,698   792	_					
d Lobbying e Professional fundraising services. See Part IV, line 17   Investment management fees g Other. (Illine 11g expenses on Schedule O.) J31, 250 22, 209 1, 234 7, 807 24 Advertising and promotion Advertising and promotion J6 expenses 23, 092 19, 379 2, 849 864 Information technology 1, 652 1, 496 123 33 15 Royalties Cocupancy 18, 600 16, 787 1, 401 412 Travel 5, 388 5, 274 55 59 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Cocupancy Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance J6, amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CRGANIZING EVENTS J7, 401 Adventing the Adventing time and the school of the Cocupancy All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lin		Legal	35 750	32 260	2 609	702
e Professional fundraising services. See Part IV, line 17 Investment management fees  g Other, (iffine 1/g amount exceeds 10% of line 25, column (A) amount, list line 1/g expenses on Schedule Q.)  23 , 092	_	Accounting	33,730	32,200	2,090	192
Format   Investment management fees   Golder (filline 1) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   31,250   22,209   1,234   7,807		Professional fundraising convices. See Part IV. line 17				
g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  31,250  22,209  1,234  7,807  12 Advertising and promotion  31 Office expenses  23,092  19,379  2,849  864  1nformation technology  1,652  1,496  123  33  15 Royalties  Cocupancy  18,600  16,787  1,401  412  17 Travel  5,388  5,274  55  59  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  11,115  1,022  93  1nterest  20 Depreclation, depletion, and amortization linerate expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a EQUIPMENT RENT AND MAINT  C ORGANIZING EVENTS  2,625  1,533  1,091  1 1,943  4 2,410  204  60  All other expenses  25 Total functional expenses. Add lines 1 Brough 24e  All other expenses  5 Joint costs. Complete this line only if the origanization reported in column (B) joint costs from a combined educational campaign and fundralising solicitation. Check here ▶						
(A) amount, list line 11g expenses on Schedule O.)  31, 250  22, 209  1, 234  7, 807  40vertising and promotion  Corporation  Royalties  10, 652  11, 496  123  33  15 Royalties  10 Cocupancy  18, 600  16, 787  1, 401  412  7 Travel  5, 388  5, 274  55  59  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings  11, 115  11, 022  93  11, 115  12, 022  93  11, 115  13, 372  14, 401  412  15, 388  15, 274  155  19  20 Interest  10 Other expenses in line 24e. If line 24e expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  20 EQUIPMENT RENT AND MAINT  2, 674  2, 410  204  60  CRGANIZING EVENTS  2, 625  1, 533  1, 091  11  10  11  11  12, 024  13  14  15  15  15  15  15  15  15  15  15						
12   Advertising and promotion	y	· -	31.250	22,209	1.234	7.807
13 Office expenses   23,092   19,379   2,849   864     14 Information technology   1,652   1,496   123   33     5 Royalties	12		02/200			7,007
14		Office expenses	23.092	19.379	2.849	864
15 Royalties 16 Occupancy 18,600 16,787 1,401 412 17 Travel 5,388 5,274 55 59 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11,115 1,022 93 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 15 EQUIPMENT REINT AND MAINT 15 C C C C C C C C C C C C C C C C C C C		Information technology				
16 Occupancy		Royalties			***************************************	
17 Travel		Occupancy	18,600	16,787	1,401	412
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 11,115 1,022 93  Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 3,372 3,157 215  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a EQUIPMENT RENT AND MAINT 2,674 2,410 204 60  b ORGANIZING EVENTS 2,625 1,533 1,091 1  c d d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 681,362 619,254 42,165 19,943  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if if		Tentral				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Coffer expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a EQUIPMENT RENT AND MAINT CORGANIZING EVENTS C All other expenses Total functional expenses. Add lines 1 through 24e  All other expenses  25 Total functional expenses. Add lines 1 through 24e Confirm a combined educational campaign and fundralsing solicitation. Check here       if	18					
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a EQUIPMENT RENT AND MAINT b ORGANIZING EVENTS C d d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here ▶   if		· ·				
Interest   Payments to affiliates   Depreciation, depletion, and amortization   3,372   3,157   215	19		1,115	1,022	93	
Payments to affiliates  Depreciation, depletion, and amortization  Insurance  3,372  Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  EQUIPMENT RENT AND MAINT  ORGANIZING EVENTS  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if	20		•			
Depreciation, depletion, and amortization Insurance  3,372 3,157  215  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a EQUIPMENT RENT AND MAINT  b ORGANIZING EVENTS  2,674 2,410 204 60  C d  e All other expenses  5 Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	21	Payments to affiliates				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a EQUIPMENT RENT AND MAINT  b ORGANIZING EVENTS  c d  d He All other expenses  25 Total functional expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  681,362  681,362  681,362  619,254  42,165  19,943  19,943	22	Depreciation, depletion, and amortization				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a EQUIPMENT RENT AND MAINT 2,674 2,410 204 60  b ORGANIZING EVENTS 2,625 1,533 1,091 1  c d  e All other expenses.  4 All other expenses. Add lines 1 through 24e 681,362 619,254 42,165 19,943  25 Total functional expenses. Add lines 1 through 24e 681,362 619,254 from a combined educational campaign and fundraising solicitation. Check here  if	23	Insurance	3,372	3,157	215	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a EQUIPMENT RENT AND MAINT b ORGANIZING EVENTS  c d e All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.)  a EQUIPMENT RENT AND MAINT  2,674  2,410  204  60  b ORGANIZING EVENTS  2,625  1,533  1,091  1  c		· · · · · · · · · · · · · · · · · · ·			AIFIF	AARI
a EQUIPMENT RENT AND MAINT 2,674 2,410 204 60 b ORGANIZING EVENTS 2,625 1,533 1,091 1 c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 681,362 619,254 42,165 19,943 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		- 12				
b ORGANIZING EVENTS 2,625 1,533 1,091 1  c d					National Lab	V VIII
c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 681,362 619,254 42,165 19,943  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if	а	· · · · · · · · · · · · · · · · · · ·				
e All other expenses  Total functional expenses. Add lines 1 through 24e 681, 362 619, 254 42, 165 19, 943  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	b	ORGANIZING EVENTS	2,625	1,533	1,091	1
e All other expenses  25 Total functional expenses. Add lines 1 through 24e 681, 362 619, 254 42, 165 19, 943  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if	_			· · · · · · · · · · · · · · · · · · ·		
Total functional expenses. Add lines 1 through 24e 681,362 619,254 42,165 19,943  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here     The cost of			601 260	610 054	40 165	40.040
organization reported in column (B) joint costs from a combined educational campaign <u>and</u> fundraising solicitation. Check here ▶ │ if			081,362	619,254	42,165	19,943
from a combined educational campaign <u>and</u> fundraising solicitation. Check here ▶  if	∠0					
		from a combined educational campaign and				
		fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) ALLIANCE FOR METROPOLITAN STABILITY \*\*-\*\*\*7419

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<del> </del>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest bearing	8,631		98,039
	2	Savings and temporary cash investments	277,550		283,674
	3	Pledges and grants receivable, net	323,500		132,711
	4	Accounts receivable, net		4	2,601
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	٠.	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use	12 000	8	12 105
	9	Prepaid expenses and deferred charges	13,020	9	13,405
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	-		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	1 200	14	1 200
	15	Other assets. See Part IV, line 11	1,200 623,901	15	1,200 531,630
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,501		40,022
	17	Accounts payable and accrued expenses	33,301	18	40,022
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	A CHARLES FOR	Pit	ř
Ħ	1	trustees, key employees, highest compensated employees, and		22	
Liabilities	١	disqualified persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third			
	25				
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	00	of Schedule D  Total liabilities. Add lines 17 through 25	33,501		40,022
<u> </u>	26	Organizations that follow SFAS 117 (ASC 958), check here ▶   X and	30,002		
ψ,	1	complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	166,226	27	161,235
aa	27	Temporarily restricted net assets	424,174		330,373
g	29	Permanently restricted net assets		29	
or Fund Balances	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
or F		complete lines 30 through 34.			
žį.	30			30	
SSe	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	, , , , , , , , , , , , , , , , , , ,	32	
ž	33	Total net assets or fund balances	590,400		491,608
	34	Total liabilities and net assets/fund halances	623,901		531,630

orm	990 (2014) ALLIANCE FOR METROPOLITAN STABILITY **-*** 7419			Pag	je 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del>,,</del>	<u>,</u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		82,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		81,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		98,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	90,4	<u>400</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				٠
	33, column (B))	10	4	<u>91,6</u>	<u>608</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			,,	
•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Fo	m 990	(2014)

CLIENT COPY.

### 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) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Employer identification number

Open to Public Inspection

ALLIANCE FOR METROPOLITAN STABILITY 

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 11, check only one box.)

	F. H. K.		on to: I done on any								
The c	orgar	ization is not	a private foundation because	e it is: (For lines 1 through 11, c	heck only	one box.	)				
1		anization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 1.70(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organizati	on operated for the benefit o	of a college or university owned	or operate	ed by a go	overnmental unit described in				
		section 170(	b)(1)(A)(iv). (Complete Part	II.)							
6		A federal, sta	te, or local government or go	overnmental unit described in s							
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gove	rnmental	unit or from the general public				
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	11.)						
9	Ш			i) more than 33 1/3% of its supp				SS			
				npt functions—subject to certain							
				nd unrelated business taxable in				•			
				0, 1975. See section 509(a)(2).							
10				exclusively to test for public safe				_			
11				exclusively for the benefit of, to							
				ions described in section 509(a				Спеск			
	$\overline{}$			cribes the type of supporting org							
а	Ш			ed, supervised, or controlled by				•			
				o regularly appoint or elect a ma	ajonity of t	ne allect	or trustees of the supporting	4			
	$\overline{}$		You must complete Part I		with ita a	unnortod	organization(s), by baying				
b				rised or controlled in connection							
				organization vested in the same	s hersons	tilat com	ioi of manage the supported				
			s). You must complete Par		annoctio	n with an	d functionally integrated with				
C	Ш			orting organization operated in							
		its supported	organization(s) (see instruct	tions). You must complete Par	d in conn	oction wit	), and E. h its supported organization(s)	•			
d	Ш			supporting organization operate panization generally must satisfy							
				t complete Part IV, Sections A							
	$\Box$			d a written determination from t							
е	Ш			nctionally integrated supporting			ype i, Type ii, Type iii	•			
£	Ent		r of supported organizations	ictionally integrated supporting	organizati	011.		,			
f			ving information about the su	inported organization(s)							
_9_			(II) EIN	(III) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of			
(1)		e of supported anization	(II) LIN	(described on lines 1–9		ır governing	support (see	other support (see			
			:	above or IRC section	docu	ment?	instructions)	instructions)			
				(see Instructions))	Yes	No					
(A)											
(74)				•							
(B)											
( /							ALIPHIT A	ARI			
(C)								11141			
							At rational of R.	- · · · · · · · · · · · · · · · · · · ·			
(D)								·			
(E)			•								
							0.7				

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

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

Sec	ction A. Public Support	1 2				- · · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	239,125	743,962	432,862	753,060	578,110	2,747,119
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 .	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	239,125	743,962	432,862	753,060	578,110	2,747,119
e	Public support. Subtract line 5 from line 4.			<b>新</b> 4	14:13:1	i i	1,268,648
6 Sec	etion B. Total Support					•	1,478,471
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(a) 2014	(6) T-4-1
7	Amounts from line 4	239,125				(e) 2014	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,352	743,962 2,652		753,060 . 994	578,110 738	2,747,119 8,115
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,379	3,820	3,635	702	1,631	11,167
11	Total support. Add lines 7 through 10.						2,766,401
12	Gross receipts from related activities, etc.					12	3,933
13	First five years. If the Form 990 is for the		, second, third, fou	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here		·····			*********	<b>D</b>
	tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6	, column (f) divided	by line 11, colum	n (f))		14	53.44%
15	Public support percentage from 2013 Sche						48.97%
16a	33 1/3% support test—2014. If the organi						
	box and stop here. The organization quali		• •		······	······	<b>▶</b> X
þ					5 is 33 1/3% or mo	re,	
7-	check this box and stop here. The organiz						▶ ∐
7a	10%-facts-and-circumstances test—201						
	10% 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						
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this bo	ox and stop here.	•	
	Explain in Part VI how the organization me supported organization	ets the "facts-and-		-	•	•	▶ □
8	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	• "·	
	instructions		• • • • • • • • • • • • • • • • • • • •				▶ □

0.000.2000.000.0000.000.000		edule for Organizations Described in Section 509(a	- \ / つ \
	Cunnort Sch	odulo tor Organizations Described in Section Subia	3 II Z I
(0.00m(0.00m)	annouth aci		~/\—/

(Complete only if you checked the box on line 9 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.)

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				•	·.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.) tion B. Total Support				4		
Calor	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e).2014	(f) Total
9	• •	(4) 2010	(5) 2511	(0, 20.12			
	***************************************						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				V lan   lan	VI [.[]]/	
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.)					,	WALLES AND
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax v	ear as a section 50	1(c)(3)	
177	organization, check this box and stop her						
Sec	tion C. Computation of Public Si	upport Percei	ntage				
15	Public support percentage for 2014 (line 8	3, column (f) divide	ed by line 13, colur	nn (f))		15	<u>%</u>
16	Public support percentage from 2013 Sch	edüle A, Part III, I	line 15			16	
Sec	tion D. Computation of Investme	ent Income Pe	ercentage				
17	Investment income percentage for 2014 (	line 10c, column (	(f) divided by line 1:	3, column (f))			<u>%</u>
18	Investment income percentage from 2013	Schedule A, Par	t III, line 17				. %
19a		anization did not c	heck the box on lin	e 14, and line 15	is more than 33 1/3	%, and line	· · ·
	17 is not more than 33 1/3%, check this b	ox and stop here	. The organization	qualifies as a pub	licly supported org	anization	
b	33 1/3% support tests—2013. If the orga	nization did not c	heck a box on line	14 or line 19a, an	a line 16 is more th	an 33 1/3%, and	<b>.</b> _
	line 18 is not more than 33 1/3%, check the	his box and stop	nere. The organiza	tion qualifies as a	publicly supported	organization	
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, ol	190, Check this D	ox and see mstruc	10119	

### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?

  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial 7 contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	********	***************************************	***************************************
	1		
	********		
	2		
	3a	***************************************	
	Ja	*****	
	3b		
	3с		
		***********	***********
	4a		
	0000000000000000000000000000000000000	000000000000000000000000000000000000000	
	4b		
	*********		
	4c		
	F	***********	***********
	5a		
	5b		
	5c '		
7 7			
113	f		
/  i			
. 4			
	*********		
	6	************	***************************************
	7		
	8		
	9a		
			**********
	9b	*************	***************************************
	9c		,
	- <u> </u>	**********	
	10a		
		***************************************	 
	10b		

	Form 990 or 990-EZ) 2014 ALLIANCE FOR METROPOLITAN S	TAB:	<u>ILITY **-**7</u>	419 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	20 4	LIUIIS	
	eck here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
	er Type III non-functionally integrated supporting organizations must complete Section  Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
	ries of prior-year distributions	2		
	ross income (see instructions)	3		
	es 1 through 3	4		
	ation,and depletion	5		
	of operating expenses paid or incurred for production or			
	f gross income or for management, conservation, or			
	e of property held for production of income (see instructions)	6		
	xpenses (see instructions)	7		
	ed Net Income (subtract lines 5, 6 and 7 from line 4)	8		•
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	ate fair market value of all non-exempt-use assets (see			
	for short tax year or assets held for part of year):			
	erage monthly value of securities	1a		,
	erage monthly cash balances	1b		
	r market value of other non-exempt-use assets	1c		
	al (add lines 1a, 1b, and 1c)	1d		
	count claimed for blockage or other			
	(explain in detail in Part VI):			
	tion indebtedness applicable to non-exempt-use assets	2		
	at line 2 from line 1d	3		
	eemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruc		4		
	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
	v line 5 by .035	6		
	eries of prior-year distributions	7		
	um Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adiuste	ed net income for prior year (from Section A, line 8, Column A)	1		
	5% of line 1	2		
	m asset amount for prior year (from Section B, line 8, Column A)	3		
	reater of line 2 or line 3	4		
	tax imposed in prior year	5		
	utable Amount. Subtract line 5 from line 4, unless subject to			
emergency	temporary reduction (see instructions)	6		
7	eck here if the current year is the organization's first as a non-functionally-integrated	Type III	supporting organization (	see

Schedule A (Form 990 or 990-EZ) 2014

CLIENT COPY

d Excess from 2013 . . . e Excess from 2014 . . .

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Fo	orm 990 or 990 Suppleme	-EZ) 2014 ntal Info	ALLIA rmation.	NCE FOR	E METROP explanation	OLITAN is required	STABILITY by Part II, line 1	**-***74; 0; Part II, line 17	1.9 Page 8 a or 17b; and
	Part III, line	e 12. Also	complete	this part fo	or any addition	onal inform	ation. (See instr	uctions.)	
Part I	I, Line	10 -	Other	Income	Detail				
					\$	1	1,167	***************************************	
		, .							
• • • • • • • • • • • • • • • • • • • •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		• • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •	******************	
								,	
				***********			• • • • • • • • • • • • • • • • • • • •		
					,				
							OLIENT !	MADA	
• • • • • • • • • • • • • • • • • • • •							OFILIA	001	
						***************************************			
• • • • • • • • • • • • • • • • • • • •		* * * * * * * * * * * * * * * * * * * *							
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		,		************					
					• • • • • • • • • • • • • • • • • • • •				
					· · · · · · · · · · · · · · · · · · ·				
							· ······		
· · · · · · · · · · · · · · · · · · ·							••••••		

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

		i i	
	MAT	METROPOLITAN	CHADTITES
ΔΙ.Ι.ΙΔΝΙΉ:	H( )K	METROPOLITAN	STABLLITI

\*\*-\*\*\*7419

Employer identification number

ALLIANCE FOR	METROPOLITAN STABILITY	^ ^ - ^ ^ / 4 1 9
Organization type (check		
Filers of:	Section:	,
Form 990 or 990-EZ	▼ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation .
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
Check if your organization Note. Only a section 501(c instructions.	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution or property) from any one contributor. Complete Parts I and II. See instructions	
contributor's total of Special Rules	contributions.	LIENT COPY
regulations under : 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /s % sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or and that received from any one contributor, during the year, total contributions of of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Cor	990-EZ), Part II, line f the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece the year, total contributions of more than \$1,000 exclusively for religious, chari onal purposes, or for the prevention of cruelty to children or animals. Complete	itable, scientific,
contributor, during contributions totale during the year for General Rule app	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece the year, contributions exclusively for religious, charitable, etc., purposes, but ed more than \$1,000. If this box is checked, enter here the total contributions the an exclusively religious, charitable, etc., purpose. Do not complete any of the lies to this organization because it received nonexclusively religious, charitable more during the year	no such nat were received parts unless the e, etc., contributions
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file S must answer "No" on Part IV, line 2, of its Form 990; or check the box on line h 2, to certify that it does not meet the filing requirements of Schedule B (Form 99	H of its Form 990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

ALLIANCE FOR METROPOLITAN STABILITY

Employer identification number \*\*-\*\*\*7419

Part I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS MN 55405	\$ 66,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE MINNEAPOLIS FOUNDATION 800 IDS CENTER, 80 S EIGHTH STREET MINNEAPOLIS MN 55402	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	. (c) Total contributions	(d) Type of contribution
3	OTTO BREMER FOUNDATION 445 MINNESOTA STREET, STE 2250 SAINT PAUL MN 55101-2107	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FORD FOUNDATION 320 EAST 43RD STREET  NEW YORK  NY 10017	NT <sub>s</sub> COPY <sub>145,000</sub>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BLUE CROSS BLUE SHIELD OF MINNESOTA 3535 BLUE CROSS ROAD  EAGAN MN 55121	\$ 65,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE SAINT PAUL FOUNDATION 101 FIFTH STREET EAST SUITE 2400 SAINT PAUL MN 55101	\$ 55,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

### ALLIANCE FOR METROPOLITAN STABILITY

Employer identification number \*\*-\*\*\*7419

Part I	Contributors (see instructions). Use duplicate copies of Pa	nt I if additional space is nee	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	FR BIGELOW FOUNDATION 101 FIFTH STREET EAST SUITE 2400 SAINT PAUL MN 55101	\$ 50,000	Person X Payroll . Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF MINNEAPOLIS 350 S 5TH ST #307 MINNEAPOLIS MN 55415	\$ 43,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	JODY	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

### Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department 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.

Open to Public Inspection

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III	•			
Nam	e of organization	•			ification number
*	ALLIANCE FOR METROPO	OLITAN STABILIT	Y	**-**74	
Pai	nt I-A Complete if the organization is exem			n 527 organizatio	on.
1	Provide a description of the organization's direct and indire				
2	Political expenditures				
3	Volunteer hours				
Pai	ா i-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955			
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	55	▶\$	
3	If the organization incurred a section 4955 tax, did it file Fo				<b>—</b> —
	Was a correction made?				Yes No
000000000	If "Yes," describe in Part IV.	-t under seation E01/s	N avaant aaati	on E04(a)(2)	
***********	rill-C Complete if the organization is exem			on 50 ((c)(5).	
1	Enter the amount directly expended by the filing organization			<b>.</b> .	4
_	activities				• • • • • • • • • • • • • • • • • • • •
2				<b>.</b> .	
_	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent				
	line 17b			··········· •• •• ········	☐Yes ☐ No
4	Did the filing organization file Form 1120-POL for this year Enter the names, addresses and employer identification no	wher (CIN) of all postion 527	nolitical organization	no to which the filing	Les Lies
5	organization made payments. For each organization listed				•
	the amount of political contributions received that were pro				
	as a separate segregated fund or a political action commit				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(व) स्वाप्त	(b) Address	(6) 2.114	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
			,	,	delivered to a separate political organization. If
	•				none, enter -0
(1)					
( - ,		•	. *		
(2)		0111	HIT CAN		
				1	
(3)		kas 1	In I I I	,	
		,			
(4)				÷	
(5) <sup>-</sup>					
		5			
(6)				,	
	,	1	i l		

f Grassroots lobbying expenditures

Sch	hedule C (Form 990 or 990-EZ) 2014 ALLIAN	CE FOR ME	TROPOLITAN	STABILITY	**-***7419	Page <b>2</b>
77777	art II-A Complete if the organiza	tion is exempt	under section 50	11(c)(3) and filed	l Form 5768 (elec	tion under
A	section 501(h)).  Check ▶ ☐ if the filing organization name, address, EIN, expenses.	openses, and sl	nare of excess lob	bying expenditure	es).	o member's
В	Check ▶ ☐ if the filing organization			ol" provisions ap	ply.	
	Limits on Lobb	ying Expendit	ures	orr	(a) Filing ganization's totals	(b) Affiliated group totals
	(The term "expenditures" me				3,352	9
1	1a Total lobbying expenditures to influence publ	ic opinion (grass ro	oots lobbying)		18,993	
	b Total lobbying expenditures to influence a leg				22,345	
	c Total lobbying expenditures (add lines 1a and				659,228	
	d Other exempt purpose expenditures				681,573	
	e Total exempt purpose expenditures (add line	s 1c and 1d)			001/0/0	
	f Lobbying nontaxable amount. Enter the amount	unt from the follow	ing table in both		127,236	
	columns.		4			
	If the amount on line 1e, column (a) or (b) is:		taxable amount is:			
	Not over \$500,000	20% of the amount		000		
	Over \$500,000 but not over \$1,000,000		of the excess over \$500 of the excess over \$1,00			
	Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,500			
	Over \$1,500,000 but not over \$17,000,000		Of the excess over \$1,000	3,000.		
	Over \$17,000,000	\$1,000,000.			31,809	
	g Grassroots nontaxable amount (enter 25% o				0	
	h Subtract line 1g from line 1a. If zero or less,				o	
	<ul><li>i Subtract line 1f from line 1c. If zero or less, e</li><li>j If there is an amount other than zero on either</li></ul>	er line 1h or line 1i	did the organization fil			
	reporting section 4911 tax for this year?					Yes No
		4-Year Averagi	ng Period Under se	ection 501(h)		
	(Some organizations that made	a section 501(h	election do not ha	ve to complete a	ll of the five colum	ns below.
	Sec	e the separate in	nstructions for line	s 2a through 2f.)		
	Lob	bying Expenditu	ıres During 4-Year	Averaging Period		
-	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
	2a Lobbying nontaxable amount	74,927	112,497	110,00	127,236	424,668
	b Lobbying ceiling amount (150% of line 2a, column(e))					637,002
	c Total lobbying expenditures	9,830	16,470	14,02	22,345	62,666
	d Grassroots nontaxable amount	18,732	28,124	27,50	31,809	106,167
	e Grassroots ceiling amount					159,251

Schedule C (Form 990 or 990-EZ) 2014

CLIENT COPY

1,402

1,741

1,966

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	Forr	n 5768			
	(	a)		(b)	)	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amoı	unt	
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?						
c Media advertisements?						
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				<del></del>		
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>	4					
j Total. Add lines 1c through 1i						
2a 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?	p					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5),	orse	ection			
Were substantially all (90% or more) dues received nondeductible by members?			Γ	1	Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			·····	2	<del></del>	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b			ine :	3, is	
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		2a				
b Carryover from last year c Total		2b 2c			•	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
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				
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 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	t II-A, lin	ies 1 a	ınd			
	COP	γ				

Schedule C (Form	990 or 990-F7) 2014	ALLIANCE	FOR	METROPOLITAN	STABILITY	**-***7419	Page <b>4</b>
Part IV	Supplemental	Information (c	ontinue	d)		•	
e contract	Oupplemental	111,01111211011 10					
				,			
						· · · · · · · · · · · · · · · · · · ·	
			• • • • • • • • • •				
•							
				•			
,		·					
							•
						· · · · · · · · · · · · · · · · · · ·	
							.,
	,,,					•	
						,	
					•	•	
				,			
					I I I I I I I I I I I I I I I I I I I		
				.			
	·			U	Lang 1 hour 1 V . 1 1 . J [ ]	ær v	
			•			1	
				,		•	
		• • •			·		
						•	•
,	• • • • • • • • • • • • • • • • • • • •						
						:	
		•			• .		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		•					
					•		
	• •						
				•		•	
				·····			
							•
<i>,.</i>						***************************************	
				•		•	•
					.,,		
•							
							•
						•	
						•	

### 411977419 08/12/2015 12:05 PM

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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

Open to Public Inspection OMB No. 1545-0047 2014

Employer Identification number

ALLIANCE FOR METROPOLITAN		STABILITY	ΤΥ			*	*-***7419
Part General Information on Grants and Assistance	l Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	he amount of the g	rants or ass	istance, the grantees'	eligibility for the grant	ts or assistance, an	T	\[ \frac{1}{N} \]
ribe i	nitoring the use of	grant funds	rant funds in the United States.				
Part II Grants and Other Assistance to Domestic Organiz Part IV, line 21, for any recipient that received more th	mestic Organ received more	<b>izations and</b> than \$5,000.			uplete if the orgaional space is n	anization answ eeded.	Complete if the organization answered "Yes" to Form 990, additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MINNEAPOLIS BICYCLE COALITION 1428 WASHINGTON AVE S STE 204 MINNEAPOLIS MN 55454	**-**9442	50103	7,800	T WE STATE OF THE	long	1	MINNEAPOLIS GREENWAY
(2) NORTHSIDE RESIDENTS REDEVELOPMENT 1315 PENN AVE N STE 301 MINNEAPOLIS MN 55411	**-**5381	50103	6,000				MINNEAPOLIS GREENWAY
(3) REDEEMER CENTER FOR LIFE 350 LOGAN AVEN #201 MINNEAPOLIS MN 55405	**-**2560	50103	006,9				MINNEAPOLIS GREENWAY
(4) NEXUS COMMUNITY PARTNERS 2314 UNIVERSITY AVE #18 ST. PAUL MN 55114	8688***-**	50103	25,000				COMMUNITY ENGAGEMENT
(5) CENTER FOR URBAN AND REGIONAL PO BOX 1450 MINNEAPOLIS MN 55485	**-**7513		25,000	·			EQUITABLE OPPORTUNIT
(6) CENTER FOR URBAN AND REGIONAL PO BOX 1450 MINNEAPOLIS MIN 55485	**-**7513		25,000				COMMUNITY ENGAGEMENT
(7)						Ĩ	
(8)		·					
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed 3 Enter total number of other organizations listed in the line 1 table	organizations lister e 1 table	I in the line 1 table	1 table				<b>4 4</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

377419 08/12/2015 12:06 PM

**-**7419	e to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
chedule (Form 990) (2014) ALLIANCE FOR METROPOLITAN STABILITY **-**7419	Other Assistanc	Part III can be duplicated if additional space is needed.

(a)	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
-					-	
7						
0						
4						
5						
တ				-		
-						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional	information.

Schedule I (Form 990) (2014)

**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.

OMB No. 1545-0047

Open to Public

Inspection

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

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

Name of the organization

Form 990 - Organization's Mission

ALLIANCE FOR METROPOLITAN STABILITY

Employer Identification number \*\*-\*\*\*7419

THE ALLIANCE FOR METROPOLITAN STABILITY (AMS) WAS INCORPORATED AS A
NONPROFIT ORGANIZATION UNDER THE LAWS OF MINNESOTA IN 2000.

AMS IS A COALITION OF ORGANIZATIONS ADVOCATING FOR PUBLIC POLICIES THAT
PROMOTE EQUITY IN LAND USE. OUR MISSION IS TO SUPPORT GRASSROOTS
COALITIONS IN CAMPAIGNS FOR RACIAL, ECONOMIC AND ENVIRONMENTAL JUSTICE IN
ECONOMIC GROWTH AND LAND DEVELOPMENT DECISIONS IN THE TWIN CITIES REGION.

AMS WAS FORMED BY A GROUP OF ORGANIZATIONS THAT RECOGNIZED THAT TRUE
STABILITY FOR THE TWIN CITIES COULD ONLY BE ACHIEVED THROUGH A

COMPREHENSIVE APPROACH TO REGIONAL PROBLEMS. WE HAVE 32 MEMBER GROUPS AND
DOZENS OF ALLIED ORGANIZATIONS THAT UNITE UNDER THE RECOGNITION THAT OUR
REGION'S PEOPLE, PLACES AND ISSUES ARE INTERCONNECTED, AND THAT WE CAN
BUILD MORE POWER BY WORKING TOGETHER TOWARD OUR SHARED GOALS.

Form 990, Part III, Line 4a - First Accomplishment

The Alliance for Metropolitan Stability is a coalition of advocacy and community organizing groups formed in 1994. We work together to advance racial, economic and environmental justice in urban growth and development in the Twin Cities region. The Twin Cities region is rich with resources.

We want all people to be able to access them, and we believe everyone in our region will benefit when all communities have access to opportunity.

We believe the people and places of our region are deeply connected and interdependent. We work to ensure that our regional investments like housing, transit and economic development benefit everyone - especially

Employer Identification number

### ALLIANCE FOR METROPOLITAN STABILITY

\*\*-\*\*\*7419

low-wealth communities and communities of color, people who are often left behind when resources are allocated. These communities have been historically excluded from land-use and project decision making tables, and we are working with public sector leaders to change that.

The Alliance brings grassroots organizations together to build more power and create a region that allows everyone in the Twin Cities region to thrive. In addition, we play a broader role in the regional landscape of advocacy and community-based groups by offering activities that help build the capacity of individuals and organizations that work for regional equity. For example, in 2014 we:

- convened monthly Organizer Roundtable forums that offered shared learning and cross-sector networking opportunities 342 community residents, leaders and staff attended these lively forums
- produced a bi-weekly e-newsletter, the Link, and published semi-annual print newsletters that offer the latest information and analysis on racial, environmental and economic equity issues
- promoted the use of community benefits agreements to link public investment directly to community needs our grassroots organizing, public education presentations, capacity-building and technical assistance work has helped Twin Cities organizations to take a larger role in local development decisions
- worked with community based organizations to create the Twin Cities

  Equitable Development Principles and Scorecard to ensure that the

  principles and practices of equitable development, environmental justice,

  and affordability are applied in all communities as they plan for economic

  development and wealth creation that benefits everyone.

Name of the organization

ALLIANCE FOR METROPOLITAN STABILITY

Employer Identification number

\*\*-\*\*\*7419

Our primary campaigns and projects in 2014 include:

1. HIRE Minnesota: The Alliance provides core staff support to HIRE Minnesota, a campaign to end employment disparities in Minnesota. Minnesota has some of the worst racial disparities in employment in the country. But HIRE Minnesota has set an ambitious goal: to bring our state from worst to first in employment equity.

HIRE Minnesota has helped large public agencies like the Minnesota Department of Transportation and the Metropolitan Council increase the number of people of color in the workforce that builds our state's roads bridges and transitways.

The campaign has targeted other major publicly funded projects, for example, it:

 Successfully advocated for a Stadium Equity Plan that will ensure hiring goals are met on the construction of the Minnesota Sports Facility Authority stadium. The goal is for at least 32 percent of all construction work hours to be performed by people of color. With the help of our advocacy and tools, as of December, 2014, the project had 38 percent of work hours performed by persons of color generating an estimated \$9.5 million in wages for those workers.

Form 990, Part III, Line 4b - Second Accomplishment

2. Transit Equity: Our transit equity work is driven by the goal of including community-based leadership in regional planning, project design and infrastructure investment decisions. Organizing efforts have had both

ALLIANCE FOR METROPOLITAN STABILITY

Employer Identification number \*\*-\*\*\*7419

a west metro and east	metro focus and	promote strategie	es to improve and
expand our regional tr	ansit and active	transportation s	ystems. This work
includes:			

Corridors of Opportunity Community Engagement Team (CET): The Alliance partnered with the MN Center for Neighborhood Organizing and Nexus

Community Partners to create a community-based granting program that by

2014 had funded over 22 community organizing projects along eight corridors totaling nearly \$1,000,000 in project support, and provided technical and organizing assistance to grantees and other organizations working along our regional transitways. We also provide staffing support to the Community Engagement Steering Committee that is advising the Metropolitan Council on its regional engagement practices — these conversations have led to the Council creating a new Equity Committee and passing a strong Public Engagement Plan. Corridors of Opportunity transitioned to the Partnership for Regional Opportunity in 2014, and we have maintained our involvement on several sub-committees.

Southwest LRT Equity: The Alliance brought a network of organizations together in 2014 to ensure community benefits, transit system reforms, regular route bus improvements and equitable development outcomes are at the center of the planning and public discussion about the Southwest LRT line. Equity Commitments coalition partners believe that the SW LRT line can be an investment that increases economic opportunity and advances racial equity across throughout the project corridor.

Coalition members were instrumental in producing a large report identifying

where corridor agencies could embed equitable development outcomes and

Name of the organization

ALLIANCE FOR METROPOLITAN STABILITY

Employer identification number \*\*-\*\*\*7419

generating hundreds of attendees and resident testimony at multiple municipal consent hearings.

North Minneapolis Greenway: The Alliance supported North Minneapolis leaders in working with the city of Minneapolis to explore the potential of a greenway concept that would provide a safe pathway for bicyclists and pedestrians. The Alliance provided technical and organizing support to the Northside Greenway Council, a coalition of community groups and local leaders working to strengthen community engagement efforts in North Minneapolis around the proposed bike/pedestrian greenway trail and linear park concept. The Alliance designed a community driven, targeted grant program that distributed \$41,000 in small micro-grants to local community groups interested in creating strong engagement activities along the proposed route and more broadly on the north side.

If implemented, the project could benefit users by safely connecting them to trails, parkways, community gardens, commercial corridors, schools, social service agencies, cultural institutions, the Mississippi River and the northern suburbs.

MoveMN: The Alliance played a lead role in founding MoveMN, a large coalition of organizations dedicated to securing a comprehensive transportation and transit funding solution in our state. These efforts evolved out of our public education work with the Transit for a Stronger Economy coalition in early 2014. MoveMN asked state and local leaders to join transit advocates, communities of color, businesses, labor unions and other local officials to fashion a long-term solution to fix our crumbling

Name of the organization

Employer identification number

### ALLIANCE FOR METROPOLITAN STABILITY

\*\*-\*\*\*7419

roads and bridges, build out a world-class transit system, and ensure that every Minnesotan has reliable and affordable access to reach critical destinations like work, school, health care, shopping and recreation.

Our organizing efforts in this campaign sought to grow our region's bus system, expand our rail transit infrastructure, connect workers of color to construction jobs, spur economic development opportunities and make other improvements that would benefit our region's low-wealth, communities of color. These improvements could include adding more heated bus shelters, enhancing bus service on urban corridors, expanding our network of bike and pedestrian pathways and funding street cars.

The Alliance played a lead role in raising transportation equity issues in 2014, including hosting a forum of national and local leaders that linked the Transit, Racial Equity and Labor movements by highlighting their common interests.

OLENT COPY

Form 990, Part III, Line 4c - Third Accomplishment

3. Equity in Place: Working with the Center for Urban and Regional Affairs, the Alliance co-convened the Equity in Place coalition table, a collection of organizations representative of and led by communities of color that are coordinating efforts with the Metropolitan Council to identify and engage community efforts to increase economic and social opportunities in the region.

Equity in Place is a diverse group of strategic partners from place-based, housing, and advocacy organizations. We believe that everyone in the Twin Cities region deserves to live where they wish to live and have access to

ALLIANCE FOR METROPOLITAN STABILITY

Employer identification number \*\*-\*\*\*7419

opportunity. Our region benefits from many assets, but we continue to be unable to translate these benefits to everyone, specifically to communities of color. Equity in Place engages community-based organizations in influencing planning and investments that will shape the future of the Twin Cities region. Over the past year, we helped shift what would have been a status quo government process called the Fair Housing and Equity Assessment (FHEA) into a powerful opportunity for low-income communities and communities of color to shape the futures of our communities. Together we are now designing a series of public engagement sessions to support communities of color throughout the region in developing comprehensive blueprints for intensive, equity-driven investments and policies. The process will prioritize the wisdom of low-income communities and communities of color in shaping the future vision of their own communities.

Form 990, Part III, Line 4d - All Other Accomplishment

- 4. Capacity Building: The Alliance augments the work of our allies and partners by distributing tools, resources and strategic communications to amplify the collective voice calling for equity. We also take part in strategic partnerships beyond our campaign tables to convene equity leaders across sectors and to devise innovative ways to advance the field.
- 5. Regional Equity Project: Economic growth, urban reinvestment, planning and land-development decisions are critical to the vibrancy of the Twin

.....

Page 6 of 8

Name of the organization

ALLIANCE FOR METROPOLITAN STABILITY

Employer identification number

\*\*-\*\*\*7419

Cities region. They are also deeply interconnected, each one profoundly affecting the others. The Alliance's core programmatic work elevates the connections between our region's people, places and issues, and helps ensure that our policies, institutions and systems contribute to a more equitable Twin Cities region. The three key issues that form the primary elements of our Regional Equity Project are:

- Transit equity: The Alliance brings together place-based organizations, advocacy groups, government agencies and public officials in campaigns that secure funding and development of a multimodal transportation system that provides access to housing, jobs and other essential resources.
- · Employment equity: The Alliance unites with allies in workforce training, faith-based and advocacy organizations and the public sector to bring Minnesota from worst to first in employment equity.
- Geographies of opportunity: We join with nonprofit and public sector allies to align policies and funding to advance sustainable, equitable and effective investments throughout our region.
- 6. East Metro Transit Equity: The Alliance made the east metro area a strategic focus for targeted community engagement and transit equity advocacy in 2014. Our allies and partners in this project worked to expand equitable mobility choices for east metro residents and to ensure that transportation investments reflect the vision of low-income people living in the east metro.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE BOARD'S EXECUTIVE COMMITTEE REVIEWS THE FORM 990 FOR APPROVAL. ONCE APPROVED, THE 990 IS SIGNED AND SUBMITTED.

Page 7 of 8

Employer identification number

### ALLIANCE FOR METROPOLITAN STABILITY

\*\*-\*\*\*7419

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH YEAR, BOARD MEMBERS ARE REQUIRED TO FILL OUT THE CONFLICT OF INTEREST

FORMS. KEY STAFF MEMBERS IN POSITIONS OF MAKING SPENDING OR CONTRACTING

DECISIONS ALSO FILL THEM OUT. THE STAFF COLLECTS THE FORMS AND KEEPS THEM

ON FILE AT THE DIRECTION OF THE EXECUTIVE COMMITTEE OF THE BOARD.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE COMMITTEE OF THE BOARD OVERSEES THE ANNUAL REVIEW OF THE

EXECUTIVE DIRECTOR AND ASKS ALL STAFF, BOARD MEMBERS AND KEY COALITION

MEMBER REPRESENTATIVES AND ALLIED ORGANIZATION REPRESENTATIVES TO FILL OUT

AN EVALUATION FORM. THE EXECUTIVE COMMITTEE THEN MEETS WITH THE DIRECTOR TO

DISCUSS THE COLLECTIVE EVALUATION FORM, COMPARES THE EXECUTIVE DIRECTOR'S

PERFORMANCE WITH ANNUAL WORK PLAN GOAL AND OUTCOMES, SETS NEW GOALS AND

WORK PLAN OUTCOMES FOR THE COMING YEAR, AND MAKES DECISIONS ON COMPENSATION

AND SALARY ADJUSTMENTS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE DIRECTOR SUPERVISES THE ASSOCIATE DIRECTOR AND PERFORMS A

SIMILAR EVALUATION OF HER EFFORTS AND MAKES DECISIONS ABOUT HER

COMPENSATION AND SALARY ADJUSTMENTS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Page 8 of 8

411977419 ALLIANCE FOR METROPOLITAN STABILITY

\*\*-\*\*\*7419 Federal Statements

\*\*-\*\*\*7419 FYE: 12/31/2014 8/12/2015 12:06 PM

### Taxable Interest on Investments

	Description		Unrelated Exclus	sion Postal Acquire	d after US
		Amount	Business Code Cod		
INTEREST	\$	738		14	•
Tota	1 \$ <u> </u>	738			

P
12:06
2015
8/12/2
w

# 411977419 ALLIANCE FOR METROPOLITAN STABILITY \*\*-\*\*7419

FYE: 12/31/2014

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description.	Total xpenses		Program Service	Mana	anagement & General		Fund Raising
CONSULTING FEES	31,250	ఈ	22,209	٠	1,234	\$	7,807
Total	\$ 31,250	φ.	22,209	Ş	1,234	₩.	7,807
•							

## 411977419 ALLIANCE FOR METROPOLITAN STABILITY \*\*\_\*\*\*7419

\*\*\_\*\*7419 FYE: 12/31/2014

### Schedule A, Part II, Line 1(e)

Description	Amount
Londinon	\$ 12.680
Other	
SUMMIT ACADEMY OIC	66.000
Cash Contribution	
THE MINNEAPOLIS FOUNDATION	100.000
Cash Contribution	)
OTTO BREMER FOUNDATION	30,000
Cash Contribution	3
FORD FOUNDATION	145.000
Cash Contribution	)
NEXUS COMMUNITY PARTNERS	10.000
Cash Contribution	
BLUE CROSS BLUE SHIELD OF MINNESOTA	65.000
Cash Contribution	
THE SAINT PAUL FOUNDATION	55.600
Cash Contribution	
FR BIGELOW FOUNDATION	50,000
Cash Contribution	
CITY OF MINNEAPOLIS	43,500
Cash Contribution	)))
FUNDRAISER	330
Cash Contribution	5.78
Total	OTT 101.C &

411977419 ALLIANCE FOR METROPOLITAN STABILITY

\*\*-\*\*7419 Federal Statements \*\*-\*\*\*7419

FYE: 12/31/2014

### Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
OTTO BREMER FOUNDATION MCKNIGHT FOUNDATION JAY & ROSE PHILLIPS FAMILY FOUNDATI VEATCH FORD FOUNDATION BLUE CROSS BLUE SHIELD OF MN THE MINNEAPOLIS FOUNDATION SUMMIT ACADEMY OIC ST. PAUL FOUNDATION FR BIGELOW FOUNDATION	\$ 90,000 700,000 100,000 105,000 420,000 130,000 100,000 66,000 55,600 50,000	\$ 34,672 644,672 44,672 49,672 364,672 74,672 44,672 10,672
CITY OF MINNEAPOLIS	 43,500	
Total	\$ 1,860,100	\$ 1,268,648

411977419 ALLIANCE FOR METROPOLITAN STABILITY	OPOLITAN STABILITY Federal Statements	8/12/2015 12:06 PM
- , , 4 13 FYE: 12/31/2014		
	Schedule A, Part II, Line 8(e)	
	Description	Amount
INTEREST	n v	738
Total		
	Schedule A, Part II, Line 12	
	Description	Amount
OTHER REIMBURSEMENT INCOME SPEAKING FEES	φ-	
ronciana	w."	3,933
-		
		·