HTA

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

		the Treasury	Programme and the second secon	ov/Form990 for instru		-		·	Inspection
A			endar year, or tax year beginni			, and e			
В		applicable	والمستوا المستوال المستوالة بالمساور	e for a Just Society			D Er	nployer ident	fication number
Ш	Address	change	Doing business as		11:	16 7 .			
	Name ch	ange	Number and street (or P O box if m	ail is not delivered to street	address)	Room/suite		35554 lephone numb	nor
一	Initial reti	um	3518 S Edmunds Street City or town	Sta		ZIP code		·	Je!
			Seattle	W		98118	(206)	568-5400	
ᆜ	Final return	n/terminated	Foreign country name	Foreign province/state/cour	nty	Foreign postal	code		
Ш	Amended	i return		-			G Gr	oss receipts \$	3,010,354
	Application	on pending	F Name and address of principal office	er		1	H(a) Is this a grou	p return for subc	ordinates? Yes X No
			LeeAnn Hall 3518 S Edmunds	St, Seattle, WA 981			H(b) Are all sub	ordinates incli	ıded? Yes No
1_1	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1)	or 527	If "No," att	ach a list (see	: instructions)
<u>J (</u>	Vebsite	e: • ww	v allianceforajustsociety org			9/	H(c) Group exe	mption numbe	r 🕨
K	orm of o	rganization	X Corporation Trust	Association Other	,	L Yea	r of formation	1994 M	State of legal domicile WA
F	art I	Sui	mmary		T			· ·	
	1		escribe the organization's miss	ion or most significan	t activities	s Work	ed with partn	ers to over	come an attempt
ဥ	1		Native voting in ND & succeed	_					
Governance	1	Conduct	ed 150 interviews leading to a	report & recommenda	ations on	community of	rganizing		
Š	2	Check th	nis box → 🔲 if the organizati	on discontinued its or	perations	or disposed	of more than	25% of its	net assets
Ŏ	3		of voting members of the gove					3	5
Activities &	4		of independent voting member		-			4	5
ŧ	5		mber of individuals employed in	-	(Part V, I	ine 2a)		, 5	28
듕	6	Total nu	mber of volunteers (estimate if	necessary)		DECEN	VED:	6	480
⋖	7a	l otal un	related business revenue from	Part VIII, column (C),	line 12	- 	<u> </u>	7a	0
	 _ b -	Net unre	lated business taxable income	from Form 990-1, line	e 38 F.				Current Year
_	8	Contribi	tions and grants (Part VIII, line	1h)	5	OCT 2 4	5010 Prior		2,919,208
Revenue	9		service revenue (Part VIII, line		15-	-		1 420,004	
, se	10		ent income (Part VIII, column (A		- }	OGDEN	1, UT	540	
ΩŽ	11		venue (Part VIII, column (A), lir			-	<u> </u>	0	
	12		enue-add lines 8 through 11 (mi					423,894	3,010,354
	13		ind similar amounts paid (Part I					268,146	24,980
	14	Benefits	paid to or for members (Part I)	(, column (A), line 4)				0	0
es	15		other compensation, employee b	•	n (A), lines	s 5–10)		142,141	488,998
Expenses	16a		onal fundraising fees (Part IX, o					0	10,000
ğ	_ b		idraising expenses (Part IX, co			66,834			
ш	17		penses (Part IX, column (A), lii			25/		195,503	
	18		penses Add lines 13–17 (must		n (A), line	: 25)		605,790	
- S	19	Revenue	e less expenses Subtract line 1	io irom line 12		·	Beginning of (-181,896	2,186,825 End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)			İ	acging or C	225,483	
Ass 1 Bal	21		pilities (Part X, line 26)					22,944	
E S	22		ets or fund balances Subtract li	ne 21 from line 20				202,539	
	irt II		nature Block						
Und	er penalt	es of perjun	, I declare that I have examined this retu	ım, including accompanying	schedules	and statements,	and to the best of	of my knowled	ge
and	belief, it i	s true, corre	ct, and complete Declaration of pregare	(Other than officer) is base	d on all info	mation of which	preparer nas an	y knowledge	
Sig			Signature of officer	WOI				Date	
He	re		- 1 A	Hall				10.	-18-19
			Type or print name and title	> C-1					
		Print	Type preparer's name	Preparer's signatur	re 🔿		Date		PTIN
Pa		1/-11	anın Donaldson	1/11/2/	() IM	Ld_	9/4/2019	Check self-em	
	eparer		nryn Donaldson	- 1 CMM)	J///\				PIO 10 10 10 10 10 10 10 10 10 10 10 10 10
Us	e Only	,	s name				Firm's		000 0070
_			s address ► 1924 SE 35th Aven				Phone	no 503-	233-6078
Ма	y the IF	RS discus	s this return with the preparer s	hown above? (see in	structions	s <u>) </u>			X Yes No
For	Paper	work Red	uction Act Notice, see the separ	rate instructions.					Form 990 (2018)

Form 9	90 (2018)	Alliance for a Just Society	91-1635554	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		X
1	Briefly d	escribe the organization's mission		
		ess economic, racial and social inequities by strengthening community organizations		·
	and exe	cuting regional and national campaigns		
2		organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
J	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O	_	
4		e the organization's program service accomplishments for each of its three largest program services	, as measured by	
		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others,	
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 329,340 including grants of \$ 24,980) (Revenue	90	712 \
44	•	ked with several community-based organizations to support both their external campaign		
		ment, and their internal experience development in ND, AIC worked with Native		
	Organiz	ers Alliance, Four Directions and the Standing Rock Sioux Tribe to overcome a ND voter ID		
		nt College, who created maps and identified addresses so tribal officials could issue new		
		oters. As a result of the unprecedented mobilization work, more than 1460 ballots were sloux County (compared to 1397 in 2008). In MT, AJS worked with Montana Organizing Project.		
		at their reads to inform popular book and the hormon of productors landing products in the		
		lace, while lifting up consumer storied & voices to hold businesses & policymakers		
		-his to protection the people AIC executed the Manie Family Stratogy Council with		
	facilitation	on of a campaign coalition on paid family & medical leave, and supported Citizen Action		
		build out its NYC chapter & leadership team (see Sched O)		
4b	(Code) (Expenses \$ 305,186 including grants of \$ 0) (Revenue		
		Down Home (NC) does leadership outreach, education & training, and takes action to improve DH knocked on more than 26,000 doors, & did 169 home visits & community presentations. We		
		over 60 trainings involving 755 people. Energy Rates- WDH engaged over 2500 members to		
		Duly Francisco blocks and francisco and programme college Continuous Inc.		
		d 24 members to the town meeting, presented information on the living wage & presented 100		
		that members had collected in parking lots all over the area. Immigration- WDH stood up afety & dignity of immigrant families. We organized 150 people in a public education.		
		and the book and the short black and the short		
	over 300	people take action to keep families together. One of our members spoke in solidarity at a		
	rally of 3	5,000 in DC (see Sched O)		
4c	(Code) (Expenses \$ including grants of \$) (Revenue		
4d	Other pr	ogram services (Describe in Schedule O)		
	(Expens		0)	
4e	Total pro	ogram service expenses 634,526		

5 . 13.7	OL 1.11 4		• • • •	O - I	
Part IV	Checklist	OT P	ZECHILLEU	Sch	ealliee
	Unconist	VI 1	<i>'Cuuii cu</i>	~~!!	Cuulca

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	1	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>	\vdash	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5		-	 ^ -	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_ ا	l	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	 	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		l	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	İ	ĺ	
	"Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	[
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 4		-
••	VII, VIII, IX, or X as applicable		مر ا	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
đ		440		
L	Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
46		13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	l i		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, l		
	If "Yes," complete Schedule G, Part III .	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	\Box		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ_	

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x_	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b]	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		 ^
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ľ	1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			 ^
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		,	i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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	,	×
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			\vdash
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
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	Х	
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			
•	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
Par		,		
الد	Check if Schedule O contains a response or note to any line in this Part V		1	\Box
	Chosk is concedure a contrained response of flote to dry life in tills 1 dit v		Yes	No.
4	Enter the number consisted in Box 2 of Farm 4006 Fates 0 if and applicable	\vdash	7 eS	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 14	}		`
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-	- <u>x</u>	
	Agricultà (Agricollinà), within the price with the second	1c	990 (2010
		. 0:111	~~· ((2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			T.,	T
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2b	X	alidisis. (2
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructi		1200	2	330
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
.p	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	ıle O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account		\$300 E	Ni	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	1 41	_ <u>5c</u>		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?	i trie	6a]	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	itions or	_ ba		 ^-
U	gifts were not tax deductible?	10013-01	6b		l
7	Organizations that may receive deductible contributions under section 170(c).		3325	AMAR.	17.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			
	and services provided to the payor?		7a	34444	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
	required to file Form 8282?		7с	Ĺ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year .	7d		E.	が続
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		⊢–
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h		-10 Miles
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain sponsoring organization have excess business holdings at any time during the year?	nea by the	8	ATT.	
9	Sponsoring organizations maintaining donor advised funds.				46436
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	200	I LOS BOOM
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		200		1300
a ·	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		202		
	against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1 1	12a	a 16 5 315 1815 fb-	254342 4
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		95385	新級數	THE STATE OF
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	Delete:	B. Ast
b	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which	•	7		
	the organization is licensed to issue qualified health plans	13ь		1712	
С	Enter the amount of reserves on hand	13c		\$250 \$250 \$250 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$3	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	- (2),25	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi	ule O	14b		<u>_</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remui		<u> </u>		
. –	excess parachute payment(s) during the year		15		х
	If "Yes," see instructions and file Form 4720, Schedule N		N. A.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt income?	16	34750	X
10		are alcome?			ALC:
	If "Yes," complete Form 4720, Schedule O		2 2000 2	18, 4036.9	John 447.3

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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

Sect	on A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5		ANTA A	,				
	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		1 1	* 2	-, -				
	committee, explain in Schedule O		4	1	~]				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 5	,	• •	. [
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	1 .						
	any other officer, director, trustee, or key employee?	•	2		X				
3	Did the organization delegate control over management duties customarily performed by or under	the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4	X					
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X				
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint .	6		<u>X</u>				
	one or more members of the governing body?	арропп	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members								
	stockholders, or persons other than the governing body?	1	7b]	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	a during	· · · ·	- ,	<u>^</u>				
Ü	the year by the following	Tauring	ļ. , l	نو	`-				
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	$\hat{\mathbf{x}}$					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	asched		^					
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cached	9	1	X				
Sact	on B. Policies (This Section B requests information about policies not required by the	Internal Povenue (, _	 -				
Ject	on B. Folicies (This Section B requests information about policies not required by the	memai Nevende C	7006	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?								
ь	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	10a		X				
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		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	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	uve use to conflicts?	12b	$\frac{\hat{x}}{x}$					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '								
•	describe in Schedule O how this was done		12c	x					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and appro-	val by	,	1					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	-	٠, ا	٠,	' !				
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		133		 1				
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,				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	,	``,	<u> </u>				
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		`		1				
	the organization's exempt status with respect to such arrangements?	,	16b						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed		-						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app								
Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest poli	cy, an	d					
	financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•						
	LeeAnn Hall	206-568-5400							
	3518 S Edmunds St, Seattle, WA 98118								

Form 990 (2018)	Alliance for a Just Society			_						91-16355	54 Page 7
Part VII	Compensation of Officers, Dire		es, K	(ey	En	plq	oyee	s, ł	Highest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		ta to	anı	, lir	ו פו	n this	D:	art VIII		
Section A.	Officers, Directors, Trustees, Key E	_ `						_			· · · <u> </u>
	his table for all persons required to be			_	_					with or within the	
organization's		iisted Kepott Co	mpei	isati	011	יוטו נו	iie ca	CIIC	dar year ending t	WILLI OF WILLIII THE	
List all confidence of compensation List all confidence of the confidence o	of the organization's current officers, di on Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of Fori nd any related organizations	F) if no compens yees, if any Seo npensated emplo	sation e insti oyees	wa ructi (ot	s pa ons her	aid for thar	defin	tior ffic	of "key employe er, director, trust	ee " ee, or key emplo	
List all c	of the organization's former officers, ke eportable compensation from the organ	•						ed e	employees who r	eceived more th	an
	of the organization's former directors of										the
-	more than \$10,000 of reportable compe		_				-		-		
•	ithe following order individual trustees employees, and former such persons	or directors, ins	titutic	onai	trus	tee	s, om	cers	s, key employees	s, nignest	
- -, '	s box if neither the organization nor any	v related organiz	ation	con	nne	nsat	ted ar	ıv c	urrent officer dir	ector or trustee	,
	box in fiction the digamization flor any	related organiz	1	-	<u> </u>	C)		., .			
(A) Name and Trile		(B) Average hours per	box,	Posit do not check m ox, unless pers fficer and a dir		sition more than one erson is both an director/trustee)		an	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Deana l		4 00	Ü								
President & Bo		0.50 1 00	<u> </u>	⊢	<u>X</u>	┝╌	<u> </u>		0	0	0
(2) Richard Secretary & B		0 00	x		x				o	0	0
(3) William		2 00	<u> </u>	一							
	oard Member	0 50	Х	L	X	L			0	0	0
(4) Gary De		2 00	J	ļ							
Board Membe	· · · · · · · · · · · · · · · · · · ·	0 00		⊢	<u> </u>	<u> </u>			0	0	0
(5) Oscar S Board Membe		2 00 0 00	•						0	0	0
(6) LeeAnn		35 00	 ^ -	-	┢╌		- -	_		0	
Executive Dire		19 00	}]	x	×]		24,000	150,760	10,615
(7)											
(8)			-	-	-	-	_				
(9)											
(10)			 -	-	<u> </u>	 	 				
1.172											
(11)											
(12)											
(13)			 -			\vdash					
L						1					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and ttile	(B) Average hours per week (list any hours for refated organizations below dotted line)	box,	unle: er an	Pos neck ss pe	rson	than of the state	an (ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com frorga	(F) timated rount of other pensation om the anization d related inizations
(15)					-							
(16)												
(17)			-			-		-			 	
(18)												
(19)				-	<u> </u>	-					 	
(20)												
(21)				-						i		
(22)												
(23)											1	
(24)					 							
(25)												
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not liii	mited to those lis	sted a	ıbov		vho	recei	▶ ▶ ved	24,000 0 24,000 more than \$100	150,760		10,615 0 10,615
	reportable compensation from the organization				1							Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>				loye	e, c	r nigi	nesi	t compensated		3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	•								h	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Y									idual	5	X
Sec	tion B. Independent Contractors	•									· · · · · · ·	_
1	Complete this table for your five highest compe compensation from the organization. Report co year										tax	
	(A) Name and business add	ress							(B) Description of serv	/ices	(C) Compens	
												0
					_							0
												0
												0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	*	ted to	tho	se l	ste	d abo	ve)	who received			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns	-	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	0				
s, G	С	Fundraising events		1c	0	An action of the same			
GIR.	d	Related organizations		<u>1d</u>	0				
ns, Simi		Government grants (contributions		1e	0				
ut of	f	All other contributions, gifts, gran		i					
충충		similar amounts not included abo		1f	2,919,208		PAGE NOTES		
Con	g	Noncash contributions included in li	nes 1a-1f	\$	1,109,595				
	<u>h</u>	Total. Add lines 1a-1f			<u>▶</u>	2,919,208		0344508,310	
ne	_				Business Code	3.50.50	5.00		
eve.	2a	Southside Commons community	center rent		900099	53,912	53,912		
Program Service Revenue	ь	Organizational Consulting			900099	30,300	 		<u> </u>
2	C	Report Research & Preparation			900099	6,500			
Se I	d					0			
Jran	e	All other program control				0			<u>-</u>
rog		All other program service revenue	8		. •	00.710	San SERVINA CONTRACTOR	Chalai Cha Linuxia and and and an	ACOMOUNT TOUR
	3	Total. Add lines 2a–2f Investment income (including div	danda into			90,712	省和新港市大阪市工程的	CALCOLOUR BANKS	this professional and the second
	3	other similar amounts)	idenas, inter	esi,	ano	434	ı		434
	4	Income from investment of tax-ex	rempt bond	nroc	ends •	0	 		434
	5	Royalties	empi bona	proc	ceus	0			
	3	Noyallies	(ı) Real		(II) Personal		THE REPORT OF THE PARTY.	PROTECTION OF THE	ALTERNATION
	6a	Gross rents .							
	b	Less rental expenses	L 	_					
	C	Rental income or (loss) .		0	0				
	d	Net rental income or (loss) .	·			0		Secretary States	
	7a	Gross amount from sales of	(ı) Securitie	s	(II) Other				THE STATE OF THE S
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses		0	0				
	С	Gain or (loss) .		0	0				
	d	Net gain or (loss) .			. •	0			
evenue	8a	Gross income from fundraising							
ver		events (not including \$	0						
		of contributions reported on line 1	c)						
er		See Part IV, line 18		а	0				The state of the
Other R	b	Less direct expenses	•	b	0				
_	C	Net income or (loss) from fundrai	-		_	O	CONTRACTOR AND AND AND AND AND AND AND AND AND AND	LEGISLAND LANGUAGE CONTRACTOR CON	C. C. Philippe Market of Chapter
	9a	Gross income from gaming activi	ties						
		See Part IV, line 19		а	<u> </u>				
		Less direct expenses	4 4	b					
	C	Net income or (loss) from gaming	activities			0	Nadel e voorteel kanee	"SEP A SOMEONE TO THE POST OF	Mark the property of
	10a	Gross sales of inventory, less returns and allowances		_	0				
				a b	0				
	b	Less cost of goods sold	funyantanı	D		0			**************************************
		Net income or (loss) from sales o	rinventory		Business Code		Let a Non-Let (1981	450E#4705 475 475 475 6	Navigorio markette de la constanta
١.	11a	IAIISCEIIGITEOUS KEVENUE		-	auameaa Coue	0			
	b					0			
	'n				<u> </u>	0	 	·	
	à	All other revenue				0		<u></u>	
	e	Total. Add lines 11a–11d .	•	l	. •	0	WALL TO WE		Same Mark Control
ļ	12	Total revenue. See instructions	•			3,010,354	90,712	0	434
						2,0,0,001			

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A))
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				7. F. C. T. C.
	domestic governments See Part IV, line 21	24,980	24,980	AND THE REAL PROPERTY.	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			在1985年上海
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0		TON BE THE PARTY	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				_
	trustees, and key employees	31,379	21,965	3,138	6,276
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	378,975	306,830	43,756	28,389
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,427	14,116		1,307
9	Other employee benefits	25,869		2,975	1,940
10	Payroll taxes	35,348	28,278	4,242	2,828
11	Fees for services (non-employees)	_			
а	Management	0			
b	Legal	16,005		16,005	
C	Accounting	21,034		21,034	
d	Lobbying	0	ONLYNT LORDY VETER DES	STATE A VIEW ON THE BUILDING TO	10.000
е	Professional fundraising services. See Part IV, line 17		O-WWYSONERS	计数据数据的	10,000
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column	40.000	44 400	4 500	
	(A) amount, list line 11g expenses on Schedule O)	42,900	41,400	1,500	
12	Advertising and promotion	1,132	1,132	0.700	4.045
13	Office expenses	22,691			1,815
14	Information technology	9,971	7,977	1,196	798
15	Royalties	50.400	47.500	7.430	4.750
16	Occupancy	59,488	47,590	7,139	4,759
17	Travel .	79,175	63,340	9,501	6,334
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials .	25,113	22.877	1,402	834
19	Conferences, conventions, and meetings.	32	22,077	32	034
20	Interest	32		32	
21	Payments to affiliates		n n	0	
22 23	Insurance	18,654	12,734	4,646	1,274
23 24	Other expenses Itemize expenses not covered	10,004	12,75 4	CINSS SALES	1,274 1,452-24374-5-6-186
24	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	Organizational Donations	2,200	2,200		2002 18-15 (LEXACES) 18-2 31F.
b	Business Fees	1,156		876	280
c	Dadinosa i coo	0			
ď		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	823,529	634,526	122,169	66,834
26	Joint costs. Complete this line only if the	320,020	30 1,020	.22,.30	00,004
	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

91-1635554 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 4,856 Cash—non-interest-bearing 2 132,708 2 543,860 Savings and temporary cash investments 3 Pledges and grants receivable, net 66,000 3 783,921 4 Accounts receivable, net 25.330 29.711 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 0 0 Inventories for sale or use 0 8 8 Prepaid expenses and deferred charges 1,445 9 2,851 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,550,000 10a 10b Less accumulated depreciation 14,615 10c 1,535,385 b 11 11 Investments---publicly traded securities . 0 12 Investments-other securities See Part IV, line 11 0 12 0 Investments-program-related See Part IV, line 11 0 13 0 13 ol 14 0 14 Intangible assets ol 15 15 Other assets See Part IV, line 11 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 225,483 16 2,900,584 17 Accounts payable and accrued expenses 10,169 17 496,710 18 11,845 18 Grants payable 11,845 19 Deferred revenue 19 2,665 ol 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D ol 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L O 22 23 23 Secured mortgages and notes payable to unrelated third parties 0 ol 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 930 25 26 22,944 26 511,220 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 110,729 27 Unrestricted net assets 1,866,413 91,810 28 Temporarily restricted net assets 28 522,951 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31

2,389,364

2,900,584

ol

202,539

225,483

32

33

34

Form 9	990 (2018) Alliance for a Just Society	9	1 <u>-1635554</u>	Pag	<u>e 12</u>
Part	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		3,010	,354
2	Total expenses (must equal Part IX, column (A), line 25)	2		823	,529
3	Revenue less expenses Subtract line 2 from line 1.	3		2,186	,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		202	539
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		2,389	364
Part	column (B)) XII Financial Statements and Reporting	10		2,309	,304
	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			ۍ ک ^ې دو	****
	Schedule O		(41	36	
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		- 7	2.	7
	reviewed on a separate basis, consolidated basis, or both		7,70, 7		2 m 4
	Separate basis Consolidated basis Both consolidated and separate basis		,,,,,	- :	,
			اختث		×
b	Were the organization's financial statements audited by an independent accountant?		2b	-	쥰 1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Y	F2.	7 -
	separate basis, consolidated basis, or both		(T y Tr]	10
	Separate basis Consolidated basis Both consolidated and separate basis		1		:-]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		32.		<u> </u>
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		, ,		ر '۔
	Schedule O			. *.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			į	
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2018)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Alliance for a Just Society 91-1635554 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). \mathbf{x} An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization 0 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total 0

Schedule A (Form 990 or 990-EZ) 2018 Alliance for a Just Society 91-1635554 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.) If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	ilis to quality un	ider the tests is	sted below, pie	ase complete i	art III.)	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	1,539,055	2,548,955	1,287,363	423,354	2,919,208	8,717,935
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	1,539,055	2,548,955	1,287,363	423,354	2,919,208	8,717,935
5	The portion of total contributions by						
	each person (other than a		40.50				
	governmental unit or publicly						
	supported organization) included on		100				5
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,742,130
6	Public support. Subtract line 5 from line 4	reduce that			trestaliante	TEATH TEAT	6,975,805
Seg	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,539,055	2,548,955	1,287,363	423,354	2,919,208	8,717,935
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	3,214	2,962	2,030	540	434	9,180
9	Net income from unrelated business activities, whether or not the business is regularly carried on				·		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					,	0
11	Total support. Add lines 7 through 10	为是某种的	TASAMUSUS	可開始的學學		还性的关系	8,727,115
12	Gross receipts from related activities, etc. (s	ee instructions)				12	380,711
13	First five years. If the Form 990 is for the o organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)	(3)	▶ 🗌
Sec	ction C. Computation of Public Su	pport Percenta	age				
	Public support percentage for 2018 (line 6, c	• •	-	f))		14	79 93%
15	Public support percentage from 2017 Sched	ule A, Part II, line 1	4			15	62 50%
	33 1/3% support test—2018. If the organization qualifies at	s a publicly support	ed organization				▶ X
b	33 1/3% support test—2017. If the organized box and stop here. The organization qualification and stop here.				s 33 1/3% or more	, check this	▶ 🗌
17a	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets Part VI how the organization meets the "fact organization	the "facts-and-circu	ımstances" test, ch	eck this box and s	top here. Explain	ın	>
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization meetsplain in Part VI how the organization meetsupported organization	eets the "facts-and	i-circumstances" te	st, check this box a	and stop here.		▶□
18	Private foundation. If the organization did	not check a hov on	line 13 16a 16h	17a or 17h check	this hox and see		- L.
10	instructions	ioi cueck a nox on	mic 13, 10a, 10b,	ira, or iro, check	una dox and acc		▶□

Page 2

Sche	dule A (Form 990 or 990-EZ) 2018 Alliance fo	r a Just Society				91-16355	54 Page 3
Pai	t III Support Schedule for Orga (Complete only if you checke If the organization fails to qu	ed the box on li	ne 10 of Part I	or if the organi		qualify under P	art II.
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	/ (e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					, 0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	-					0
5	The value of services or facilities						
	furnished by a governmental unit to the			ľ			
	organization without charge						0
6	Total. Add lines 1 through 5	0	// 0	_0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified					}	
	persons that exceed the greater of \$5,000		/				_
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	/0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	/ 0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	7					0
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	· /					[0
_	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	<u> </u>	· · · · ·	····	-		U

b	Unrelated business taxable income (less/						
	section 511 taxes) from businesses					ĺ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business						
	activities not included in line 10b, whether					ł	
	or not the business is regularly carried on						(
12	Other income Do not include gain or						
	loss from the sale of capital assets				ł		
	(Explain in Part VI)						(
13	Total support. (Add lines 9, 10c, 11						

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	organization, checkythis box and stop here	•

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .	15	0 00%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	0 00%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0 00%
,		

17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0 00%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0 00%
19a	33 1/3%/support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%,	and line	e 17 is

	not moye than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b	33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
	line/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

and 12)

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supp	porting Ore	ganizations
---------------------	-------------	-------------

- 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 12a or 12b 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?
- 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 (as 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)
- 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
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10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2018 Alliance for a Just Society		91-	1635554 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyir	ıg tru	st on Nov 20, 1970 (explai	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nızatı	ons must complete Section	is A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Т.		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or	1		<u> </u>
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6	,	<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	7122		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			为是实现的
factors (explain in detail in Part VI)	199		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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,	1		
see instructions)	4	0	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	
7 Recoveries of prior-year distributions	7	0	+
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section C - Distributable Amount			Current Year

emergency temporary reduction (see instructions)	6
7 Check here if the current year is the organization's first as a non-functionally	integrated Type III supporting organization (see
instructions)	

1 2

3

4

1 Adjusted net income for prior year (from Section A, line 8, Column A)

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

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

2 Enter 85% of line 1

7

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

0

0

0

0

0

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	•	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	d	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			(
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			, (
10	Line 8 amount divided by line 9 amount		γ	0 000
		(i)	(ii)	(iii)
•	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Tropicalis en la constitución de	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		Marie Company of the	25 - 0.00 - 25 - 0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI) See			
	instructions		T S. MENNEY A. SA. TELLANDA A. TES COMP. CONTRACTOR SERVICE	
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
<u>b</u> _	From 2014			
с	From 2015		Division and the proof of the con-	machine control control
d	From 2016			
<u>e</u>	From 2017			PERSONAL PROPERTY OF THE PROPE
f	Total of lines 3a through e	O		
	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2018 distributable amount			NET THAT I WAS A SHORE THE PARTY OF THE PART
<u>!</u> -	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$ 0			
a	Applied to underdistributions of prior years	Sire for the parties of the first of the same of the s	U Presidente de la companya de la companya de la companya de la companya de la companya de la companya de la comp	
b_	Applied to 2018 distributable amount Remainder Subtract lines 4a and 4b from 4	STANSACTOR OF THE PROPERTY OF		Jana Bertangan Sabarangan Bertangan
<u>C</u>				
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.	Control of the Contro	,	
	Remaining underdistributions for 2018 Subtract lines 3h	NAMES		ASSESSMENT OF A SOUTH OF THE PARTY AND AND ASSESSMENT OF A SOUTH OF THE PARTY AND A SOUTH OF A SOUT
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	actual for a production of the color of the		, ,
7	Excess distributions carryover to 2019. Add lines 3	School of the Control		
•	and 4c	0		
	Breakdown of line 7			
<u> </u>	Excess from 2014 0			
<u>, a</u> b	Excess from 2015 0	Commence of the Commence of th		
C C	Excess from 2016 . 0		The second secon	
t	Excess from 2017 0			
<u>u</u>	Excess from 2018 0			
	2,0000 1.0111 2010	to a man to the part of the following the registration	The man term of the restricted programme training and temperature.	

Schedule A (Fo	m 990 or 990-EZ) 2018	Alliance for a Just Society	91-1635554	Page 8
Part VI	III, line 12, Part IV, S	rmation. Provide the explanations required by Part II, line 10, Part II, line 17a or Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, rt IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines	Section	
	3a, and 3b, Part V, I	ine 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V,	Section E,	
	lines 2, 5, and 6 Als	so complete this part for any additional information (See instructions)		
				-
	-			
- -				
	•		·	
				
			- -	
			•	

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

• S	section 501(c)(4), (5), or (6) o	rganizations Complete Part III					
	e of organization		· · · · · ·		Employe	r identification nur	nber
Allıa	nce for a Just Society			i .		91-1635554	
Pai	rt I-A Complete if t	he organization is exempt und	ler section 501	c) or is a sectio	n 527 c	rganization.	
1	Provide a description of t	he organization's direct and indirect p	oolitical campaign a	activities in Part IV	(see ins	tructions for	
	definition of "political cam	•					
2		y expenditures (see instructions)			.▶\$		
3		cal campaign activities (see instruction		··			
		he organization is exempt und					
1	-	excise tax incurred by the organization			▶ \$		
2		excise tax incurred by organization m	_		▶ \$.		
3	-	ed a section 4955 tax, did it file Form	4720 for this year?	·		∐ Yes	<u></u> No
4a	Was a correction made?					Yes	No
	If "Yes," describe in Part		=···-				
Par		he organization is exempt und			on 501(c)(3).	-
1	-	expended by the filing organization f	or section 527 exe	mpt function			
	activities		•	•	▶ \$.		
2		iling organization's funds contributed	to other organizati	ons for section			
_	527 exempt function activ				▶ \$.		
3		penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,			_
	line 17b			•	▶ \$	☐ Yes	<u> </u>
4		file Form 1120-POL for this year?				\	No
5		ses and employer identification numb ents For each organization listed, en					
		ents. For each organization listed, en ntributions received that were prompt					
		I fund or a political action committee					
		<u> </u>	<u> </u>		I		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organization		(e) Amount of po contributions received	
				funds If none, ente	r-0-	promptly and dir	ectly
						delivered to a sep political organizat	
						none, enter -0)-
							
(1)							
40)							
(2)							
(3)							
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(4)					ĺ		
							
(5)							
			1				.
(6)					J		

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2018					Page 2
Pa	art II-A Complete if the organization under section 501(h)).	is exempt (under section 5	01(c)(3) and filed	d Form 5768 (ele	ction
A B	Check ► if the filing organization bel name, address, EIN, exper Check ► if the filing organization che	ises, and sh	are of excess lob	bying expenditur	es)	up member's
-	Limits on Lobby (The term "expenditures" me	ing Expendit	ures	·	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public Total lobbying expenditures to influence a leg				440 1,430	0
С	Total lobbying expenditures (add lines 1a and	l 1b)			1,870	0
d	Other exempt purpose expenditures				821,659	0
е	Total exempt purpose expenditures (add lines	s 1c and 1d)			823,529	0
f	Lobbying nontaxable amount. Enter the amount columns		llowing table in bot	h	148,529	0
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amou	nt is:		
Ì	Not over \$500,000	20% of the ar	mount on line 1e	····		
Ī	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	ver \$1,500,000		
┙	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of	line 1f)	•	·	37,132	0
h	Subtract line 1g from line 1a If zero or less, e	nter -0-			0	0
j	Subtract line 1f from line 1c If zero or less, er	nter -0-			0	0
j	If there is an amount other than zero on eithe section 4911 tax for this year?	r line 1h or line	e 1i, did the organiz	ation file Form 472	0 reporting	Yes No
	(Some organizations that made a sec	tion 501(h) e	Period Under Sec lection do not hav tructions for lines	e to complete all c	of the five columns	below.
	Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	285,651	382,352	115,869	148,529	932,401
b 	Lobbying ceiling amount (150% of line 2a, column(e))					1,398,602
С	Total lobbying expenditures	45 349	15 478	1 267	1 870	63 964

71,413

29,086

95,588

4,643

28,967

422

Schedule C (Form 990 or 990-EZ) 2018

233,100

349,650

34,591

37,132

440

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	filed	l For	m 576	8	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	ription of the lobbying activity	Yes	No	A	moun	ŧ
1	During the year, did the filing organization attempt to influence foreign, national, state, or local	YEAR O	建門部		NA W	
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?	ــــــ				
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?	L		<u> </u>		
f	Grants to other organizations for lobbying purposes?	<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	<u> </u>			
i	Other activities?	Y ware . f.	625. s 596			_
j	Total Add lines 1c through 1i			ata wife h	tana schiller (0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No. market	Minster William		11.27	
b	If "Yes," enter the amount of any tax incurred under section 4912		製造の			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	The same		ANTOS KVALTARŠIA	arabar basis	ara-loga-
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(-)(5)	L	经济的	发生出现	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(C)(5)	, or s	ection	i	
	501(c)(6).				Tv	
	NA(Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1 2	┼──	├
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yet.	var2		3	\vdash	\vdash
	III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes.") Pai			3, is
1	Dues, assessments and similar amounts from members		1 24342			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
_			2a			
a	Current year Carryover from last year .		2b			
b C	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			<u>_</u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		VAUIT			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions).		5			0
Part						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), F	art II-	-A, lines	s 1 and	1
	e instructions), and Part II-B, line 1 Also, complete this part for any additional information					
		-				
-	,					
						
						-

	Alliance for a Just Society		91-163	5554
Schedu	le C (Form 990 or 990-EZ) 2018		 	Page 4
Part	IV Supplemental Information (continued)	 	

-			 	
	•			
-			 	
	•		 	
			-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name	or the organization			Employer identification number
Allıar	ce for a Just Society			91-1635554
Par		Advised Funds or Other	er Similar Fun	ds or Accounts.
	Complete if the organization answer			
		(a) Donor advised for	-	(b) Funds and other accounts
1	Total number at end of year	-		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor	or advisors in writing that th	ne assets held in	donor advised
•	funds are the organization's property, subject			
6	Did the organization inform all grantees, dono			
•	only for charitable purposes and not for the be			
	conferring impermissible private benefit?		•	Yes No
Dar	II Conservation Easements.			
rai	Complete if the organization answer	ed "Ves" on Form 990 F	Part IV line 7	
_	Purpose(s) of conservation easements held b			
1			_	of a historically important land area
	Preservation of land for public use (e g , i	ecreation or education)	=	
	Protection of natural habitat	Ĺ	Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizati	on held a qualified conserva	ation contribution	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	ments		2b
С	Number of conservation easements on a cert		ed in (a)	2c
d	Number of conservation easements included	in (c) acquired after 7/25/06	, and not on a	
	historic structure listed in the National Registe	er		2d
3	Number of conservation easements modified,	transferred, released, extin	guished, or termi	nated by the organization during
	the tax year			
4	Number of states where property subject to co	onservation easement is loc	ated 🕨 _	
5	Does the organization have a written policy re	garding the periodic monito	ring, inspection, l	handling of
	violations, and enforcement of the conservation	on easements it holds?	•	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, ii	nspecting, handling of violation	s, and enforcing co	onservation easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, an	d enforcing conse	rvation easements during the year
	▶ \$			
8	Does each conservation easement reported of	n line 2(d) above satisfy the	requirements of	section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)? .			Yes No
9	In Part XIII, describe how the organization rep	orts conservation easemen	ts in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the	text of the footnote to the or	ganization's finar	icial statements that describes the
	organization's accounting for conservation ea	sements		
Par	III Organizations Maintaining Collec	tions of Art, Historical	Treasures, or	Other Similar Assets.
	Complete if the organization answer			
1a	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), not	to report in its re-	venue statement and balance sheet
	works of art, historical treasures, or other sim-	lar assets held for public ex	hibition, educatio	n, or research in furtherance of
	public service, provide, in Part XIII, the text of			
b	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), to re	eport in its reveni	ue statement and balance sheet
-	works of art, historical treasures, or other sim	lar assets held for public ex	hibition, educatio	on, or research in furtherance of
	public service, provide the following amounts			
	(i) Revenue included on Form 990, Part VIII,	-		▶ \$
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of a	rt, historical treasures, or of	her similar assets	
_	following amounts required to be reported und			
а	Revenue included on Form 990, Part VIII, line			► \$
	Assets included in Form 990, Part X .	•		▶ \$
	, 155515 moradou m. r. c.m oco, r. dit //	<u></u> _		•

Scrieut	die D (Form 990) 2018 Alliance for a Just Socie	ty					91-163	55 <u>54</u>		age Z
Part	III Organizations Maintaining Colle	ections of A	rt, Histor	rical Tre	asures, or	Other S	Similar Asset	s (contii	nued)	
3	Using the organization's acquisition, access	ion, and other	records, o	check any	of the follow	ing that	are a significant	use of its	5	
	collection items (check all that apply)			•			_			
а	Public exhibition		d \square	Loan or	exchange pr	ograms				
b	Scholarly research		e 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's o	collections and	explain h	ow they fu	urther the org	anızatıor	n's exempt purp	ose in Pa	irt	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							∏ Y€	s	No
Part	IV Escrow and Custodial Arrangen	nents.								
	Complete if the organization answ 990, Part X, line 21		n Form 9	990, Part	: IV, line 9, d	or repor	ted an amoun	t on For	m	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other in	itermediar	y for conti	ributions or o	ther asse	ets not .	Ye	s 🔲	No
b	If "Yes," explain the arrangement in Part XII	I and complete	e the follov	wing table	;					
						-	· · · · · ·	Amount		
С	Beginning balance					1c	-			
d	Additions during the year					1d	 			
е	Distributions during the year					1e	1			
f	Ending balance					1f	<u> </u>		_	0
2a	Did the organization include an amount on l						=	Ye	s X	No
b	If "Yes," explain the arrangement in Part XII	I Check here	ıf the expl	anation h	as been prov	ided on I	Part XIII			
Part										
	Complete if the organization answ	ered "Yes" c	n Form 9	990, Part	IV, line 10.					
	(а) Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions		<u> </u>							
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships .									
е	Other expenditures for facilities							-		
	and programs .									
f	Administrative expenses									
g	End of year balance .	0		0	<u> </u>	0		0		0
2	Provide the estimated percentage of the cu	rrent year end	balance (line 1g, co	olumn (a)) he	ld as				
а	Board designated or quasi-endowment	•	<u>%</u>							
b	Permanent endowment	<u></u> %								
С	Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sh	ould equal 100	•							
3a	Are there endowment funds not in the possi			n that are	held and ad	ministere	ed for the			
-	organization by							ſ	Yes	No
	(i) unrelated organizations .							3a(i)		
	(ii) related organizations .			•				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations.	zations listed a	s required	d on Sche	dule R2			3b		
4	Describe in Part XIII the intended uses of the									
Part	· ·				<u></u>					
, ait	Complete if the organization answ		n Form 9	990. Part	: IV. line 11a	a. See F	Form 990. Par	t X. line	10.	
	Description of property	(a) Cost or of			or other basis		Accumulated		ok valu	
	beautiful of property	(investr			other)		preciation	(3) 00		
1a	Land	1	0		790,000	22.7%			79	0,000
b	Buildings		0		760,000		14,615			5,385
c	Leasehold improvements		0		0		0		<u> </u>	0
d	Equipment .		0		0		ol			0
e	Other		0		0		0			0
	I. Add lines 1a through 1e (Column (d) must	egual Form 99		column (l	<u>_</u>		•		1.53	5,385

Part VII			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia		0	<u> </u>
	held equity interests .	0	
(B)			
(C)			
(F)			
(G)			
(H)	in (b) must equal Form 990, Part X, col (B) line 12)		
	Investments—Program Related.	L <u>Q</u>	The first state of the same and the same state of the same and the sam
Pail VIII		nd "Ves" on Form 990	Part IV, line 11c See Form 990, Part X, line 13
	.=		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)		-,-	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	in (b) must equal Form 990, Part X, col. (B) line 13) ▶	0	1643年1643年1643年1643年1643年1643年1643年1643年
Part IX	Other Assets.		
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15.
	(a) De	escription	(b) Book value
(2)		<u>.</u>	
(3)			
(4)			
(5)			
(6)			
			
(8)			
(9)	mn (b) must equal Form 990, Part X, col (B) lin	9 15)	>
Part X	Other Liabilities.	6 10)	
Fait A		nd "Ves" on Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.	d res diri dilli 550,	Taitiv, line the of the decream 330, fait X,
1.	(a) Description of liability	(b) Book value	
	Income taxes	0	
	les to related third party	0	
(3)	nec to related time party	<u> </u>	
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 25) ▶	0	
		text of the footnote to the o	organization's financial statements that reports the
-	The state of the s		the text of the footnote has been provided in Part XIII

Schedule D (Fo		Alliance for	a Just Society			 91-1635	5554	Page 5
Part XIII	Suppleme	ental Inform	nation (continue	ed)				
	•					 		
								٠
		_				 		
	~~~~				 	 		
-								
					 	 		<b>-</b>
					 <b></b>	 		
					 	 -		
<del>-</del>					 	 		

## **SCHEDULE 1** (Form 990)

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

Open to Publi

Department of the Treasury Internal Revenue Service Name of the organization Alliance

▶ Go to www irs gov/Form990 for the latest information.

Inspection Employer identification number 91-1635554 ² ¬

Ē	liance for a Just Society	91-1635554
Pai	art I General Information on Grants and Assistance	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	[
	the selection criteria used to award the grants or assistance?	× Yes

	(h) Purpose of grant
if additional space is needed	(g) Description of
eived more than \$5,000. Part II can be duplicated if additional space is needed	(f) Method of valuation
art II can be duplica	(e) Amount of non-
nore than \$5,000. F	(d) Amount of cash
hat rece	(c) IRC section
, for any recıp	(b) EIN
990, Part IV, line 21, for any recipient t	1 (a) Name and address of organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

	٠, ١٥٠ ص٠٠ ا	one mar 1000110		dan 02	ndo inicionan il nove	505000000	
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 noncash assistance	(h) Purpose of grant or assistance
(1) Four Directions PO Box 731 Chamberlain, SD 57325	30-3010681	501(c)(4)	24,980	0			voter registration
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government on	1 501(c)(3) and g	overnment organiza	ganizations listed in the line 1 table	table		<b>.</b>	0
							•

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

Schedule I (Form 990) (2018)

(f) Description of noncash 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) Part I Line 2 GRANT MONITORING There was a meeting before granting the funds to agree on program activities and an action plan. An AJS staff member was on the ground during the project providing support and monitoring activities. At the end of the project there was a (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. meeting to evaluate the project and the grantee submitted a written report (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) Part III

Schedule I (Form 990) (2018)

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#### . SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ►Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 91-1635554 Alliance for a Just Society Part | Questions Regarding Compensation

	Questions regarding compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed of 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
		122		
	First-class or charter travel  Housing allowance or residence for persons	\$6.500 Sec		
	Travel for companions Payments for business use of personal resi	dence		al Trans
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	1	法法	
	Discretionary spending account  Personal services (such as maid, chauffeur	, chef)		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymer			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	297.47	*70,000	
	explain	. 1b		
		<b>建设</b> 。		建設
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on l			
	1a?	2	ALCOHORS:	40-7535a5i
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
,	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used	by a		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract		33.	\$470
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation cor	nmittee	100 m	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization Receive a severance payment or change-of-control payment?	4a	X	111.00
a b		4b	<del> -^-</del> -	X
C		. 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		(4) (A)	15/2
e	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1
5	compensation contingent on the revenues of			
а		5a	ANTINE LANGE	X
b	Any related organization?	5b		Χ
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		2011	
U	compensation contingent on the net earnings of			
а	The organization?	6a	A TOTAL PLANE	X
b	Any related organization?	6b	- M\ M (6	X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		77/19/0	220069
7	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subj		T	
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III .	8	1	X
			300	19.5
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Schedule J (Form 990) 2018 Alliance for a Just Society

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal	listed i	ndividual must equal t	he total amount of For	rm 990, Part VII, Sect	ion A, line 1a, applica	ble column (D) and (	the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	dividual
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	bue tremented (7)	/O) Montavable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(B)(I)+(D)	in column (B) reported as deferred on prior Form 990
LeeAnn Hall	€	24,000			1,200	6,179	31,379	
1 Executive Director	(ii)	28,760		122,000	825	2,411	•	
	Ξ							
2	(ii)							
	Ξ						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	€							
	Ξ							
4	(ii)							
	( <u>:</u> )						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	(ji)							
	ε							
9	(ii)							
	Ξ							1
7								
	Ξ				1		1	
8	(ii)							
	Ξ	1				; ; ; ; ; ; ; ; ; ;		
6	⊞							
	Ξ							
10	(E)							
	Ξ							
11	Ξ							
	ε				1		1	
12	€							
	Ξ	1						
13	Ξ							
	ε							
14	€							
	Ξ							
15	₽							
	Ξ						1	
16	⊞							

Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

20**18** 

Open to Public Inspection

Employer Identification number

91-1635554 Alliance for a Just Society Part I Types of Property (c) (a) (b) (d) Noncash contribution Number of contributions or Check if Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art-Historical treasures . 3 Art—Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded Securities—Closely held stock 10 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other Real estate—Residential 15 Real estate-Commercial Х 1,109,595 appraisal 16 17 Real estate-Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( _____) 26 ) 27 Other ▶ ( 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II

If the organization didn't report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II

Schedule M (Fo	orm 990) 2018 Alliance for a Just Society	91-1635554_	_ Page <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	nd 33, and whe	ether
	the organization is reporting in Part I, column (b), the number of contributions, the number	er of items rece	ıved.
	or a combination of both. Also complete this part for any additional information.		,
	or a combination of both. Also complete time part for any additional information.		
		•••••	
·			
		••••	
		<del>-</del>	

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

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91-1635554 Alliance for a Just Society Form 990, Part III, Line 4a (Cont.) In addition AJS helped the People's Hub develop an organizational strategy and plan for 2019, and worked with Para Los Ninos on an organizational plan and executive transition AJS collaborated with partners in community and labor organizing on a curriculum, and facilitated a training that provides historic perspective on US social movements, and builds participants' skills and analysis. In addition AJS conducted research and analysis in 3 areas-- one, interviewed 150 leaders in organizing to assess the state of the field and identify promising directions for the future, two, released new living wage data as part of its Job Gap Report Series, and three, completed a case study on the successful, multi-year campaign to win Medicaid expansion in Virginia Form 990, Part III, Line 4b(Cont)Voting Rights- WDH garnered national press including the New York Times, Washington Post and Huffington Post to raise up the issue of previously incarcerated citizens being denied their right to vote. WDH supported the Alamance 12 by packing the court with over 50 members, and then continued that support during their trial Syringe Exchange in Canton- WDH opened up a syringe exchange with the leadership of our members in Haywood County We believe that solving the overdose crisis means caring for, not criminalizing, our loved ones who use substances. Our syringe exchange has provided hundreds of naloxone kits in addition to clean syringes, condoms, and fentanyl drug testing strips. We

Form 990, Part VI, Section A, Line 4 CHANGES TO GOVERNING DOCUMENTS The organization changed

its name from People's Action Fund to Alliance for a Just Society. The name change was

Form 990, Part VI, Section B, Line 11b 990 REVIEW PROCESS The draft 990 will be discussed

also mobililzed 65 people on International Overdose Awareness Day and 10 volunteers to table

reported to the IRS in 2018 and was acknowledged by the IRS in its letter to Alliance for a

Just Society dated September 7, 2018

and reviewed by the Board President, Board Treasurer and Executive Director. The preparer will

make any needed changes. The final draft will be sent to the entire Board for review and

at the Recovery Rally in Western NC

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Alliance for a Just Society

Part

Name of the organization

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

▲

Related Organizations and Unrelated Partnerships

Open to Public

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 91-1635554

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

	(a)  Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct confrolling entity
(1)	(1)					
(2)						
(3)	(6)					
(4)						
(5)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	implete if the organizat ix year	ion answered "Ye	s" on Form 990,	Part IV, line 34 be	ecause it had

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) iled /?
						Yes	No
(1) Just Strategy 82-5095846	advocate for economic,						
e, WA 98118	racial & social justice	WA	501(c)(4)		Alliance for a Just	×	
(2) People's Action 26-2613701	advocate for economic,						
2125 W North Avenue Chicago, IL 60647	racial & social justice	WA	501(c)(4)		N/A		×
(3) People's Action Institute 36-2755109	advocate for economic,						
2125 W North Avenue Chicago, IL 60647	racial & social justice	IL	501(c)(3)	7	N/A		×
(4) People's Action Resource Center 52-2214307	advocate for economic,		!				
	racial & social justice	DC	501(c)(3)	7	N/A		×
(5)							
(9)							
<u>(1)</u>							

Schedule R (Form 990) 2018

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

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Alliance for a Just Society

Schedule R (Form 990) 2018

(I) Section 512(b)(13) controlled Percentage ownership Schedule R (Form 990) 2018 ž Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part General or managing partner? Ŷ (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h) Disproportonate albocatons? ž (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV (E) 3 € 9 2 9 9 6 3 ন্ত্ৰ ව € 9 5

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Alliance for a Just Society Schedule R (Form 990) 2018

ote:	of this schedule				Yes	No.	**
1 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?	of the following transactions with one c	or more related organı	zations listed in Parts				ege:
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	rent from a controlled entity			•	1a ×		
b Gift, grant, or capital contribution to related organization(s)	(s)				1b	×	
	. (s)uc				1c X		
d Loans or loan guarantees to or for related organization(s)					1d	×	
e Loans or loan guarantees by related organization(s)	•				1e	×	,
							(1920)42
f Dividends from related organization(s)				ļ	<del>1</del>	×	,
g Sale of assets to related organization(s)					19	×	
h Purchase of assets from related organization(s)					1h	×	
i Exchange of assets with related organization(s)		-			1i	×	
j Lease of facilities, equipment, or other assets to related organization(s)	organization(s)				1j	×	
							****
k Lease of facilities, equipment, or other assets from related organization(s)	ed organization(s)				<del>*</del>	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	olicitations for related organization(s)				=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	olicitations by related organization(s)	•			1m	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	sets with related organization(s)			•	1n X		
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					10 X		
							See a
<b>p</b> Reimbursement paid to related organization(s) for expenses	. sest				t ×		
Reimbursement paid by related organization(s) for expense	nses				19 ×		,
							<u> इंट्र</u>
<ul> <li>r Other transfer of cash or property to related organization(s)</li> </ul>	(s)				-	×	
<ul> <li>S Other transfer of cash or property from related organization(s</li> </ul>	ion(s)				18	×	
2 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	ctions for information on who must co	emplete this line, includ	ling covered relationsh	ips and transaction th	resholds		
(a)		(q)	(2)	(P)			
Name of related organization		Transaction type (a—s)	Amount involved	Method of determining amount involved	amount inv	olved	
(1) Just Strategy		æ	1,351	share of rent based on staff use	n staff u		
(2)							
(3)							ı
(4)							1
(5)							
(9)							
				Schedule R (Form 990) 2018	(Form 9	90) 2018	

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# Part Vi

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

(k) Percentage ownership 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 (J) General or managing partner? Yes No Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ (h)
Disproportionate
allocations? ž Yes (g)
Share of
end-of-year
assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (f) Share of total income (e)
Are all partners
section
501(c)(3)
organizations? Yes No (d)
Predominant Ar income (related, unrelated, excluded from tax under or sections 512-514) (c)
Legal domicile
(state or foreign
country) Primary activity (1) Name, address, and EIN of entity (3) (3) (9) (2) (2) €

						-	
(9)							
(7)						·	
(8)							
(6)						 	
(10)							
(11)							
(12)							
(13)							
(14)						 	
(15)		_					
(16)							

Schedule R (Form 990) 2018

Schedule R (Fo			a Just Society					91-1635554	Page <b>5</b>
Part VII		nental Informadditional info	nation. ormation for res	ponses to	questions on	Schedule F	R. See instruc	ctions.	
Part II IDEN	TIFICATION	OF TAX EXE	MPT RELATED (	ORGANIZATI	ONS In 2018	Alliance for a	a Just	·	<b></b>
Society, for	nerly known	as People's A	ction Fund, sever	ed its corpora	ate relationshi	ps to			
People's Ac	tion, People	s Action Institu	te and People's	Action Resou	rce Center, ar	nd returned			
to using its p	previously us	sed name of All	liance for a Just S	Society AJS	continues to p	oursue its			
mission of a	ddressing e	conomic, racial	and social inegu	ities by stren	gthening com	munity			
organization	s and execu	iting regional a	nd national camp	aigns					
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