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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Alliance for a Just Society Doing Business As Address change 91-1635554 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Initial return (206) 568-5400 3518 S Edmunds Street City or town, state or country, and ZIP + 4 Terminated WA 98118 G Gross receipts \$ 2,134,965 Amended return Seattle Name and address of principal officer Yes X Application pending H(a) is this a group return for affiliates? LeeAnn Hail 3518 S Edmunds Street, Seattle, WA 98118 H(b) Are all affiliates included? if "No," attach a list. (see instructions) Tax-exempt status 501(c)(3) 501(c)) ◀ (insert no.) 4947(a)(1) or 527 Website: ▶ allianceforajustsociety.org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 1994 WA Part I Summary Briefly describe the organization's mission or most significant activities: In 2010, the Alliance for a Just Society supported Main Street Alliance, a network with partners in 15 states and more than 15,000 small business owner members. AJS also Activities & Governance coordinated a 37-organization health rights organizing coalition, trained more than 750 community leaders, and educated the public through research reports and other materials. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 11 Number of independent voting members of the governing body (Part VI, line 1b). 18 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 425 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 1,276,216 2,071,754 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) 63,627 54,281 6,822 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1,866 11 235 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e). Total revenue—add lines 8 through 11 (must equal Part-VIII column (A), √ine 12) 1,341,709 2,133,092 12 Grants and similar amounts paid (Part 1X, cott, (mr (A), Vines 1-8) 13 236,375 84,375 Benefits paid to or for members (Part IX, Column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 382,393 15 699,320 Professional fundraising fees (Part IX, Quumin (A), line 11e). 16a Total fundraising expenses (Part IX, column (D), line 25).

Other expenses (Part IX, column (A), lines 11a 1 (d) (124) b 411,220 17 261,523 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 728,291 1,346,915 18 19 613,418 786,177 Revenue less expenses. Subtract line 18 from line 12. 5 **Beginning of Current Year End of Year** 2,884,047 3,650,347 20 Total assets (Part X, line 16) . . 744,989 21 Total liabilities (Part X, line 26) . . 764,866 2,905,358 2,119,181 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here Leeltna Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN ම **Paid** Check X self-employed Kathryn Donaldson 5/25/2011 Preparer's Firm's EIN Firm's name **Use Only** Firm's address ► 1924 SE 35th Ave, Portland, OR 97214 Phone no (503) 233-6078

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2010)

No

X Yes

Form 9	90 (2010)	Alliance for a Just Society	91-1635554	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		X
1	Bnefly de	escribe the organization's mission.		
		ess economic, racial and social inequities by strengthening community organizations,		
		cuting regional and national campaigns		***************************************
	**********			***************************************
2	Did the	rganization undertake any significant program services during the year which were not listed or	1	
		Form 990 or 990-EZ?	Tyes	X No
	If "Yes,"	describe these new services on Schedule O		
3	Did the d	rganization cease conducting, or make significant changes in how it conducts, any program		
	services		X Yes	No
	If "Yes,"	describe these changes on Schedule O.		_
4		the exempt purpose achievements for each of the organization's three largest program service	es by expenses	
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar		
		ns to others, the total expenses, and revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$ 428,868 including grants of \$ 53,375) (Reve	enue \$ 8.	050)
	•	RCH, ISSUE EDUCATION & OUTREACH- AJS supported community organizations in their effort		
	***************************************	cess to health care, racial equity in health, budget equity, living wage jobs, and other issues rel		
		o support these efforts, we produced and distributed the following research reports: Searching		
		study, Race Matters: Living Wage Jobs in the Current Economy; Native Health Underfunded &		
		pad, Regulating Insurance Companies Is a Critical Component of Reform; and, Opening the Do		
		e and Literacy Access under Health Reform. We distributed our reports on our website, at publ		
		at press release events, and other methods. In addition, we continued to coordinate a 37-organ		
		rganizing Project) and assisted state-based groups with their economic and racial justice camp		
		ion system board game in public education events. In 2010 the board game was downloaded in		
	***************************************	diverse as Anzona, California, Colorado, District of Columbia, Idaho, Massachusetts, Missoun		
		Pennsylvania, South Carolina, Texas and Washington		::::::::::::::::::::::::::::::::::::::
4b	(Code:) (Expenses \$ 370,146 including grants of \$ 183,000) (Reve	enue \$ 8,	000)
	MAIN ST	REET ALLIANCE NETWORK- AJS supported small business coalitions in 15 states across the		1
	network,	reaching out to over 15,000 small business owners, providing educational opportunities to over	r 1,500 business own	ers,
	and eng	aging small business owners in over 80 public education events. AJS coordinated a survey of 1	,237 small business	
	owners i	n 13 states and released the findings in a research report, Main Street Policy Pulse: Small Busi	ness Views on Financ	cial
	Reform,	educating the public about small business owners' experiences in the economic recession. AJS	provided opportuniti	es
	for MSA	small business owners to network across a national network in events and activities on health	care, jobs, clean ener	gy,
		ble taxes, and immigration reform AJS further provided staff training, strategic planning suppor		
	organizii	ng support to partners in the MSA network.		
4c	(Code) (Expenses \$ 155,421 including grants of \$ 0) (Reve	enue \$ 31	321)
	TRAININ	IG & ORGANIZATIONAL DEVELOPMENT- AJS held more than 25 trainings/workshops/educa	tional forums attended	d by over
	750 part	cipants. Leaders and staff from more than 35 organizations nationwide participated in these tra	inings. They included	skills
	trainings	(public speaking, community organizing, etc), issue trainings on topics ranging from racial disp	anties in health to bar	nks'
	role in th	e recession, and supervision and time management. Events included two sessions of a new tra	aining initiative, the Ju	stice
	Leaders	nip Academy, to develop the skills and political analysis of a core set of community leaders from	n six states. AJS also	
		significant resources in developing our affiliates' and partners' management skills. AJS held a	******	t
		or 12 administrative staff and board members from partner organizations. Through the Institute		
	***************************************	ated a network of key thinkers, including organizers, researchers and policy makers, to generate		
		IPP's first symposium addressed the intersections between campaigns for budget equity and fo		
		thside Commons, the AJS community center, hosted an eleven part film series and sponsored	***************************************	
		from Street Theater and Storytelling, to "A Black & Brown Discussion on the Economy" and "Ca		
		on, Southside Commons was made available to other Seattle based non-profits who held over		·····
4d		ogram services (Describe in Schedule O.)		
-	(Expens		6,910)	
4e		ogram service expenses > 1,156,804	· · · · · · · · · · · · · · · · · · ·	

Form 990 (2010) 91-1635554 Alliance for a Just Society Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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, 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21; 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," 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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..... Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a 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, XII, and XIII is optional. 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E......... Х 13 Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х 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). Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some

19

20a

Par	t IV Checklist of Required Schedules (continued)			-8
•	Bull	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Bott IV. selvem (A) line 13 lf "You" semplete Sebedule I. Botto Lond III.	24		
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	United States on 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	İ		
	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			
	\$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 25	24a		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		
	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	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?			
	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,	-	-	^
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			İ
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		_x
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	1		
	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	L	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ł
	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,		1	
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
	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	33		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 ^	X
	Did the organization receive any payment from or engage in any transaction with a	00	\vdash	 ^
a	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2		ľ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	1
	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>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Eom	. 990	(2010

Statements Regarding Other IRS Filings and Tax Compliance Part V No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18 0 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 1c X 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 . . 18 2b Х 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) Χ Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 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 Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . VJA g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A 7h h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9Ь Did the organization make a distribution to a donor, donor advisor, or related person?. b 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . N. I.P. 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ... N/A 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . パ A | 12b| b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? . . . 14a Х

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ OR, WA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LeeAnn Hall. (206) 568-5400

3518 S Edmunds Street, Seattle, WA 98118

Form 990 (2010)	Alliance for a Just Society	91-1635554	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees	s. Highest Compensated	

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

Check if Schedule O contains a response to any question in this Part VII.

X

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				C) k all	that ap	opły)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Bev DeLeonardis										
Chair & Bd member	1.5	Х		Х				0	0	0
(2) Adan Ramirez			}							
Vice Chair & Bd member	1.	Х	<u></u>	X				0	0	0
(3) Deana Knutsen			1							
Sec/Treas & Bd member	1.5	Х		Х		İ		0	0	0
(4) Jo Ann Bowman										
Board member	1.5	X				}		0	0	0
(5) Ron Williams									1	
Board member	1.5	X						<u> </u>	0	0
(6) Jason McKain										
Board member	1.5	X			ļ			0	0	0
(7) Gary Delgado						ļ		-	,	
Board member	3	X				<u> </u>		0	0	0
(8) Terri Sterling]				j	1				
Board member	2.	X				1		0	0	0
(9) Ramon Ramirez										1
Board member	1.5	X		L	L	ļ		0	0	0
(10) Rowena Pineda						1				
Board member	1.5	X				<u>L</u>		0	0	0
(11) Will Pittz					l	l				
Board member	1.5	X		L.	L			0	0	0
(12) Danny Hosang	ŀ))	1				
Board member	1.	X			<u> </u>	<u> </u>		0	0	0
(13) Lupita Ayon										
Bd member & Project Dir	38.	X	ļ.,			<u> </u>		44,000	0	3,233
(14) LeeAnn Hall		1		1	ĺ	1	1	}		
Executive Director (see Sched O for total hrs)	41.			X			<u> </u>	78,000	0	15,668
(15)										
(16)			\vdash	\vdash	\vdash		 			

Р	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	Highe	est	Compensated	Employees	(cor	ntinue	<u>d)</u>
	(A)	(B)				C)			(D)	(E)			(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensative from relate organization (W-2/1099-Mil	on d ns	comp fre orga and	timated sount of other oensation oom the anization of related nizations
(17)					-								
(18)												-	
<u>(19)</u>													
(20)				<u> </u>									
(21)													·· ····
(22)											1		· -
(23)					-								
(24)													
(25)													·
(26)													
(27)													
(28)													
1b	Sub-total				•		<u> </u>	▶	122,000		0		18,901
C	Total from continuation sheets to Part VII,								0		0		0
<u>d</u> 2	Total (add lines 1b and 1c). Total number of individuals (including but not reportable compensation from the organizatio	limited to those		d ab	ove				122,000 ved more than \$		0		18,901
	reportable compensation from the organizatio				0				· 				Yes No
3	Did the organization list any former officer, diemployee on line 1a? If "Yes," complete Sche					yee,		-	est compensate			3	×
4	For any individual listed on line 1a, is the sum	of reportable o	ompe	ensa	tior		d oth	er (compensation fr	om			
	the organization and related organizations greated individual				•		٠.					4	x
5	Did any person listed on line 1a receive or according to services rendered to the organization? If "	•							_			5	x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest comp compensation from the organization.	ensated indepe	ender	nt cc	ontra	acto	ors tha	at re	eceived more th	an \$100,000	O of		
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompen	
													0
	· · · · · · · · · · · · · · · · · · ·												0 0
				-				-					0
													0
2	Total number of independent contractors (incl more than \$100,000 in compensation from the	-	nited	to t	hos	e lis	sted a		ve) who receive	d			

m 990 (20 art VIII	, , , , , , , , , , , , , , , , , , , ,		- Т		91-1635	554 Page 9
art viii	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ឆ</u> ្ន 1a	Federated campaigns 1a	0				
[b	Membership dues	0				ŀ
E c	Fundraising events 1c	0				
<u>₽</u> d	The state of games and the state of the stat	0		ļ		
Ē e	Government grants (contributions) 1e	0				
E f	All other contributions, gifts, grants, and			-		
뒝	similar amounts not included above 1f	2,071,754				
and other similar amounts	Noncash contributions included in lines 1a-1f: \$	20,940	0.074.754			
	Total. Add lines 1a–1f	Business Code	2,071,754			-
2a b c d e f c	Marsh archin Davas	Business Code	24 000	24.000		
Za		900099 531120	24,000 21,617	24,000 21,617		
8 D		900099	6,096	6,096		
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Frank Frank	900099	2,269	2,269	·	·
שֶׁר ם ב	M	511190	2,269	2,209		
ara A	All other program service revenue	311190	299	255		-
֓֞֞֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡	Total. Add lines 2a–2f.	-	54,281		· · · · ·	
3	Investment income (including dividends, interest	 	01,201			
3	other similar amounts)		6,822			6,822
4	Income from investment of tax-exempt bond pro		0,822			0,02
5	Royalties	r	0			
١	(i) Real	(ii) Personal		· •	· · · ·	
6a	Gross Rents	() : 0.00.10.	ļ			
Ь	Less: rental expenses			į		
0		0		1		
ď	Net rental income or (loss)		ol	1		
7a		(iı) Other	· · · ·			
	assets other than inventory . 0	0	į			
Ь			İ			İ
ł	and sales expenses 0	0				
С	Gain or (loss) 0	0				
d	Net gain or (loss)	<u></u> . >	0			
			i			
Other Kevenue	Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18 a	2,108				
Ĕ h	Less: direct expenses b		1			
) °			235			
	Gross income from gaming activities.	· · · · · · · · · · · · · · · · · · ·				
	See Part IV, line 19 a	ol				
l b	Less: direct expenses b					
c			o			
10a	Gross sales of inventory, less					
	returns and allowances a	0	Ī			
	Less: cost of goods sold b		j	1		
С	Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code		ļ		1
11a			0			-
b		<u> </u>	0			
C			0			
d	All other revenue	L	0			
e	Total. Add lines 11a–11d		0			
12	Total revenue. See instructions	•	2,133,092	54,281		0 6,82

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) (B) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21. 236,375 236.375 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 119,173 71,291 29,793 18,089 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 441,790 389,616 19,562 32,612 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 18,692 16,449 748 1,495 9 56,656 64,382 2,575 5,151 10 55,283 45,885 4,423 4,975 Fees for services (non-employees): 0 b 24,158 24,158 C 0 Professional fundraising services. See Part IV, line 17.... 0 0 f 0 g O 12 Office expenses 13 40,695 33,129 4,214 3,352 14 Information technology 8.811 7,313 705 793 15 16 76,283 63,315 6,103 6,865 17 87,690 72,783 7,015 7,892 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings 99,140 96,257 2,474 409 20 83 21 3,499 3,499 22 15,912 13,207 1,273 1,432 Depreciation, depletion, and amortization 23 8,087 5,131 2,400 556 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Organizing Project Contractors 24,075 24,075 Training Contractors 14.018 14.018 Research & Writing Contractors 6,655 6,655 Organizational Donations 850 850 d Business Fees 964 e 1,264 300 All other expenses 25 Total functional expenses. Add lines 1 through 24f. 1,346,915 1,156,804 106,490 83,621 Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Balance Sheet Part X (A) (B) Beginning of year End of year 52,551 1 1 2 1,943,975 2 1,513,975 65,019 3 474,697 3 42,139 4 23.921 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 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 6 employees' beneficiary organizations (see instructions) 0 7 7 8 Inventories for sale or use 8 6,733 9 6,335 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 1,310,243 10a 1,203,630 1,201,419 10c Less: accumulated depreciation | 10b | b 11 0 11 0 12 Investments—other securities. See Part IV, line 11 Ol 12 Investments—program-related. See Part IV, line 11 0 13 0 13 0 14 0 14 0 15 0 15 3,650,347 2,884,047 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 62,289 17 72,228 17 10,005 18 3,705 18 19 500 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 692,572 23 668,556 23 Secured mortgages and notes payable to unrelated third parties 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 25 0 25 764,866 744,989 26 Total liabilities. Add lines 17 through 25. . 26 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,491,120 27 1,770,773 27 628,061 28 1,134,585 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . . . 2.119.181 2.905,358 33 33 3,650,347 2,884,047

Form 9	90 (2010) Alliance for a Just Society 91-163	5554	Pag	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	;	2.133	3,092
2				3,915
3			_	3,177
4				,181
5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		2 905	5,358
Part			_,	,,000
ı aıı			.	
	Oncor in done du de de de de de de de de de de de de de		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
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
3a	the Single Audit Act and OMB Circular A-133?	3a		х
b	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI. Total revenue (must equal Part VIII, column (A), line 12)	000		

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.

Nos consetts instructions

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

04 4625554

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

VIIIGI	ice ic	or a Just Soci	ety							31-10	22227		
Pai	t I	Reason	for Public Ch	arity Status (All org	anization	is must c	omplete	this part) See in	struction	S		
he (o <u>rga</u> r	nization is not	a private founda	ation because it is: (Fo	or lines 1 t	through 1	1, check d	only one b	ox.)				
1	Ш	A church, co	nvention of chur	ches, or association of	of churche	s describ	ed in sec t	tion 170(b)(1)(A)(i)).			
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (At	tach Sche	edule E.)							
3		A hospital or	a cooperative h	ospital service organiz	zation des	scribed in	section '	170(b)(1)((A)(iii).				
4			search organiza me, city, and sta	ition operated in conju	nction wit	h a hospi	tal descrit	oed in se d	ction 170	(b)(1)(A)((iii). Ent	er the	
5		•	•	the benefit of a colleg	ge or univ	ersity own	ed or ope	erated by	a governr	nental un	it desci	ibed	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n section	170(b)(1	I)(A)(v).				
7	X	_		y receives a substantia (1)(A)(vi). (Complete F	•	its suppor	t from a g	overnme	ntal unit o	r from the	e gener	al publ	ic
8				in section 170(b)(1)(omplete F	Part II.)						
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10		An organizat	ion organized a	nd operated exclusive	ly to test t	for public	safety. Se	e sectio	n 509(a)(4	4).			
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
				blicly supported organi at describes the type o								: secti	on
		a Type	1 b 🗌	Type II c	Type	: III-Fund	tionally in	itegrated		d 📙 T	ype III-	-Other	•
e f		persons other 509(a)(1) or	er than foundation section 509(a)(2	y that the organization on managers and othe 2). a written determination	er than one	e or more	publicly s	supported	organiza	tions des	cribed i		on
g		organization Since Augus	, check this box at 17, 2006, has										
		following per		or indirectly controls,	oither alo	ne or toge	ther with	nereone (described	in (ii)		Yes	No
				reming body of the su							11g(i)		
				person described in (i							11g(ii)		
		. ,	-	y of a person describe	•		?				11g(iii)		
h		Provide the	following informa	ation about the suppor	rted organ	nization(s)		<u></u>			,		
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?) Amount support	t of
				, ,	Yes	No	Yes	No	Yes	No			
A)												_	0
B)							İ						0
C)													0
D)	-												0
E)													0
		 				1					†		

0

Schedule A (Form 990 or 990-EZ) 2010

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

	ion A. Public Support	 					
Cale	ndar ỳear (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	1				-	
	membership fees received. (Do not			ľ			
	include any "unusual grants.")	765,567	1,077,791	1,212,070	1,276,216	2,071,754	6,403,398
2	Tax revenues levied for the organization's	1					
	benefit and either paid to or expended on			İ	i	ļ	_
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge						0
4	Total. Add lines 1 through 3	765,567	1,077,791	1,212,070	1,276,216	2,071,754	6,403,398
5	The portion of total contributions by each		İ				
	person (other than a governmental unit	İ					
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	ł]		i	0.400.000
_	column (f)						2,123,929
6	Public support. Subtract line 5 from line 4.					L	4,279,469
	ion B. Total Support	() 2222	# \ ccc=	4 3 0000	(1) 0000	(-) 0040	
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	765,567	1,077,791	1,212,070	1,276,216	2,071,754	6,403,398
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	4,470	4,890	4,857	1,866	6,822	22,905
9	Net income from unrelated business						
	activities, whether or not the business is						225
	regularly carried on					235	235
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						<u>0</u> 6,426,538
11	Total support. Add lines 7 through 10			l		12	235,367
12	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here			· · · · · ·			
	ion C. Computation of Public Support						00.500/
14	Public support percentage for 2010 (line 6, o		•	column (f))		14	66.59%
15	Public support percentage from 2009 Sched					15	70.71%
16a	33 1/3% support test-2010. If the organiza						
	and stop here. The organization qualifies as						
b	33 1/3% support test-2009. If the organiza						
	box and stop here. The organization qualific						·
17a	10%-facts-and-circumstances test-2010.						
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact						
	organization						
b	10%-facts-and-circumstances test-2009.						
	15 is 10% or more, and if the organization m						Explain in
	Part IV how the organization meets the "fact	ts-and-circums	tances" test. T	he organizatior	n qualifies as a	publicly	
	supported organization						▶[]
18	Private foundation. If the organization did i	not check a box	k on line 13, 16	Sa, 16b, 17a ,oı	17b, check th	is box and see	
	instructions						▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
Н	f the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the	į l					
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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		ľ				_
	amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	l o	l o	O	o	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,		İ				
	rents, royalties and income from similar sources		L				0
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses	ļ		}			
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether]	_
	or not the business is regularly carried on	<u> </u>		<u> </u>			0
12	Other income. Do not include gain or	Í		ļ	1		
	loss from the sale of capital assets		1			Ì	_
	(Explain in Part IV.)		 				0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	<u> </u>				0
14	First five years. If the Form 990 is for the organization, check this box and stop here			-			.
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column	(f) divided by lin	ne 13, column (f))		15	0.00%
16	Public support percentage from 2009 Schedule A,	Part III, line 15.	<u></u>		<u></u>	16	0.00%
Sec	tion D. Computation of Investment Inco					,	
17	Investment income percentage for 2010 (line 10c,					17	0.00%
18	Investment income percentage from 2009 Schedul					18	0.00%
19a	33 1/3% support tests-2010. If the organization of	lid not check the	box on line 14,	and line 15 is mo	re than 33 1/3%	and line 17 is	
	not more than 33 1/3%, check this box and stop h						▶∟
b	33 1/3% support tests-2009. If the organization of	lid not check a b	ox on line 14 or	ine 19a, and line	16 is more than	33 1/3% and	, [
	line 18 is not more than 33 1/3%, check this box at	nd stop here. Ti	he organization o	jualifies as a pub	olicly supported o	rganization	▶
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b.	check this box a	and see instruction	ons	▶

Schedule A (For	n 990 or 990-EZ) 2010	Alliance for a Just Society	91-1635554	Page 4
Part IV	Supplemental Part II, line 17a instructions).	Information. Complete this part to provide the explanation or 17b; and Part III, line 12. Also complete this part for ar	ns required by Part II, line 10 additional information. (Se	0; ee
				-
				•
	•••••			
				•••••
				•••••

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. See separate instructions.

Inspection

• S	ection 527 organizations: Co	mplete Part I-A only			
lf the	organization answered "Y	es," to Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI,	line 47 (Lobbying Activities	s), then
• S	ection 501(c)(3) organization	s that have filed Form 5768 (election und	der section 501(h)).	Complete Part II-A. Do not co	mplete Part II-B.
		s that have NOT filed Form 5768 (election			
	=	es," to Form 990, Part IV, line 5 (Prox			
• S	ection 501(c)(4), (5), or (6) or	rganizations: Complete Part III.	•		
	e of organization			Employe	r identification number
Allia	nce for a Just Society				91-1635554
		he organization is exempt und	er section 501(c) or is a section 527 o	rganization.
1		the organization's direct and indirect			
2	Political expenditures			\$	
3	Volunteer hours	. 			
		·····			
		he organization is exempt und			<u>-</u>
1	-	excise tax incurred by the organizat			
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file Fom	-		Tyes No
4a	Was a correction made?	·			. Yes No
b	If "Yes," describe in Part	IV.			
Pai	rt I-C Complete if t	he organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 e	xempt function	
	activities			▶ \$	
2	Enter the amount of the f	filing organization's funds contribute	d to other organiz	ations	
		unction activities			
3	Total exempt function ex	penditures. Add lines 1 and 2. Enter	here and on Forr	n 1120-POL,	
	line 17b			\$	0
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes No
5	Enter the names, addres	ses and employer identification num	nber (EIN) of all se	ection 527 political organiz	ations to which the filing
	organization made paym	ents. For each organization listed, e	enter the amount p	paid from the filing organiz	ation's funds Also enter
		ontributions received that were prom			
	as a separate segregate	d fund or a political action committee	e (PAC) If additio	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				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)			· 		
·· <i>,</i>				0	
(2)				_	
				0	<u> </u>
(3)]	
			_ 		-
(4)				O	l c
(5)				O	d
<i>(C)</i>					
(6)		[1	l c

	Alliance for a Just Society				91-1030004	_
	edule C (Form 990 or 990-EZ) 2010		<u> </u>	<u> </u>		Page 2
P	art II-A Complete if the organiza under section 501(h)).	tion is exempt ı	under section 50	1(c)(3) and filed	Form 5768 (elec	tion
A	Check ▶ if the filing organization	belongs to an a	ffiliated group.			
	Check ▶ if the filing organization	•		ol" provisions ap	olv.	
	<u></u>	obbying Expendi		F	(a) Filing	(b) Affiliated
	(The term "expenditures"			,	organization's totals	group totals
1a	Total lobbying expenditures to influence			·	0	0
b	Total lobbying expenditures to influence				0	0
c	Total lobbying expenditures (add lines				0	0
d	Other exempt purpose expenditures .	•			1,346,915	0
e	Total exempt purpose expenditures (ad				1,346,915	0
f	Lobbying nontaxable amount. Enter the					
•	columns.		g		209,692	0
ſ	If the amount on line 1e, column (a) or (b)	is: The lobbyin	g nontaxable amour	nt is:		
	Not over \$500,000		mount on line 1e.		<i>'</i> -	5. " 5 , " "
ı	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000		,
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000			, i, ,	
g	Grassroots nontaxable amount (enter 2	.5% of line 1f)			52,423	0
h	Subtract line 1g from line 1a. If zero or	less, enter -0			0	0
i	Subtract line 1f from line 1c. If zero or le	•			0	0
j	If there is an amount other than zero or					
	section 4911 tax for this year?				[Yes No
	(Some organizations tha	t made a section	Period Under Sec 501(h) election do uctions for lines 2	not have to com		,
	Lobb	ying Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount	153,983	130,578	134,244	209,692	628,497
	Lobbying ceiling amount (150% of line 2a, column(e))					942,746
С	Total lobbying expenditures	8,526	26,880	13,847	0	49,253
	Ī					

	beginning in)					
2a	Lobbying nontaxable amount	153,983	130,578	134,244	209,692	628,497
b	Lobbying ceiling amount (150% of line 2a, column(e))			•		942,746
С	Total lobbying expenditures	8,526	26,880	13,847	0	49,253
d	Grassroots nontaxable amount	38,496	32,645	33,561	52,423	157,125
е 	Grassroots ceiling amount (150% of line 2d, column (e))		r			235,688
f	Grassroots lobbying expenditures	0	1,991	0	0	1,991

Schedule C (Form 990 or 990-EZ) 2010

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Form	57 6 8	;	
	(election under section 501(h)).	(6	a)		(b)	
	·	Yes	No	A	mount	
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?		L			
f	Grants to other organizations for lobbying purposes?	<u> </u>				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities? If "Yes," describe in Part IV					
J	Total. Add lines 1c through 1i	ļ	1	 		0
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					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ł				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? till-A Complete if the organization is exempt under section 501(c)(4), section 501	(a)(5)	OF C	oction		
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(C)(O),	, 01 31	-CHOII		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				ļ	ļ
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				<u> </u>	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	line 3	3 is a	nswer	ed	•
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).		2a			
a	Current year	-	2b			
D	•	•	2c			
2	Total		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		<u> </u>			
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4	ĺ		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			- (
Par			1			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, an	nd Par	t II-B,	line 1ı		
	complete this part for any additional information					
	· · · · · ·					
			•••••			
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			•••••			

Schedule C (Fo	n 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
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Alliance for a Just Society

91-1635554

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

91-1635554 Alliance for a Just Society Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990. Part IV. line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total number of conservation easements . 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X. . . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Assets included in Form 990, Part X . . .

Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of vali Cost or end-of-year m	
	derivatives	0		
(2) Closely-h	neld equity interests	0		
(3) Other		0		
(<u>A</u>)		0		
{B}		0		
{C}		0		
(Ď)		0		
?Ē}		0		
(F) (G)		0		
(H)		0		
(1)		0		
Total. (Column (b)	must equal Form 990, Part X, col (B) line 12.)	0		
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)		0		
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
		0		· · · · · · · · · · · · · · · · · · ·
(8)		0		
<u>(9)</u> (10)		0		
) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
		a) Description		(b) Book value
(1)		·		0
(2)				0
(3)				0
(4)				0
(5)				0
(6)				0
				0
				0
(9)				0
(10)	mn (b) must equal Form 990, Part X, o	not (P) line 15)		0
Part X	Other Liabilities. See Form 99		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Amount		
	I income taxes	(b) Amount		
(2)	income taxes	0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
		0		
		0		
(9)		0		
(10)		0		
(11)		0		
Total. (Column (b.) must equal Form 990, Part X, col (B) line 25)	0	<u> </u>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Page	-

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Fi	nancial State	ment	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)		T	2,133,092
2	Total expenses (Form 990, Part IX, column (A), line 25)		1	1,346,915
3	Excess or (deficit) for the year. Subtract line 2 from line 1		 	786,177
4	Net unrealized gains (losses) on investments		 	
5	Donated services and use of facilities	· · · · 	 	
6	Investment expenses	· · · · 	1	
7	Prior period adjustments		+-	
-	Other (Describe in Part XIV.)	· · · · · · · · · · · · · · · · · · ·	╁──	
8	Total adjustments (net). Add lines 4 through 8	· · · · —	+	0
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		+	786,177
Par			oturn	
			1	2,133,092
1	Total revenue, gains, and other support per audited financial statements	· · · · -	'	2,133,032
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	;	1	
a	Net unrealized gains on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants		Ì	
ď	Other (Describe in Part XIV.)		.	0
е	Add lines 2a through 2d	· · · · ·	2e	2 422 002
3	Subtract line 2e from line 1		3	2,133,092
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		ŀ	
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,133,092
Par	Reconciliation of Expenses per Audited Financial Statements With I			
1	Total expenses and losses per audited financial statements		1	1,346,915
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		1	
b	Prior year adjustments			
C	Other losses		1	
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,346,915
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		1	
b	Other (Describe in Part XIV.)		- 1	
C	Add lines 4a and 4b	<i>.</i>	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	1,346,915
Par	t XIV Supplemental Information			
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines part to provide any additional information.			

	35554	91-16355		Alliance for a Just Society	
Page 5					Schedule D (Form 9
			continued)	Supplemental Information	Part XIV
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SCHEDULE (Form 990)

Alliance for a Just Society

Department of the Treasury Name of the organization Internal Revenue Service

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

Open to Public OMB No 1545-0047 Inspection

Employer identification number

91-1635554

Complete if the organ

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Par	
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2	990
nization answered "Yes" to Form 990, Part IV, Ilne 21 or 22.	Attach to Form 990.
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economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga economic justice orga å (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance 25,000 17,500 15,000 10,000 28,125 26,563 26,500 17,000 17,000 17,000 12,125 11,500 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations. the selection criteria used to award the grants or assistance? . . . General Information on Grants and Assistance can be duplicated if additional space is needed. (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 821 Riverside Dr Reno, NV 89503 88-0318655 82-0357348 11-3344389 22-2493628 93-0760750 91-1259403 84-1338008 22-2586108 54-1362857 42-1208327 36-4016102 54-1674992 Enter total number of other organizations (p) EIN (9) Public Action Foundation 485 Hwy 1 West lowa City, IA 522 6601 NE Martin Luther King Jr Bly 301 Grove St Brooklyn, NY 11237 (12) Progressive Leadership Alliand 1029 Santa Fe Dr Denver, CO 802 (1) WA Comm Action Network Ed 220 S River St Seattle, WA 98108 (4) Idaho Community Action Netwo (6) Virginia Interfaith Center for Pu 1716 E Franklin St Richmond, VA 744 Broad St, #2080 Newark, NJ 10) Fair Share Research & Ed Fun 703 Concord Ave Charlottesville, (2) Colorado Progressive Coalition (3) Maine People's Resource Cen (8) New Jersey Citizen Action Ed (6) Jowa Citizen Action Education 565 Congress St, #200 Portland, (7) Make the Road New York 1 (a) Name and address of organization (11) Virginia Organizing Project 3450 Hill Rd Boise, ID 83703 or government Part I

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

Schedule I (Form 990) (2010)

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	O	Continuation	n Sheet for	Continuation Sheet for Schedule I (Form 990)	Form 990)		Page 1 of 1
Name of the organization						Employer Identification number	
Alliance for a Just Society			-			91-1635554	
Part II Continuation of Grants and Other Assistance to	and Other Ass		rnments and Or	Governments and Organizations in the United States	e United States		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Take Action MN Education Fund 1821 University Ave W, S-137 St. Paul, N	41-1635130	501(c)(3)	8,000	0			economic justice orga
(14)			0	0			
(16)			0	0			
(16)			0	0			
(17)			0	0			
(18)			0	0			
(19)			0	Ō			
(20)			0	0			
(21)			0	0			
(22)			0	0			
(23)			0	0			
(24)			0	0			
(26)			0	0			
(26)			0	0			
(27)			0	0			
(28)			0	0			
(29)			0	0			

Page 2

Alliance for a Just Society

Schedule I (Form 990) (2010)

Part I Line 2 For each grant, there is a clear written workplan with deliverables. There are quarterly on site meetings with Executive (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Directors of the organizations that have received funds to highlight their progress toward goals. At the end of the grant period, the Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. organizations are required to write a report summarizing their accomplishments. There is a final conversation to confirm that the work (e) Method of valuation (book, FMV, appraisal, other) is finished and the final payment on the grant is made. 0 O O 0 0 (d) Amount of non-cash assistance 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed Ö (b) Number of reciplents (a) Type of grant or assistance Part IV Part III

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service Name of the organization Alliance for a Just Society

Employer identification number 91-1635554

Form 990, Part III, Line 4d: Program Service Expenses: 133,557, Grants and allocations: 0,
Revenue: 814 MONTANA ORGANIZING PROJECT & INDIAN PEOPLE'S ACTION- Indian People's Action led
public education efforts on Native access to health, including Indian health funding
shortfalls and a local ambulance service's failure to respond to Native patients. The Montana
Organizing Project held listening sessions in 5 communities across the state, identifying
priority issues to guide the work of the organization. These issues include health care, state
revenue for public services, and local economic development and banking. MOP established a
statewide governing structure in June. Subsequently, MOP organized 7 regional meetings
involving more than 150 community leaders. These meetings explored opportunities to address the
issues identified in the listening sessions and built the skills of emerging community
leaders. MOP then organized a series of town hall meetings in Missoula, Billings and across
the Highline that gave local community leaders the opportunity to speak out and address
proposed budget cuts.
Form 990, Part III, Line 4d: Program Service Expenses: 68,812, Grants and allocations: 0,
Revenue: 6,096 LATINOS FOR COMMUNITY TRANSFORMATION- LCT held three 10-session workshop
series, focusing on civic participation, with over 20 low-income immigrants. Community leaders
went on to gather 350 signatures to encourage their local school to adopt school uniforms. In
addition, 80 low-income immigrants participated in a public forum, organized by 7 program
leaders, providing education on immigration issues and immigrant rights. LCT also hosts a
youth organizing group, providing leadership training and support for youth-led community
projects.
Form 990 Part Part III Line 3 Changing the organization's name from Northwest Federation of
Community Organizations to Alliance for a Just Society, was part of a change to expand the
scope of our work from northwestern US to national.
Form 990 Part Part VI Section A Line 4 In 2010 the Northwest Federation of Community
Organizations changed its name to Alliance for a Just Society, expanded its scope from

Scredule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Alliance for a Just Society	Employer identification number 91-1635554
northwestern US to the entire US, and in anticipation of an increased number of affiliate	
members, decreased representation on the board from each affiliate member organization from	n 3
representatives to 2. In addition, a term limit provision was added, that community members	
and at-large members will be appointed for a term of 4 years, and may serve for 2 terms, after	
which time they must sit out for a term before they are eligible for another term	
Form 990 Part Part VI Section A Line 6 & 7a The governing board is made up of 2	
representatives from each of the independent member organizations—the Executive Director a	and
a board member. In addition, at-large board members may be appointed by a majority vote of t	he
board.	
Form 990 Part Part VI Section B Line 11b Before filing, the final draft was emailed to the	
entire board with a note calling attention to the descriptions of programs and processes.	
Comments and corrections were encouraged. In addition, the Executive Director and an	
independent reviewer met with the preparer to discuss the final draft. The Executive Director	
also reviewed the entire draft with the Chair and the Treasurer.	
Form 990 Part Part VI Section B Line 12c The conflict of interest policy covers board members	
of the organization. Determinations of whether a conflict exists and the review of actual	
conflicts is made at the board level. When a person has a conflict, she or he is prohibited	
from participating in discussion or decisionmaking on that matter.	
Form 990 Part Part VI Section B Line 15a In 2008 the board reviewed a survey of like	
non-profits in the northwest. The compensation level chosen was in the 45th percentile of that	
list. This was chosen, not because the AJS's outstanding ED was in the 45th percentile of	
performance, but because we are concerned that if every organization benchmarks at the 75th	
percentile, it only causes an upward spiral of compensation. The decision was reviewed and	
voted on by independent board members.	
Form 990 Part Part VI Section C Line 19 Financial statements are available upon request.	
Requests for other documents are considered on a case-by-case basis.	
Form 990 Part Part VII Section A Line 1a LeeAnn Hall also worked 14 hours per week for relat	ed
organization Community Organizations in Action, for a total of 55 hours per week. Compensati	on

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
Alliance for a Just Society	91-1635554
reported in Part VII represents total compensation, \$93,668. Compensation reported in Part IX,	
Line 5 represents compensation for work done for AJS, \$71,940. Related organization COA	
reported compensation on Part IX, Line 5 of \$21,728, representing Ms. Hall's work for COA.	
······	
•••••	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	▼ Compress it use or a	to Form 990.	See separate instructions.				Open to Fusing Inspection	•
Name of the organization Alliance for a Just Society	iety				:	Employer iden 91-1635554	Employer identification number 91-1635554	_
Part I Identific	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	te if the organization a	answered "Yes" to	o Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	Primar	(b) Primary activity Lega	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	·
(1)					0	0		
(2)					0	0		
(3)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0	0		
[4]					0	0		
(6)				:	0	0		
(9)					o	0		İ
Part II Identification one or r	Identification of Related Tax-Exempt Organizations (Complete on more related tax-exempt organizations during the tax year.)	zations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had luring the tax year.)	he organization a	inswered "Yes" to	5 Form 990, Pa	rt IV, line 34 be	cause it had	
Name, ac	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) tus Direct controlling (3)) entity	(9) ling Section 512(b)(13) controlled entity?	(13)
							Yes	0
(1) Community Organ 3518 S Edmunds Stre	(1) Community Organizations in Action 26-2613701 3518 S Edmunds Street, Seattle, WA 98118	advocate for economic, WA	, WA	501(c)(4)		N/A	×	
(2)		racial & social justice						
(3)								
(4)								
(9)								
(9)								
(7)								
For Paperwork Reducti	For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)	90.				Schedul	Schedule R (Form 990) 2010	010

Page 2

Alliance for a Just Society

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Percentage ownership Percentage ownership 뾩 匆 % % 8 8 8 8 8 8 8 % 8 3 £ 0 O O 0 0 identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part ŝ General or managing partner? (g) Share of end-of-year assets Yes (I)
Code V—UBI
amount in box 20 of Schedule K-1 (Form 1065) 0 (f) Share of total income (h)
Disproportionate
aflocations? ŝ IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes õ õ 0 (e)
Type of entity
(C corp, S corp,
or trust) (g) Share of end-of-year assets (d)
Direct controlling entity 0 (f) Share of total income (c) Legal domicile foreign country) (state or (e)
Predominant
Income (related, sections 512-514) excluded from tax under unrelated Primary activity (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization (b) Primary activity (1) Name, address, and EIN related organization <u>e</u> Part IV 9 3 2 <u>E</u> €. <u>@</u> E **€** € 9 E 9

Schedule R (Form 990) 2010

Alliance for a Just Society

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

91-1635554

Note Complete	Note Complete line 1 if any entity is listed in Parts II. III or IV of this schedule.			Yes	£
1 During the	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	irts II–IV?			
a Receipt o	Receipt of (I) interest (II) annuities (III) rovalties or (IV) rent from a controlled entity		1a	×	
	Gift arant or capital contribution to other organization(s)		9		×
	Gift grant or capital contribution from other organization(s)		5		×
	Loans or loan digrantees to or for other organization(s)	•	19		×
	מינים שליים מינים מינים משוויקים מינים משוויקים מינים מינים משוויקים מינים משוויקים מינים משוויקים מינים מינים משוויקים מינים משוויקים מינ		,		 >
e Loans or	Loans or loan guarantees by other organization(s)		9		4
	of occasion to other presentation(e)		*		×
				Ī	:
g Purchase	Purchase of assets from other organization(s)		무		\times
	le of assets.		ţ		×
	Lease of facilities, equipment, or other assets to other organization(s).		=		×
i Lease of	Lease of facilities, equipment, or other assets from other organization(s).		11		×
k Derforme	Derformance of services or membership or fundraising solicitations for other organization(s)		+		×
l Performa	Performance of services or membership or fundraising solicitations by other organization(s).	•	=		×
m Sharing o	Sharing of facilities, equipment, mailing lists, or other assets		£	×	
	Sharing of naid employable		1	×	
o Reimburs	Reimbursement paid to other organization for expenses		9	×	
	Reimbursement paid by other organization for expenses		10	×	
	Other transfer of cash or property to other organization(s)		10		×
r Other trai	Other transfer of cash or property from other organization(s)		=		×
2 If the ans	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	onships and trans	saction th	resho	lds.
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	(d) r determi t involve	ining Pa
(1) Community C	(1) Community Organizations in Action	82,514 tii	82,514 time allocation	ation	
(2) Community	(2) Community Organizations in Action	1639	163 9% of late payments	рауп	nents
(3)		0		ŀ	1
(4)		0	ļ		ł
· (2)		0			
. (9)		0			
		Podoo	10 D (Eq.	000	2000

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

£ (h) General or managing partner? Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets Yes 0 0 (g)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (f)
Disproportionate
allocations? ŝ Yes 0 0 0 (e) Share of end-of-year assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (d)
Are all partners section 501(c)(3) organizations? Yes No (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity (1) (12) (3) 3 €. (6) (5) 4 (16) 3 9 9 8 € €

Schedule R (Form 990) 2010

Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions on Signature (Complete this part to provide additional information for responses to questions of the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete this part to provide additional information for the Complete thi	Schedule R (see	Page 5
 -	instructions).		
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