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990 Porm

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury

For the 2015 calendar year, or tax year beginning

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

and ending

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.irs.gov/form990.

C Name of organization Alliance for a Just Society Employer identification number Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 91-1635554 Name change Telephone number 3518 S Edmunds Street ZIP code Initial return (206) 568-5400 WA 98118 Seattle Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 2.663.898 Amended return Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? LeeAnn Hall 3518 S Edmunds St, Seattle, WA 98118 H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or 527 Tax-exempt status) **(**insert no) Website: ▶ www allianceforajustsociety org H(c) Group exemption number ▶ X Corporation L Year of formation K Form of organization M State of legal domicile Association Other > 1994 WA Part I Summary Briefly describe the organization's mission or most significant activities AJS invests in building strong community organizations-- 15 affiliates in 20 states. It supports outreach elevate local, state & national issues that advance race & economic justice. Check this box • If the organization discontinue to the organization discontinue to the organization discontinue of the organi ကြွ 2 more than 25% of its net assets Number of voting members of the governing body (Fair VI, line 1a) 3 26 Number of independent voting members of the governing 24 Total number of individuals employed in calendar year 20 5 5 49 6 3,350 Total number of volunteers (estimate if necessary) 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7h Prior Year **Current Year** 1,539,055 2,547,693 8 Contributions and grants (Part VIII, line 1h)

Ξ.	Į y	Program service revenue (Part VIII, line 2g)	[00,300]	113,243
Reven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,214	2,962
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,699,577	2,663,898
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	261,571	321,494
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,153,273	1,541,393
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	517	8,727
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 270,315		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).	807,387	841,400
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,222,748	2,713,014
	19	Revenue less expenses Subtract line 18 from line 12	-523,171	-49,116
P S			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,002,302	3,917,339
A B	21	Total liabilities (Part X, line 26)	665,385	640,538
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20 .	3,336,917	3,276,801
	rt II	Signature Block		

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

Sign
Here

1

Activities & Governance

92

Signature of officer LeeAnn Hall

Executive Director

Check X self-employed

Paid **Preparer** Use Only

Print/Type preparer's name Kathryn Donaldson

8/2/2016 Firm's EIN 503-233-6078 Phone no

Firm's address ► 1924 SE 35th Avenue, Portland, OR 97214 May the IRS discuss this return with the preparer shown above? (see instructions)

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Type or print name and title

Firm's name

Page 3

Form 990 (2015) Alliance for a Just Society Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "K*s," complete Schedule D, Part II II Is the organization a section 501(c)(4), 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 II I	•			Yes	No
2 Is the organization required to complete <i>Schedule B. Schedule of Contributors</i> (see instructions)? 2 Id the organization engage in direct or indered profiled campage and whites on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Dut the organization engage in lobbying activities on have a section 501(c)(-), 501(c)(-), or 501(c)(-)	1		1	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 II 5 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 5 Is the organization a section 501(e)(4), 501(c)(6), e7501(c)(6), or501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the eight to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," "complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 9 Did the organization services? If "Yes," complete Schedule D, Part VI 10 Did the organization services or any of the following questions is "Yes," complete Schedule D, Part VI 11 If the organization separate in amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for organization schedule Schedule D, Part VIII 14 Did the organization separate indicated, independent audited	2	·			
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If "Yes," complete Schedule G, Part III	10	·	18		X
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Alliance for a Just Society

Checklist of Required Schedules (continued)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	!	ł	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		İ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		X
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		1
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	ĺ	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-	<u> </u>	
_	to defease any tax-exempt bonds?	24c	ŀ	
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] ,	ļ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b	ļ	_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1	Ì	İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or		j	
	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,		ĺ	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	1	
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ł	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		 	 ^`
	Schedule L, Part IV	28b		X
С	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	ļ	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			
	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	L	<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		ł	
	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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
34	Ill, or IV, and Part V, line 1.	34	x	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	100		
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
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	<u> </u>	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	l	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2015)

Alliance for a Just Society

Statements Regarding Other IRS Filings and Tax Compliance

Part	Check if Schedule O contains a response or note to any line in this Part V			
	Check it deficació d'estrative a respense		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	l		l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ļ		
•	gaming (gambling) winnings to prize winners?	1c	Χ	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 49	.		1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
h	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			l.
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			Ì
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		+^-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u> </u>		 ``
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	l	
	gifts were not tax deductible?			1
7	Organizations that may receive deductible contributions under section 170(c).	ļ		\
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		İχ
	and services provided to the payor?	7b		
b	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			
С		7c	1	X
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year .			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	<u> </u>
e	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	İ	1	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	٠,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417.	128	"	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42	+	+-
а	Is the organization licensed to issue qualified health plans in more than one state?	138	1 -	+-
	Note. See the instructions for additional information the organization must report on Schedule O			}
b	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	-		
С	Enter the amount of reserves on hand	44	. -	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14		+^
h	If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141	<u>, , , , , , , , , , , , , , , , , , , </u>	

Part VI

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.

	Check if Ochequie O Contains a response of note to any line in this rait vi.		<u> </u>	<u> </u>	<u> </u>
Sect	ion A. Governing Body and Management	 			
		4		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a 26			
	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				•
L	committee, explain in Schedule O	45 04			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	nip with			V
	any other officer, director, trustee, or key employee?	u	2		X
3	Did the organization delegate control over management duties customarily performed by or under				· .
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets.	5	- ; -	Х
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	1			
_	stockholders, or persons other than the governing body?		7b	X	L
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			
	the year by the following				
a	The governing body?		8a	X	
р	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 read the appropriate and addresses in Schooling O.	eached	9	İ	v
Cast	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the	Internal Dayonya (لنتا		X
Seci	ion b. Folicies (This Section B requests illionnation about policies not required by the	internal Neveriue C	Joue	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters.		-	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	•	14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	1	1	
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization .		15b	Х	
	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 arrang	ement		1	
	with a taxable entity during the year?	•	16a		_X_
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?		16b	1	
	ion C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed OR Section 6404 sequence on association to make its Forms 1033 (or 1034 if applicable), 900, and 900	7 / Control 504/5/2	o onl		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 available for public inspection, Indicate how you made those evallable. Check all that apply	D-1 (Section 501(C)(3)	s only	7)	
	available for public inspection. Indicate how you made these available. Check all that apply Own website	plaın ın Schedule O)			
19			C/ 35	ч	
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, if financial statements available to the public during the tax year	commer or interest bon	uy, all	u	
20	State the name, address, and telephone number of the person who possesses the organization's b	noke and records	_		
_0	LeeAnn Hall	(206) 568-5400			
	3518 S Edmunds Street, Seattle, WA 98118	12007.000-0400			-

m 990 (2015)	Alliance for a Just Society	91-1635554	Page

Part VII Compensation of

Section A.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	ge box, unless person is both an						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer		Highest compensated employee		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	5 00		Γ								
President & Board member	0 00	X		X				0	0	0	
(2) Deana Knutsen	5 00										
Secretary, Treasurer & Board member	0 00	X	<u> </u>	Х				0	0	0	
(3) Michaelynn Hawk	40 00		1						ı — — — — — — — — — — — — — — — — — — —		
Board member & Project Director	0 00	X	<u> </u>					28,000	0	10,144	
(4) Gail Gutsche	40 00										
Board member & Project Director	0 00	X	<u> </u>					22,500	0	12,489	
(5) Gary Delgado	5 00										
Board member	0 00	X		_	L			0	0	0	
(6) Tom Swan	1 00		ļ		[[
Board member	0 00	X						0	0	0	
(7) Susan Goldman	1 00		}	ļ			}	i			
Board member	0 00	X	_	L_			<u> </u>	0	0	0	
(8) Leo Garcia	2 00		ł	i			1				
Board member	0 00	X	<u> </u>				_	0	0	0	
(9) Jesse Graham	5 00	1	İ	ľ					•		
Board member	0 00	X	L				_	0	0'	0	
(10) Melanie Collins	1 00	ĺ		ļ	1		}				
Board member	0 00	X	L				_	0	0	0	
(11) Tim Conmee	1 00	l		ļ	ļ	}	}				
Board member	0 00	-	L	_			_	0	0,	0	
(12) Donna Polk-Primm	3 00	1		ł	ł	}		ı			
Board member	0 00	-	L	_			_	0	0	0	
(13) Javier Valdes	1 00	•	ĺ	İ					ı		
Board member	0 00	X	L	L_		<u> </u>	L	0	0	0	
(14) Maria Ivette Alfonso	2 00	(
Board member	0 00	Х						0	0	0	

Form 990		Alliance for a Ju									 	91-163		F	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
·		(A) Name and title	hours per officer and a director/trustee) compensation comp					(E) Reportable compensation from related	ſ	(F) stimate mount other	of				
				hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orç ar	npensa from the ganizate ad relate	ation e tion ted
	Rınku Sen member			2 00 0 00	1						0	0			
	Rosemary F			2 00		\vdash	\vdash	├		—	 	 	 -		
	member	gvera		0 00	ì			İ	ł		0	o			(
	Danny HoSa	ang		3 00		 	 	一	 			<u>-</u>			
	member	::·g		0 00	ı		Ì	l	(0	0			(
	Darlene Hur	ntress		3 00				_							
~~~~	member			0 00	X			ĺ			0	o	Ĺ		(
(19) K	Kayse Jama	1		3 00											
Board	member			0 00	X		<u> </u>				0	0			
(20) K	Celly Conkli	n		1 00	}				}						
	member			0 00	X		<u> </u>	<u> </u>	<u> </u>		0	0			
	Ramon Ran	nirez		2 00			ļ				_	_	,		_
	member			0 00	X	<b> </b>	<u> </u>	<del> </del>	-		0	0			
	loe Szakos		- <b></b>	5 00		,		ł				,	ļ		,
	member		<del></del>	0 00	X	<del> </del>	├		-	<u> </u>	0	0			
	lohnny May member	0		4 00 0 00	х		Ì	{			0	0			(
	Vill Pittz			5 00	<del>  ^-</del>	-	┢╾	├-	_	_					
	member			0 00	х			Į			0	0	ŀ		(
	Robynhawk	Wilson		1 00											
	member			0 00	X						0	0			(
1b S	Sub-total						_			<b>&gt;</b>	50,500	0		2:	2,633
c T	otal from o	continuation sheets	to Part VII, Se	ection A						<b>•</b>	92,000				3,413
		ines 1b and 1c)		·						<u> </u>	142,500		L	36	6,046
		r of individuals (inclu			ted a	bov	e) v	vho	recei	ved	more than \$100	,000 of			
r	eportable c	ompensation from th	e organization				1_								T
3 F	and the eran	annation hat any form	and afficer due	otor ortuntos	leau a	امصا	•		- biol		. componented			Yes	No
		inization list any <b>forn</b> n line 1a? <i>If "Yes," c</i> o					oye	e, o	ııııgı	1621	. compensated		3	1	x
			•					م است	- 4 h				-	<del> </del>	<del>  ^</del>
		vidual listed on line 1 ition and related orga													
	ne organiza ndividual	illon and related orga	anizations grea	iter triair \$ 150,00	JO , 11	16	·S,	COII	ibiere	. 30	nedale 3 for Suci	11	4	1	x
		son listed on line 1a	receive of accr	ue compensatio	n fror	n ar	יו ער	nrel	ated	OFO:	anization or indiv	แต่บลโ	7		<del>  ^</del>
		rendered to the orga										, idda,	5	1	x
		endent Contractors		30, 0011,01010					., p.c.					L	1_7
1 0	Complete th	is table for your five on from the organiza	highest compe										tax		
		Name	(A) and business addr	ess							(B) Description of ser	vices (	(C Comper		
											<del></del>				
		<del> </del>								_					
										_		<del></del>			<del></del>
		<del></del>					_					<del></del>			
		r of independent cor			ed to	tho	se l	iste	d abo	ve)	who received				
n	nore than \$	100,000 of compens	ation from the	organization	<b></b>				0						

Total. Add lines 11a-11d

Total revenue. See instructions

91-1635554 Page 9 Alliance for a Just Society Form 990 (2015) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) (B) Revenue Related or Unrelated Total revenue excluded from business exempt revenue tax under sections function 512-514 revenue 0 1a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 0 1b Membership dues b 0 1c Fundraising events С 1d 19.716 Related organizations 1e Government grants (contributions) All other contributions, gifts, grants, and 2,527,977 sımılar amounts not included above 1f Noncash contributions included in lines 1a-1f. 2,547,693 Total. Add lines 1a-1f **Business Code** Program Service Revenue 69.000 69,000 900099 Membership Dues 2a 40,350 40,350 900099 Rent for Southside Commons 2,631 2,631 900099 Below Cost Consulting 1,262 1,262 900099 Program Event Fees 0 0 All other program service revenue 113,243 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 2,962 2,962 other similar amounts) 0 Income from investment of tax-exempt bond proceeds 4 0 5 Royalties (II) Personal (ı) Real Gross rents 6a b Less rental expenses 0 o c Rental income or (loss) 0 d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of 0 0 assets other than inventory b Less cost or other basis 0 0 and sales expenses 0 0 Gain or (loss) 0 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) 0 See Part IV, line 18 а 0 **b** Less direct expenses 0 ▶ c Net income or (loss) from fundraising events Gross income from gaming activities 0 а See Part IV, line 19 0 h b Less direct expenses 0 c Net income or (loss) from gaming activities Gross sales of inventory, less 0 а returns and allowances 0 h **b** Less cost of goods sold . 0 Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 0 11a 0 h 0 0 All other revenue 0

113,243

2,663,898

Form 990 (2015) Alliance for a Just Society

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	mplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
Do r 8b, 9	oot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	004 404	224 404		
	domestic governments See Part IV, line 21	321,494	321,494		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		Ì		
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	<del></del>			
5	Compensation of current officers, directors,	162,734	87,033	38,566	37,135
_	trustees, and key employees	102,754	0,,000		•
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4956(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	1,079,179	850,336	103,334	125,509
7	Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)	27,176	21,469	2,582	3,125
9	Other employee benefits	155,325	122,707	14,756	17,862
10	Payroll taxes .	116,979	88,904	12,868	15,207
11	Fees for services (non-employees)				
	Management	0			
b	Legal	8,357		8,357	<u> </u>
C	Accounting	40,638		40,638	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	8,727			8,727
f	Investment management fees .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column			0.405	
_	(A) amount, list line 11g expenses on Schedule O)	69,491	61,366	8,125	
12	Advertising and promotion	10,783	10,783	0.000	7,137
13	Office expenses .	54,898	41,723	6,038 5,543	6,551
14	Information technology	50,390	38,296	5,543	0,331
15	Royalties	126,474	96,120	13,912	16,442
16	Occupancy	160,874	107,095	36,995	16,784
17	Travel	100,074	107,030	00,000	
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	174,802		14,675	13,004
19	Conferences, conventions, and meetings	835		835	·
20	Interest Payments to affiliates .	0			
21 22	Depreciation, depletion, and amortization	2,208		243	287
23	Insurance	15,680			1,496
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)				
а	Organizing Project Contractors	78,196			
b	Research & Writing Contractors	25,308			
С	Communications Contractors	12,930			
d	Organizational Donations	4,295			1.040
е	All other expenses Business Fees	5,241			1,049 270,315
25	Total functional expenses. Add lines 1 through 24e	2,713,014	2,125,990	316,709	210,31
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>	

Part X Balance Sheet

Alliance for a Just Society

	•	Check if Schedule O contains a response or	note to any line in this Part X			
	-			(A) Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments	2,200,375	2	1,964,032	
	3	Pledges and grants receivable, net	582,846	3	649,767	
	4	Accounts receivable, net		72,831	4	150,059
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations. Complete Part II of Schedule L	w. A	5	÷	
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary expenses.			s	
य		organizations (see instructions) Complete Part II of Sche	<b>**</b>	6	,	
Assets	7	Notes and loans receivable, net		0	7	18,467
As	8	Inventories for sale or use	<u> </u>		8	10,401
	9	Prepaid expenses and deferred charges	<u> </u>	22,244	9	28,735
	10a	Land, buildings, and equipment cost or	ı ı t	,- ' '		20,100
	104	other basis Complete Part VI of Schedule D	10a 1,225,034			
	b	Less accumulated depreciation	10b 118,755	1,124,006	10c	1,106,279
	11	Investments—publicly traded securities	110,100	0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments—program-related See Part IV, line	F	0	13	0
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	0	15	0	
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	4,002,302	16	3,917,339
	17	Accounts payable and accrued expenses	90,489	17	111,272	
	18	Grants payable		29,195		11,845
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D .		21	
8	22	Loans and other payables to current and former				
Œ		trustees, key employees, highest compensated	employees, and			
Liabilities		disqualified persons Complete Part II of Schedi	ule L		22	
Ľ	23	Secured mortgages and notes payable to unrela	ated third parties	545,701	23	517,421
	24	Unsecured notes and loans payable to unrelate	d third parties .	0	24	0
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete			
		Part X of Schedule D	<u>_</u>	0	25	0
	26	Total liabilities. Add lines 17 through 25	. <del></del>	665,385	26	640,538
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar				
an	27	Unrestricted net assets		1,694,63 <u>3</u>	27	1,813,907
Ba	28	Temporarily restricted net assets	Į	1,642,284	28	1,462,894
Pu	29	Permanently restricted net assets	. [		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here ▶ ☐ and			
ets St	30	Capital stock or trust principal, or current funds		30		
Net Assets	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
it A	32	Retained earnings, endowment, accumulated in	· ·		32	
ž	33	Total net assets or fund balances .		3,336,917	33	3,276,801
	34	Total liabilities and net assets/fund balances		4,002,302	34	3,917,339

Form :	990 (2015) Alliance for a Just Society	9	1-1635554	Paç	ge <b>12</b>
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,663	3,898
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,713	3,014
3	Revenue less expenses Subtract line 2 from line 1	3		-49	9,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	;	3,336	<u>3,917</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		-11	1,000
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 33,				
	column (B))	10		3,276	5,80 <u>1</u>
Part					
	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	Х	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
va	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		50		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	required addit of addits, explain why in scriedule of and describe any steps taken to undergo such addits		1 30		

Form **990** (2015)

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

91-1635554 Alliance for a Just Society 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public lxl 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations f Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Page 2

m 990 or 990-EZ) 2015 Alliance for a Just Society 91-1635
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Oupport Ochicadic for Organizations Described in Occions 17 (b)(1)(1)(17) and 17 (b)(1)(1)(1)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify unde
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support	<del></del>				1 1 2 2 4 5 1	
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				. =00 0==	0.540.055	44 470 040
	include any "unusual grants")	1,842,075	2,706,682	2,542,051	1,539,055	2,548,955	11,178,818
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on 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	1,842,075	2,706,682	2,542,051	1,539,055	2,548,955	11,178,818
5	The portion of total contributions by each						
	person (other than a governmental unit			1			
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11, column (f)						3,905,316
6	Public support. Subtract line 5 from line 4						7,273,502
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,842,075	2,706,682	2,542,051	1,539,055	2,548,955	11,178,818
8	Gross income from interest, dividends,						<del></del> :
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	5,433	3,704	4,333	3,214	2,962	19,646
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	756					756
10	Other income Do not include gain or						
	loss from the sale of capital assets					i .	
	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10						11,199,220
12	Gross receipts from related activities, etc. (se			•		12	599,027
13	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here	<u> </u>	· .	•			
	tion C. Computation of Public Su			<del></del>		<del></del>	
	Public support percentage for 2015 (line 6, c			n)		14	64 95%
	Public support percentage from 2014 Schede					15	63 05%
16a	33 1/3% support test—2015. If the organization			, and line 14 is 33 ^r	1/3% or more,		- 17
	and stop here. The organization qualifies as	, , , , , ,	-	•			<b>▶</b> X
b	33 1/3% support test—2014. If the organization qualified box and stop here. The organization qualified				s 33 1/3% or more	, check this	. ▶
17a	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization	s the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n in	<b>▶</b> □
b	10%-facts-and-circumstances test—2014	. If the organization	n did not check a b	ox on line 13, 16a.	16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization m Part VI how the organization meets the "facts	eets the "facts-and	-circumstances" te	st, check this box a	and stop here. Ex	plain in	▶□
	supported organization						
18	<b>Private foundation.</b> If the organization did rinstructions	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶[

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 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	and and are		, p.o			
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2011	(2) 2012	(6) 2010	(0) 20 / 1	(0) 20 10	(i) Total
•	received (Do not include any "unusual grants")		į				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	į	ĺ				0
3	Gross receipts from activities that are not an	<del></del>	<del></del>			<del></del>	<u> </u>
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						<u>_</u>
•	benefit and either paid to or expended on	}			,		
	its behalf						0
5	The value of services or facilities	<del></del>					<del></del>
-	furnished by a governmental unit to the	ł	i		}		
	organization without charge	}				J	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3						
•	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						<del></del>
_	from other than disqualified persons that	ĺ			!	ľ	
	exceed the greater of \$5,000 or 1% of the	ì	ì		Ì		
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						0
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,	ľ			Ì		
	rents, royalties and income from similar sources			<u> </u>			0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	i					
	acquired after June 30, 1975			 <del></del>			0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	{					
	activities not included in line 10b, whether	ł	i		}		
	or not the business is regularly carried on			· · · · · · · · · · · · · · · · · · ·			0
12	Other income Do not include gain or						
	loss from the sale of capital assets	1			·		
	(Explain in Part VI ) .						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )	0[	0	0		0	0
14	First five years. If the Form 990 is for the org	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	. —
	organization, check this box and stop here						
Sec	ction C. Computation of Public Sup	port Percenta	ge			,	·
15	Public support percentage for 2015 (line 8, co	• •		n)		15	0 00%
<u>16</u>	Public support percentage from 2014 Schedu					16	0 00%
Sec	ction D. Computation of Investment	Income Perc	entage			<del></del>	·
17	Investment income percentage for 2015 (line			olumn (f)) .		17	0 00%
18	Investment income percentage from 2014 Sch					18	0 00%
19a	33 1/3% support tests—2015. If the organize					and line 17 is	_
	not more than 33 1/3%, check this box and st	_			-		▶ ∟
b	33 1/3% support tests—2014. If the organization and the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second sta						. —
	line 18 is not more than 33 1/3%, check this b	=	=	•			. ▶
20	Private foundation. If the organization did no	ot check a box on I	ine 14, 19a, or 19l	b, check this box a	ind see instructions	}	▶

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

- 1 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** 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
- c 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
- 5a 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	<u>.</u>		<del></del>
			,
	_2		
	3a		
	<u> </u>		
	3b		
	3с		*
	4a		
	4b		
	12		
	4-		
	4c		
	-		
	_5a		
	5b		
ļ	5c		
	6		
	7		
	8		
	9a		
	<u> </u>		
	9b		
	0-		
	9c_		
	10a		
	404		*
	10b		

	Amarice for a dust coolery			
Part	Supporting Organizations (continued)		Yes	No
	the state of a getter contribution from any of the following persons?	$\Box$	. 55	
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone or together with persons decompositin (a) and (a)	11a		_
	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11b		
b	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
Ject	ion b. 1700 r capporting or gar		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			•
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No." describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization		L	1
Sect	ion C. Type II Supporting Organizations		Yes	No
	the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or trustees of each of the organization's supported organization(s) in No, describe in the same persons that controlled or managed			
		1		<u> </u>
Saat	the supported organization(s) tion D. All Type III Supporting Organizations			
Sec	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	↓
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI now			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	╁	<del> </del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	٦	ł	
	supported organizations played in this regard		<u> </u>	ш
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	uctio	26)	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctioi	13)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ction	s) 
	Activities Test Answer (a) and (b) below.		Yes	s No
2	- in the state and activities during the tay year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identity			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	<u> 2a</u>	<u> </u>	4—
b	. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	-	+-
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3.		·
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (Optional)  (Optional)  (A) Prior Year (B) Current Year	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ.	izations	
Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 O  Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (epitonal)  (A) Prior Year  (B) Current Year				tructions. All
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (Optional)  (Optional)  (A) Prior Year (B) Current Year	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 O  Section B - Minimum Asset Amount (A) Prior Year	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year(optional)
3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 O  Section B - Minimum Asset Amount  (A) Prior Year	1 Net short-term capital gain	1		
4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 O  Section B - Minimum Asset Amount (A) Prior Year	2 Recoveries of prior-year distributions	2		
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 O  Section B - Minimum Asset Amount (A) Prior Year	3 Other gross income (see instructions)	3		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 O  Section B - Minimum Asset Amount  (A) Prior Year	4 Add lines 1 through 3	4	0	0
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 O  Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year	5 Depreciation and depletion	5		
maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 O  Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year	6 Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Other expenses (see instructions)  8 Other expenses (see instructions)  8 Other expenses (see instructions)  8 Other expenses (see instructions)  (A) Prior Year  (B) Current Year	collection of gross income or for management, conservation, or			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 0  Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year	maintenance of property held for production of income (see instructions)	6		
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year	7 Other expenses (see instructions)	7		
Section B - Minimum Asset Amount	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
(optional)	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	instructions for short tax year or assets held for part of year)			
a Average monthly value of securities 1a	Average monthly value of securities	1a		
b Average monthly cash balances 1b	b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets 1c	c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets 2	2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d 3 0	3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions) 0	see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035 6 0	6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions 7 0	7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6) 8	8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount Current Year	Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1 2	2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year 5		5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions) 6	emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	7 Check here if the current year is the organization's first as a non-functional	lly-integ	grated Type III supporting of	organization (see
instructions)	instructions)			

Part \	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	0			
	n D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes		<del></del>			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purpos	·					
	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions	<del></del>					
7	Total annual distributions. Add lines 1 through 6			0			
8	Distributions to attentive supported organizations to which t	he organization is respor	isive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2015 from Section C, line 6			0 000			
10	Line 8 amount divided by Line 9 amount	<del></del>		0 000			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015						
а							
b							
C							
d	From 2013						
e	From 2014						
f	Total of lines 3a through e	0					
g	Applied to underdistributions of prior years		0				
	Applied to 2015 distributable amount			0			
i	Carryover from 2010 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0					
4	Distributions for 2015 from Section						
		)					
a	Applied to underdistributions of prior years		0				
	Applied to 2015 distributable amount			0			
	Remainder Subtract lines 4a and 4b from 4	0					
	Remaining underdistributions for years prior to 2015, if						
	any Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions)						
6	Remaining underdistributions for 2015 Subtract lines 3h						
·	and 4b from line 1 (if amount greater than zero, see						
	instructions)			C			
7	Excess distributions carryover to 2016. Add lines 3j						
•	and 4c						
8	Breakdown of line 7						
	Distance in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second						
	Excess from 2013	0					
	Excess from 2010	0					
	Excess from 2014						
b c d	Excess from 2014						

#### **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

Name of organization

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

**Open to Public** Inspection

Employer identification number

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

If the organization answered "Yes," on 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

Allıa	ince for a Just Society					91-163	<u>55554</u>		
Pa	rt I-A Complete if t	the organization is exempt und	ler section 501	c) or is a section	n 527 c	rganiza	tion.		
1	Provide a description of t	he organization's direct and indirect p	olitical campaign	activities in Part IV					
2	Political expenditures				▶ \$		. <b></b>	- <b></b>	
3	Volunteer hours				-		<b></b>		. <b></b>
Рa	rt I-B Complete if t	the organization is exempt und	lor section 501/	(c)(3)					
1		excise tax incurred by the organization			- S				
2	•	excise tax incurred by organization m			\$			<b></b>	
3		ed a section 4955 tax, did it file Form			▶ ♥.		Yes		No
	Was a correction made?	d a section 4500 tax, did it life from	47 20 101 tillo your	•	•	Ħ	Yes	H	No
	If "Yes," describe in Part	N/				L			,
		the organization is exempt und	ler section 501	c), except secti	on 501	(c)(3).			
1		expended by the filing organization f				-11-1-			
	activities .				▶ \$				
2	Enter the amount of the f	iling organization's funds contributed	to other organizati	ons for section	•				
	527 exempt function activ	vities .	•		▶ \$		. <b>.</b>		
3		penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,					
	line 17b		•		▶ \$	·	<b></b>		0
4	<del>-</del> -	file Form 1120-POL for this year?				. [_]	Yes		No
5		ses and employer identification numb							
	organization made payments of political as	ents For each organization listed, en ntributions received that were prompt	ter the amount par	d from the filing org	janizatioi . political	n's tunds Lorganiza	Also e	nter	
	as a senarate segregated	d fund or a political action committee	(PAC). If additional	l space is needed	provide i	nformatioi	non, si n n Pa	art IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organization			nount of itions rec		
				funds If none, ente			ptly and red to a		
						politica	al organi	zation	
						no	ne, ente	.r -0-	
	<del></del>								
(1)									
(2)					ļ				
	<del></del>								
(3)					}				
(4)									
(5)			]		ļ				
\-/ ₁	<del></del>		<del>_</del>	<u> </u>					
(6)		ļ			ļ				
		1	ł	ı					

f Grassroots lobbying expenditures

Р	art II-A Complete if the organiza	tion is exempt (	under section 50	01(c)(3) and filed	l Form 5768 (ele	ction
	under section 501(h)).			<del></del>	<del></del>	
Α	Check ▶ if the filing organization	_			_	ıp member's
_	name, address, EIN, ex					
<u>В</u>	Check ► if the filing organization			or provisions ap	ріу.	
	Limits on Lo (The term "expenditures"	bbying Expendit means amounts	ures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence j	public opinion (gras	ss roots lobbying)		29,086	0
b	Total lobbying expenditures to influence a	a legislative body (	direct lobbying)		16,263	0
С	Total lobbying expenditures (add lines 1a	and 1b)			45,349	0
d	Other exempt purpose expenditures			i	2,667,665	0
е	Total exempt purpose expenditures (add	•			2,713,014	0
f	Lobbying nontaxable amount Enter the a	mount from the fo	llowing table in both	1		
r	columns				285,651	0
	If the amount on line 1e, column (a) or (b)		g nontaxable amou	nt is:		
ļ	Not over \$500,000		mount on line 1e	!		
-	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
- }	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 Over \$17,000,000		s 5% of the excess of	ver \$1,500,000		
<u>_</u>		\$1,000,000			74.440	
g	Grassroots nontaxable amount (enter 25	•			71,413	0
h	Subtract line 1g from line 1a If zero or le		•	•	0	0
!	Subtract line 1f from line 1c If zero or les	•	. 4	ation flo Form 470	0	0
J	If there is an amount other than zero on e	either line in or line	e 11, did the organiz	ation file Form 4/2	υ reporting Γ	
	section 4911 tax for this year?				· [	Yes No
	(Some organizations that made a	section 501(h) e	Period Under section do not have ructions for lines	e to complete all o	of the five columns	below.
	Lobb	ying Expenditure	s During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount	268,743	270,960	261,112	285,651	1,086,466
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,629,699
С	Total lobbying expenditures	2,081	_7,906	24,301	45,349	79,637
d	Grassroots nontaxable amount	67,186	67,740	65,278	71,413	271,617
_e	Grassroots ceiling amount (150% of line 2d, column (e))					407,426

2,904

430

Schedule C (Form 990 or 990-EZ) 2015

32,420

29,086

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NO I (election under section 501(h)).	tiled	ı For	m 5/6	8	
Eor	each "Voc	s," response on lines 1a through 1i below, provide in Part IV a detailed	(8	3)		(b)	
		the lobbying activity.	Yes	No		lmoun	t
1	_	e year, did the filing organization attempt to influence foreign, national, state or local					
	•	n, including any attempt to influence public opinion on a legislative matter or					
		m, through the use of	,				
а	Voluntee		lacksquare	<u> </u>	,		
b		or management (include compensation in expenses reported on lines 1c through 1i)?	ļl		1		
c		vertisements?	<b>  </b>	<del> </del>	├		
d	-	to members, legislators, or the public?	<b></b>		<del> </del> -		
e		ons, or published or broadcast statements?	<u> </u>	├	├──		
f		other organizations for lobbying purposes?	├─┤	<del> </del>	<del></del>		
g		ntact with legislators, their staffs, government officials, or a legislative body?	<b>  </b>	<del> </del>	<del> </del>		
h :	Other act	emonstrations, seminars, conventions, speeches, lectures, or any similar means?	<del>  </del>	<del> </del>			
i		I lines 1c through 1i					
2a		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
b		enter the amount of any tax incurred under section 4912		<b></b>	1		
C		enter the amount of any tax incurred by organization managers under section 4912					
ď	-	g organization incurred a section 4912 tax, did it file Form 4720 for this year?				<del></del>	
	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	ors	ection		
<u> </u>		501(c)(6).	.0,(0),	, 0. 0	000.01	•	
						Yes	No
1	Were sub	stantially all (90% or more) dues received nondeductible by members?			1		
2		rganization make only in-house lobbying expenditures of \$2,000 or less?.			2	1	t —
3		rganization agree to carry over lobbying and political expenditures from the prior year?		•	3	$\vdash$	
1	Duos as	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."					3, is
2		62(e) nondeductible lobbying and political expenditures (do not include amounts of		<del>  '-</del>	<del> </del> -		
~		expenses for which the section 527(f) tax was paid).	1				
а	Current y			2a			
h	•	r from last year		2b	<del> </del>		
c	Total			2c			
3		e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>		
4		were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
		pes the organization agree to carryover to the reasonable estimate of nondeductible			l		
		and political expenditure next year?		4			
5		mount of lobbying and political expenditures (see instructions)		5			
Part		pplemental Information					
Provi	de the des	criptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), F	art II-	·A, lines	 s 1 and	<u></u>
		ns), and Part II-B, line 1. Also, complete this part for any additional information					
			~			<del>-</del>	<b></b>
<b>-</b>						- <b></b>	. <b></b>
·	<b></b>				<b></b>		
· <del>-</del>							
	<b></b>			<b>-</b>	<b>-</b>		

		ce for a Just Society					91-1635554	
		m 990 or 990-EZ) 2015		··- <u>-</u> .				Page <b>4</b>
Part	V_	Supplemental Informat	ion (continued)				· · · · · · · · · · · · · · · · · · ·	
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#### **SCHEDULE D** · (Form 990)

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization		Employer identification number
Allian	ce for a Just Society		91-1635554
Part	Organizations Maintaining Done	or Advised Funds or Other Similar I	Funds or Accounts.
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	6
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		_ <del></del>
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and do		
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		
_	purpose conferring impermissible private ber	etit?	Yes No
Par			
		ered "Yes" on Form 990, Part IV, line	<u>7</u>
1	Purpose(s) of conservation easements held to	, , , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (e g , recr	eation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ion held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ements .	2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Regist	er .	2d
3	Number of conservation easements modified	, transferred, released, extinguished, or ter	minated by the organization during
	the tax year ▶		
4	Number of states where property subject to o		
5	Does the organization have a written policy re	· · · · · · · · · · · · · · · · · · ·	n, handling of
	violations, and enforcement of the conservati		Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported	on line 2(d) above catisfy the requirements	of section 170/h)/4)/B)/i)
0	and section $170(h)(4)(B)(H)$ ?	of line 2(d) above satisfy the requirements	Yes No
9	In Part XIII, describe how the organization re	norts conservation easements in its revenu	
•	balance sheet, and include, if applicable, the		
	the organization's accounting for conservatio		
Par	III Organizations Maintaining Colle	ections of Art, Historical Treasures,	or Other Similar Assets.
		ered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under	r SFAS 116 (ASC 958), not to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other sim	, , , , , , , , , , , , , , , , , , , ,	
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide the following amount		
	(i) Revenue included on Form 990, Part VIII,	<del>-</del>	. ▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of a	art, historical treasures, or other similar ass	ets for financial gain, provide the
_	following amounts required to be reported un		
а	Revenue included on Form 990, Part VIII, line		▶ \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sched	ule D (Form 990) 2015 Alliance for a Just S  Organizations Maintaining		Art Hist	orical Tr	203511705 0		35554 Page <b>2</b>
3	Using the organization's acquisition, acc						
	collection items (check all that apply)	,	_			•	
а	Public exhibition		d [	Loan	or exchange	programs	
b	Scholarly research		е	Other			
С	Preservation for future generation	ns		•			
4	Provide a description of the organization XIII		explain h	ow they fu	urther the org	anızatıon's exempt pur	pose in Part
5	During the year, did the organization so assets to be sold to raise funds rather the						Yes No
Part	IV Escrow and Custodial Arra	ngements.					
	Complete if the organization a 990, Part X, line 21	answered "Yes"	on Form	990, Pa	ırt IV, lıne 9,	or reported an amo	ount on Form
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other in	termediar	y for cont	ributions or of	ther assets not	Yes No
b	If "Yes," explain the arrangement in Par	t XIII and complete	the follow	wing table			
							Amount
С	Beginning balance					1c	
d	Additions during the year Distributions during the year			•	•	1d   1e	
e f	Ending balance					1f	0
_	*	an Farm 000 Dad	V 1.00 21	1 for coor	ou or ousted	L	Yes X No
2a	Did the organization include an amount						
b	If "Yes," explain the arrangement in Par	Check here	ii the expi	anauon na	as been provi	ded on Part XIII .	
Part		anguared "Voo"	on Form	000 Da	urt IV/ line 10	1	
	Complete if the organization	(a) Current year	(b) Pro		(c) Two years		ick (e) Four years back
1a	Beginning of year balance	(a) Current year	(3)	-	(0) 1,10 ) 00.15	(4) 1,1100 ,0010 20	(0) / 041 / 0410 2401
b	Contributions					<del></del>	
c	Net investment earnings, gains,	-					<del></del>
	and losses .						
d	Grants or scholarships						
e	Other expenditures for facilities						
	and programs		·				
f	Administrative expenses				<b> </b>		
g	End of year balance .	0		0		0]	0 0
2	Provide the estimated percentage of the	-		line 1g, co	olumn (a)) hel	ld as	
a	Board designated or quasi-endowment	•	%				
b	Permanent endowment	<u>~</u>					
С	Temporarily restricted endowment	% should squal 100	10/				
3a	The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the p	·		n that are	held and add	ministered for the	
Ja	organization by	ossession of the o	ryanizanc	iii iiiat are	ricia ana aa	ministered for the	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations	·	-		-		3a(ii)
b	If "Yes" on line 3a(ii), are the related org	anizations listed a	s required	d on Sche	dule R?		3b
4	Describe in Part XIII the intended uses						
Part							
	Complete if the organization		on Form	990, Pa	irt IV, line 11	a. See Form 990, F	Part X, line 10
	Description of property	(a) Cost or ot	her basis		ost or other	(c) Accumulated	(d) Book value
		(investm	ent)	bas	is (other)	depreciation	
1a	Land	<u> </u>	0		610,169	<u></u>	610,169
b	Buildings .	<u> </u>	0		601,065	107,251	493,814
C	Leasehold improvements	<u> </u>	0		0	0	<del></del>
d	Equipment .		0		13,800	11,504	

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

11,504 2,296 0 0 ▶ 1,106,279

		allowered too on total state	), Part IV, line 11b See Form	
(a) Des	scription of security or category	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
(ır	ncluding name of security)	<del>                                     </del>	Cost of end-of-year file	
) Financial der	rivatives	0		
	equity interests	<del>-</del>		
		I I		
		-		
(G)				
_3 <u>-</u> 2				
	st equal Form 990, Part X, col. (B) line 12.)	<b>▶</b> 0		
Part VIII	Investments—Program Re Complete if the organization	lated. answered "Yes" on Form 99	0, Part IV, line 11c. See Form	990, Part X, line 13
(6	a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	uation
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total (Column (b) mu	ust equal Form 990, Part X, col (B) line 13)	• 0		
Part IX	Other Assets.			000 D-4 V line 1
Part IX	Other Assets. Complete if the organization	answered "Yes" on Form 99 (a) Description	90, Part IV, line 11d. See Fort	m 990, Part X, line 1 (b) Book value
(1)	Other Assets.  Complete if the organization		90, Part IV, line 11d. See Fori	m 990, Part X, line 1 (b) Book value
(1)	Other Assets.  Complete if the organization		90, Part IV, line 11d. See Fori	m 990, Part X, line 1 (b) Book value
(1) (2) (3)	Other Assets. Complete if the organization		90, Part IV, line 11d. See For	m 990, Part X, line 1 (b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization		90, Part IV, line 11d. See For	m 990, Part X, line 1 (b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization		90, Part IV, line 11d. See Fori	m 990, Part X, line 1
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization		90, Part IV, line 11d. See For	m 990, Part X, line 1
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization		90, Part IV, line 11d. See For	m 990, Part X, line 1
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization	(a) Description	90, Part IV, line 11d. See For	m 990, Part X, line 1 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization	(a) Description		m 990, Part X, line 1 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization	(a) Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnia Part X	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25.	(a) Description  X, col (B) line 15)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  n answered "Yes" on Form 9	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I (2) (3) (4)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I (2) (3) (4) (5)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I (2) (3) (4)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization line 25. (a) Description of hability	(a) Description  X, col (B) line 15)  In answered "Yes" on Form 9  (b) Book value	90, Part IV, line 11e or 11f. S	

Par	Reconciliation of Revenue per Audited Financial State	manta With Dave	91-10000	rage 4
Par	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements	, , arriv, mic 12d.	11	2,663,898
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2,003,090
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	L	2e	0
3	Subtract line 2e from line 1		3	2,663,898
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
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	2,663,898
Par	Reconciliation of Expenses per Audited Financial Stat	ements With Exp	enses per Returi	).
	Complete if the organization answered "Yes" on Form 990			
1	Total expenses and losses per audited financial statements	<u> </u>	1	2,713,014
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
þ	Prior year adjustments .	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII ) .	2d		
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		3	2,713,014
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		
b	Other (Describe in Part XIII ) .	4b		
¢	Add lines 4a and 4b .		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	2,713,014
	XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b a	nd 2b, Part V, line 4,	Part X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any addition	nal information	
Part :	X Line 2 FIN 48 FOOTNOTE Alliance for a Just Society qualifies as a tax-exe	empt		
orgai	nization under Section 501(c)(3) of the Internal Revenue code Management is	s confident		
that i	t is at least more likely than not that the exemption would be upheld if examin	ed		
Ther	efore, is no provision for income taxes. The Organization's tax returns are no l	onger		
subje	ct to U.S. federal or state examinations by taxing authorities for years before	2013		
<b>-</b>				
<b>-</b>				

Schedule D (Form	1 990) 2015	Alliance for a J	ust Society		 	91-	1635554	_Page <b>5</b>
Part XIII	Supple	emental Inforn	nation (contin	ued)				
-,								
· • • • • • • • • • • • • • • • • • • •	·				 	- <b></b>		
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# SCHEDULE I (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" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2015

Open to Public

91-1635554

ž

X Yes ∑

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

Employer identification number Alliance for a Just Society

. . . . . Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance?. Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(p) 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
(1) WCAN Education & Research Fun 1806 E Yesler Way Seattle, WA 98122	91-1259403	501(c)(3)	50,000				small biz organizing & money in politics
(2) NJ Citizen Action Education Fund 744 Broad St, Suite 2080 Newark, NJ	22-2493628	501(c)(3)	35,000				small business organizing
(3) Maine People's Resource Center 565 Congress St, Suite 200 Portland.	22-2586108	501(c)(3)	30,000				small business organizing
(4) Michigan United 2227 Medford Ann Arbor, MI 48104	38-3058190	501(c)(3)	18,000				health access organizing
(5) Labor Neighbor Research & Trainir PO Box 3924 New Orleans, LA 70177	72-1427695	501(c)(3)	18,000				health access organizing
(6) Southern United Neighborhoods 2221 St Claude Ave New Orleans, LA	36-4668072	501(c)(3)	18,000				health access organizing
(7) Florida Institute for Reform and Em 134 E Colonial Dr Orlando, FL 32801	27-4384675	501(c)(3)	18,000				health access organizing
(8) Virginia Organizing 703 Concord Ave Charlottesville, VA 2	54-1674992	501(c)(3)	15,000				small business organizing
(9) Public Policy & Education Fund of 94 Central Ave Albany, NY 12206	13-3364209	501(c)(3)	15,000			į	small business organizing
(10) Vermont Businesses for Social Res 255 South Champlain St, Suite 11 Buri	03-0349495	501(c)(3)	13,500				small business organizing
(11) Somali Community Services of Sea 8810 Renton Ave South Seattle, WA 91	91-1746056	501(c)(3)	12,400				community outreach

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

27-0531587

6727 Martin Luther King Jr Way S Sea (12) Al Noor Islamic Community Center

12.400

Schedule I (Form 990) (2015)

community outreach

Schedule I (Form 990) (2015)

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

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

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Open to

91-1635554

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Alliance for a Just Society

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection in Employer identification number

Form 990, Part III, Line 4d Program Service Expenses 329,704, Grants and allocations
44,994, Revenue 0 INNOVATIVE COLLABORATIONS & EMERGING ORGANIZATIONS AJS actively supported
the development of innovative collaborations & emerging organizations in underserved
communities AJS provided back-end administrative support, actively participated in
collaborations, & coached, trained & supported the staff of new & emerging organizations
Examples included Native Organizers Alliance (NOA) provides training & support to Native
organizers & Native-led groups to advance health, racial & economic justice in Indian Country
NOA organized or supported trainings in WA, MT, IL & AK, & provided technical assistance &
coaching for Native-led groups in their local communities. Indian People's Action (IPA) is a
statewide Native-led organizing project in MT working on voting rights for Native people,
bringing Native voices to the Medicaid expansion debate, disproportionate incarceration in MT
prisons, racial profiling & environmental justice Fair Work Center (FWC) is a Seattle based
organization helping workers understand & navigate labor laws FWC provides materials &
workshops in multiple languages
Form 990, Part III, Line 4d Program Service Expenses 242,063, Grants and allocations 0,
Revenue 74,850 LEADERSHIP & STAFF TRAINING & ORGANIZATIONAL DEVELOPMENT AJS supported
affiliates with training, leadership development & coaching for staff & emerging leaders,
holding 47 training events & workshops with 1,575 participants. These included issue trainings
on immigration, racial justice, money in politics, health care, mass incarceration, & other
issues AJS held skill-building trainings on community organizing (including three 4-day
organizer trainings with 59 new staff & grassroots leaders, & a 4-day Native organizer
training with 30 Native leaders) AJS coordinated a grassroots fundraising peer coaching
program, where affiliate staff particiapted in a series of training sessions to strengthen
their organizations' small donor fundraising programs AJS also held state-based trainings in
7 states, & continued its Online Community College for Community Organizations, using
interactive software to enhance affiliates' education & to connect leaders across the country

Name of the organization Alliance for a Just Society	Employer identification number 91-1635554
Alliance for a Just Society	(91-1035554
through shared curricula. Also AJS senior staff provided coaching, mentoring & real time	
advice to affiliate senior staff	
Form 990, Part VI, Section A, Line 6 MEMBERS Affiliates are organizations that are engaged	
in and/or support community organizing to promote the social welfare of poor and working	
people, support the purpose of Alliance for a Just Society (AJS), and pay annual dues The AJS	
Board must approve the entrance of new affiliates by a 2/3 vote	
Form 990, Part VI, Section A, Line 7a MEMBERS & THE GOVERNING BOARD. The governing is	board is
made up of 2 representatives from each of the independent affiliate organizations the	
Executive Director and a board member. In addition, at-large board members may be elected by a	3
majority vote of the Board	
Form 990, Part VI, Section A, Line 7b DECISIONS RESERVED FOR MEMBERS Under Washin	gton
corporation law, certain important decisions such as changes to the governing documents, and	
decisions to merge, consolidate or dissolve require membership approval	
Form 990, Part VI, Section B, Line 10a AFFILIATES Alliance for a Just Society has member	
organizations that we call "affiliates", but they are independent organizations, and so, don't	
meet the IRS definition of affiliate in line 10a. In addition, Main Street Alliance, a project	
of AJS, has local chapters. However, they are chapters of the project, not of the organization	
as a whole and, therefore, would not meet the definition of affiliate in line 10a	
Form 990, Part VI, Section B, Line 11b 990 REVEIW The Executive Director and the preparer	
review the entire draft with the Board President and the Board Treasurer Before filing, the	·
final return is emaied to the entire Board with a note calling attention to the descriptions	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
of programs and processes	
Form 990, Part VI, Section B, Line 12c CONFLICT OF INTEREST POLICY MONITORING. The of	
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 the discussion or decisionmaking	
on the matter	
Form 990, Part VI, Section B, Line 15 EXECUTIVE COMPENSATION The Board reviewed a sur	
FORM 930, Part VI, Section B, Line 13 EXECUTIVE COMPENSATION The Board reviewed a Sur	vey oi

Name of the organization	Employer identification number
Alliance for a Just Society	91-1635554
like non-profits in the northwest. The compensation level chosen was in the 45th percentile of	
that list. This was chosen because we were concerned that, if every organization benchmarks at	
the 75th percentile, it only causes an upward spiral of compensation. The decision was	
reviewed and voted upon by independent board members	
Form 990, Part VI, Section C, Line 19 DISCLOSURE Financial statements are available upon	
request Requests for governing documents and policies are considered on a case-by-case basis	

# SCHEDULE R (Form 990)

Name of the organization

Alliance for a Just Society

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public 2015

OMB No 1545-0047

Employer identification number 91-1635554 (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN (if applicable) of disregarded entity Part II  $\Xi$ 3 9 3 **€ 3** 

	(b)(13) ed ,	No									
(B)	Section 512(b)(13) controlled entity?	Yes		×		1			_		- 
	Direct controlling entity			Alliance for a Just							
(e)	Public chanty status (if section 501(c)(3))										
<u>(G</u>	Exempt Code section			501(c)(4)							
(0)	Legal domicile (state or foreign country)			WA							
(a)	Primary activity		advocate for economic,	racial & social justice							
(e)	Name, address, and EIN of related organization		(1) Community Organizations in Action 26-2613701	3518 S. Edmunds St Seattle, WA 98118	(2)		(3)	(4)	(5)	(9)	(7)

Schedule R (Form 990) 2015

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

Declared it had one or more elieted organizations treated as a partnership during the lax year.  The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	M 990) 2015 Alliance for a Just Society Identification of Related Organizations Taxable
	because it had one or more related organizations treated as a partnership during the tax year.
Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part ons treated as a corporation or trust during the tax year.  (a)  (b)  (c)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)  (cop. S.cop. of tax)	(c) Legal Direct domicile (state or foreign country)
Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part ons treated as a corporation or trust during the tay year.  (c) (e) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
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a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part  attions treated as a corporation or trust during the tax year.  Legal domcile  (state of freign country)  Legal domcile  (state of freign country)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or frust)  (corp. 5 corp. or	
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Direct controlling Type of entity Share of total Share of entity (C corp. S corp. or trust) income end-of-year assets ownership end-of-year assets ownership	ations Taxable as a
<del></del>	(b) Primary activity

91-1635554	
!	
Alliance for a Just Society	
Schedule R (Form 990) 2015	

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part V

Schedule R (Form 990) 2015 × × × × × Method of determining Yes share of rent in outlying offices 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. ᆿ 16 19 19 19 1 46 9 **1e** 무 887 Performance of services or membership or fundraising solicitations by related organization(s)................ (c) Amount involved Performance of services or membership or fundraising solicitations for related organization(s). 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? Transaction type (a-s) a Loans or loan guarantees to or for related organization(s). Exchange of assets with related organization(s)........... Lease of facilities, equipment, or other assets to related organization(s) Purchase of assets from related organization(s)........... Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Other transfer of cash or property to related organization(s)....... Lease of facilities, equipment, or other assets from related organization(s) Gift, grant, or capital contribution from related organization(s) .  $\,\cdot\,\,\cdot\,\,\cdot\,\,$ Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Sharing of paid employees with related organization(s). Gift, grant, or capital contribution to related organization(s). Other transfer of cash or property from related organization(s) Name of related organization Dividends from related organization(s) . . . . . Sale of assets to related organization(s). (1) Community Organizations in Action Ε **c** 0 ပ ਰ **a b** ທ 7 **₹** 2 3 9 9

91-1635554

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership																		Schedule R (Form 990) 2015
(J) General or managing partner?	8	├																(Form 9
L	Yes																	dule R
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		}																Sche
(h) Disproportionale allocations?	S.																	
Dispropr	Yes																	
(g) Share of end-of-year assets																		
(f) Share of total income																		
artners son (3)	^o Z																	
(e) Are all partners section 501(c)(3) organizations?	Yes																	
(d) Predominant income (related, unrelated, excluded from tax under																		
(c) Legal domicile (state or foreign country)																		
(b) Primary activity														:				
(a) (b) (c) (d) (e) (f) (f) (g)  Name, address, and EIN of entity Primary activity (state or foreign income (related, excluded excluded excluded organizations?		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)
Part V Line 2	2 Alliance for a Just Society received a total of \$67,355 from Community
Organization	s in Action under the terms of a resource sharing agreement. The total included
\$21,007 in sl	hared employee expenses, \$4,103 for shared facilities, \$21,642 in reimbursed
expenses, a	nd a grant of \$19,716, in addition to the reported rent of \$887
<b></b>	
<del>-</del> -	