

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

2019

Department of the Treasury  
Internal Revenue Service

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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

A For the 2019 calendar year, or tax year beginning

, and ending

B Check if applicable

C Name of organization

Just Strategy

Address change

Name change

Initial return

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3518 S Edmunds Street

Final return/terminated

City or town

State

ZIP code

Seattle

WA

98118

Amended return

Foreign country name

Foreign province/state/county

Foreign postal code

Application pending

D Employer identification number

82-5095846

E Telephone number

206-568-5400

F Group Exemption  
Number ►G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [www.juststrategy.org](http://www.juststrategy.org)H Check ►  if the organization is  
not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

110,442

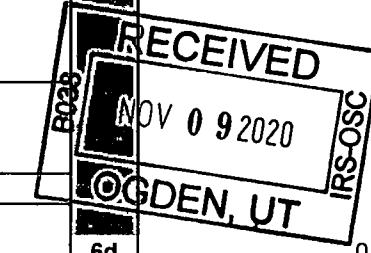
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

|            |   |           |
|------------|---|-----------|
| Revenue    | 1 Contributions, gifts, grants, and similar amounts received .  | 1 104,950 |
|            | 2 Program service revenue including government fees and contracts   | 2 5,475   |
|            | 3 Membership dues and assessments   | 3         |
|            | 4 Investment income   | 4 17      |
|            | 5a Gross amount from sale of assets other than inventory  | 5a        |
|            | b Less cost or other basis and sales expenses   | 5b        |
|            | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)   | 5c 0      |
|            | 6 Gaming and fundraising events   |           |
|            | a Gross income from gaming (attach Schedule G if greater than \$15,000)   | 6a        |
|            | b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b        |
|            | c Less direct expenses from gaming and fundraising events   | 6c        |
|            | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  |           |
|            | 7a Gross sales of inventory, less returns and allowances  | 7a        |
|            | b Less cost of goods sold   | 7b        |
|            | c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)  | 7c 0      |
|            | 8 Other revenue (describe in Schedule O)  | 8         |
|            | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9 110,442 |
| Expenses   | 10 Grants and similar amounts paid (list in Schedule O)   | 10 4,500  |
|            | 11 Benefits paid to or for members  | 11        |
|            | 12 Salaries, other compensation, and employee benefits  | 12 27,829 |
|            | 13 Professional fees and other payments to independent contractors  | 13 6,969  |
|            | 14 Occupancy, rent, utilities, and maintenance  | 14 2,043  |
|            | 15 Printing, publications, postage, and shipping  | 15 1,858  |
|            | 16 Other expenses (describe in Schedule O)  | 16 13,901 |
|            | 17 Total expenses. Add lines 10 through 16  | 17 57,100 |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 9)  | 18 53,342 |
|            | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | 19 10,486 |
|            | 20 Other changes in net assets or fund balances (explain in Schedule O)   | 20        |
|            | 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | 21 63,828 |

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2019)



**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

|    |  | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments   | 35,830                | 22              |
| 23 | Land and buildings   |                       | 67,164          |
| 24 | Other assets (describe in Schedule O)  |                       | 23              |
| 25 | <b>Total assets</b>  | 35,830                | 24              |
| 26 | Total liabilities (describe in Schedule O)   | 25,344                | 25              |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 10,486                | 67,164          |
|    |  |                       | 3,336           |
|    |  |                       | 63,828          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Advocate for economic, racial and social justice

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

|    |  |                    |   |                            |     |        |
|----|--|--------------------|---|----------------------------|-----|--------|
| 28 | Work with Down Home NC. Organized 1500 community members to push for Medicaid expansion. Held 1000 conversations with Alamance Co voters, using their own stories to build solidarity around immigration & healthcare. (Sch O)   | (Grants \$ )       | If this amount includes foreign grants, check here <input type="checkbox"/> | ► <input type="checkbox"/> | 28a | 38,083 |
| 29 | Work in MT doing outreach & education around the harms of predatory lending products in the marketplace, while uplifting consumer stories and voices to hold businesses & policymakers accountable to protecting people. (Sch O) | (Grants \$ 4,500 ) | If this amount includes foreign grants, check here <input type="checkbox"/> | ► <input type="checkbox"/> | 29a | 9,090  |
| 30 |  | (Grants \$ )       | If this amount includes foreign grants, check here <input type="checkbox"/> | ► <input type="checkbox"/> | 30a |        |
| 31 | Other program services (describe in Schedule O)  | (Grants \$ )       | If this amount includes foreign grants, check here <input type="checkbox"/> | ► <input type="checkbox"/> | 31a |        |
| 32 | <b>Total program service expenses.</b> (add lines 28a through 31a)   |                    |   | ► <input type="checkbox"/> | 32  | 47,173 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

| (a) Name and title                             | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| William Daley<br>President & Board Member      | Hr/WK .10                                      | 0  | 0   | 0  |
| Deana Knutsen<br>Vice-President & Board Member | Hr/WK 10                                       | 0  | 0   | 0  |
| Guadalupe Torrez<br>Secretary & Board Member   | Hr/WK 10                                       | 0  | 0   | 0  |
| William Pittz<br>Treasurer & Board Member      | Hr/WK 10                                       | 0  | 0   | 0  |
| LeeAnn Hall<br>Executive Director              | Hr/WK 10                                       | 0  | 0   | 0  |
|  | Hr/WK  |  |   |  |

BO

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

|  | Yes                      | No          |
|--|--------------------------|-------------|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O   | 33                       | X           |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions   | 34                       | X           |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?<br>b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O<br>c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35a<br>35b<br>35c        | X<br>X      |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   | 36                       | X           |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a □ 0<br>b Did the organization file Form 1120-POL for this year?  | 37b                      | X           |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?<br>b If "Yes," complete Schedule L, Part II and enter the total amount involved   | 38b                      | X           |
| 39 Section 501(c)(7) organizations Enter<br>a Initiation fees and capital contributions included on line 9<br>b Gross receipts, included on line 9, for public use of club facilities  | 39a<br>39b               | X           |
| 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____<br>b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I<br>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958<br>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization<br>e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40b<br>40c<br>40e        | X           |
| 41 List the states with which a copy of this return is filed ► _____   |                          |             |
| 42 a The organization's books are in care of ► LeeAnn Hall<br>Located at ► 3518 S Edmunds Street City Seattle ST WA ZIP + 4 ► 98118 Telephone no ► 206-568-5400  |                          |             |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |                          |             |
| c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____   |                          |             |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □  |                          |             |
| 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ<br>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ<br>c Did the organization receive any payments for indoor tanning services during the year?<br>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 44a<br>44b<br>44c<br>44d | X<br>X<br>X |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  | 45a<br>45b               | X<br>X      |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|                          |     |    |
|--------------------------|-----|----|
| <input type="checkbox"/> | Yes | No |
| 46                       | X   |    |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

|     |  |  |
|-----|--|--|
| 47  |  |  |
| 48  |  |  |
| 49a |  |  |
| 49b |  |  |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| Name None                           |  |   |   |  |
| Title                               | Hr/WK .00                                      |   |   |  |
| Name                                |  |   |   |  |
| Title                               | Hr/WK 00                                       |   |   |  |
| Name                                |  |   |   |  |
| Title                               | Hr/WK 00                                       |   |   |  |
| Name                                |  |   |   |  |
| Title                               | Hr/WK 00                                       |   |   |  |
| Name                                |  |   |   |  |
| Title                               | Hr/WK 00                                       |   |   |  |

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

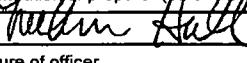
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name None  | Str                 |                  |
| City   | ST ZIP              |                  |
| Name   | Str                 |                  |
| City   | ST ZIP              |                  |
| Name   | Str                 |                  |
| City   | ST ZIP              |                  |
| Name   | Str                 |                  |
| City   | ST ZIP              |                  |
| Name   | Str                 |                  |
| City   | ST ZIP              |                  |

d Total number of other independent contractors each receiving over \$100,000 ►

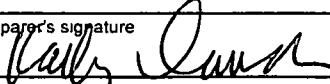
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

►  Yes  X  No

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

|           |   |  |            |
|-----------|---|--|------------|
| Sign Here |  |  | Date       |
|           | Signature of officer  |  | 11/02/2020 |
|           | LeeAnn Hall, Executive Director   |  |            |

Type or print name and title

|                        |                            |  |              |  |           |
|------------------------|----------------------------|--|--------------|--|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature   | Date         | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                        | Kathryn Donaldson          |  | 10/7/2020    |  | P01318306 |
|                        | Firm's name ►              |  | Firm's EIN ► |  |           |

Firm's address ► 1924 SE 35th Avenue, Portland, OR 97214

Phone no. 971-227-3274

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Just Strategy

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Employer identification number

82-5095846

Form 990-EZ, Part I, Line 16, Other Expenses Travel 7,450

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 4,783

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 245

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 406

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 481

Form 990-EZ, Part I, Line 16, Other Expenses Information technology 385

Form 990-EZ, Part I, Line 16, Other Expenses Fees & Misc 151

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 25,344, End

of year 3,336

Form 990-EZ, Part III, Line 28 Work with Down Home NC (cont) Engaged and turned out a total

universe of 70,000 low-income North Carolinian voters across 11 counties, and activated 840

volunteers

Form 990-EZ, Part III, Line 29 Work in MT (cont) Press hits included radio interviews, LTEs

and Op-Eds These press hits expanded across rural Montana, from small towns to the larger

cities, as well as national news outlets. These public statements support strong Unfair or

Deceptive Acts or Practices protections, support the work of the Consumer Financial Protection

Bureau, call out unfair and discriminatory product pricing, as well as support military

protections

Form 990-EZ, Part IV, LIST OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES LeeAnn Hall,

Executive Director of Just Strategy, is also Executive Director of related 501(c)(3)

organization, Alliance for a Just Society (AJS) Ms. Hall receives 100% of her compensation

from AJS and Just Strategy pays AJS for its share of her time under the terms of a resource

sharing agreement In 2019, Ms Hall received \$87,500 in reportable compensation and \$13,907 in

pension and health benefits Of that, Just Strategy reimbursed AJS for \$180 of Ms. Hall's

compensation and \$30 of her benefits She worked an average of 50 hours per week-- 10 of them

for Just Strategy

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

HTA

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Just Strategy

Employer identification number

82-5095846

Form 990-EZ, Part V, Line 35a NO 990-T REQUIRED The revenue reported on Line 2 was earned in

the course of accomplishing our exempt purpose, primarily consulting fees from a labor union