(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	e 2019 ca	endar year, or tax year	beginning			, and	ending	_		
В	Check if	app!icable	C Name of organization	Alliance for a Jus	t Society		•		D Employer	dentification	number
$\Box$	Address	change	Doing business as						]		
一			Number and street (or P C	box if mail is not del	vered to street	address)	Room/suite		91-1635554		
닏	Name ch	ange	3518 S Edmunds Stree	et					E Telephone	number	
$\sqcup$	Initial reti	urn	City or town		Sta		ZIP code		206-568-540	n	
$\Box$	Final return	n/terminated	Seattle		W.	<u> </u>	98118		200 000 0 10		
믄			Foreign country name	Foreign pro	vince/state/cou	nty	Foreign posta	al code			0 400 70
Ш	Amended	d return				<u> </u>		_	G Gross recei	pts \$	2,460,70
	Application	on pending	F Name and address of prin	cipal officer				H(a) is t	this a group return foi	subordinates?	Yes X N
			LeeAnn Hall 3518 S Ed	dmunds St, Seatt	le, WA 981	18	. 2	H(b) An	e all subordinates	ınduded?	Yes N
	Tay-eye	mpt status	X 501(c)(3) 501(c)	( ) <b> </b>	sert no )	4947(a)(1)	or 1 527/	/ If:	"No," attach a list	(see instruc	tions)
<u> </u>		•	w allianceforajustsociety			1		L(~) C-	oup exemption nu	ımbar 🕨	
<u> </u>							11.				*II
K		organization		rust Association	Other	<u> </u>	LYG	ear of form	ation 1994	M State of	f legal domicile W
	art l		mmary								17.5%
æ	1		escribe the organization						orates with mo	vement	
2			ations through tailored to								
Governance			ize racial justice, mover								
Š	2		his box ▶ ☐ if the or	•		•	or disposed	d of mor	e than 25% o	fits net as	ssets
Ö	3	Number	of voting members of the	ne governing boo	ly (Part VI, I	ıne 1a <del>)</del>	DEO	-)\ /r-	7	3	
Activities &	4	Number	of independent voting	members of the g	overning bo	ody (Pairt \	/I, moletu)			4	
語	5	Total nu	mber of individuals emp	oloyed in calenda	r year 2019	(Part V. I	ne 2a) 💢			5	2
<b>}</b>	6	Total nu	mber of volunteers (est	ımate if necessai	y)	3	NOV	9 2021	0 191 L	6	26
Ą	7a	Total un	imber of volunteers (est irelated business reveni slated business taxable	ue from Part VIII,	column (C)	, line 1226	1101,	0 ====		7a	
	b	Net unre	elated business taxable	income from For	m 990-T, lır	e 39				7b	
						L	OGD	HN, L	Pnor Year		Current Year
Revenue	8	Contribi	itions and grants (Part \	/III, line 1h)					2,919,	208	2,204,71
	9	Progran	n service revenue (Part	VIII, line 2g)				L	90,	712	254,86
	10	Investm	ent income (Part VIII, co	olumn (A), lines 3	3, 4, and 7d)					434	1,12
œ	11	Other re	venue (Part VIII, colum	n (A), lines 5, 6d,	8c, 9c, 10c	and 11e	)			0	
	12	Total rev	enue—add lines 8 throug	h 11 (must equal i	Part VIII, colu	ımn (A), lin	ne 12)		3,010,	354	2,460,70
	13	Grants	and similar amounts pai	d (Part IX, colum	n (A), lines	1–3)		<u> </u>	24,	980	37,17
	14		paid to or for members							0	
S	15	Salaries	other compensation, em	ployee benefits (P	art IX, colum	n (A), lines	5–10)		488	998	840,31
ns.	16a	Profess	onal fundraising fees (F	Part IX, column (A	A), line 11e)				10,	000	19,90
Expenses	. b	Total fu	ndraising expenses (Pa	rt IX, column (D),	line 25) ▶		114,87	2	<u> </u>		
ú	17	Other e	kpenses (Part IX, colum	n (A), lines 11a-	11d, 11f-24	e)	٠		299,	551	693,11
	18	Total ex	penses Add lines 13-1	7 (must equal Pa	art IX, colum	ın (A), line	25)		823,		1,590,50
	19	Revenu	e less expenses Subtra	ct line 18 from li	ne 12			<b>_</b>	2,186,		870,20
sor	<u> </u>							Begins	ning of Current		End of Year
sset	20		sets (Part X, line 16)						2,900,		3,731,82
Net Assets or	21		bilities (Part X, line 26)							220	472,26
			ets or fund balances Su	ibtract line 21 fro	m line 20				2,389	364]	3,259,56
	art II		Inature Block y, I declage that, have examin	ad the coteon engleden	a 0000mpanum	a sabadulas	and statement	o and to t	he heat of my kno		
			ect, and complete Declaration								
			Mellin Ha								
	gn		Signature of officer		<del></del>		·		Date		
He	ere		LeeAnn Hall, Executiv	e Director						1/02/2020	1
		7	Type or print name and title							I/OZIZOZ.	<u> </u>
		Prin	t/Type preparer's name	Pr	eparer's signati	ıre /		Dat			PTIN
Pa	ıid	<sub> </sub>			VhII.	( Car	M			eck X ıf	
	epare	r Kat	hryn Donaldson		my 7	WIV!		] 11	T	lf-employed	P01318306
	se Onl		n's name						Firm's EIN		- <del></del>
			n's address > 1924 SE 35	th Avenue, Portl	and, OR 97:	214			Phone no	971-227-3	274
Ma	y the If	RS discus	s this return with the pr	eparer shown ab	ove? (see ır	structions	) A [	1	( <del>)</del> -	7.	X Yes N
	•		uction Act Notice, see t				1	<del>-/-</del>	7	<u></u>	Form <b>990</b> (201
HT/	· raper	MOIR KEO	מכנוטוו הכנ וזטנונב, 566 ני	ne separate mistr	uou0113.		) l	_	~ <del>-   1</del>	() [	)

Form 9	90 (2019) Alliance for a Just Society	91-1635554	Page Z
Pai	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III.		X
		· · · · · · · ·	<u> </u>
1	Briefly describe the organization's mission  To average the organization's mission		
	To support community organizing efforts that promote the social welfare of poor and working families. It shall also provide financial support for activities that promote the social		
	welfare and for other charitable and educational purposes as defined by 501(c)(3) of the		
	Internal Revenue Code including fiscal sponsorship		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed the services of the services.		
	the total expenses, and revenue, if any, for each program service reported	cations to others,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 488,597 including grants of \$ 37,170 ) (Revenue	e \$ 204,6	526 )
	STRATEGY, PLANNING & CAMPAIGN SUPPORT AJS worked with several community-based organization		′
	A standard Control of the Control of		
	organizational assessment & planning process that built a stronger governance plan, supported the		
	development of a communications strategy & supported a new organizational leadership team. AJS		
		·	
	leadership discussion about advancing a racial justice agenda. This process engaged over 150		
	Manufactured Housing Action to develop regional leaders that understand the racial dynamics in		
	their communities & focused their organizing, outreach, campagn planning & activites, to integrate their racial justice goals. AJS work included curriculum development, 3 site based trainings that		
	engaged 127 leaders & ongoing staff consulting (see Sch O)		
4b		e\$ 5	500 )
	WE ARE DOWN HOME This year, WDH members created new tools to build power for poor & working folk		'
	in NC Access to affordable healthcare is a top priority. Over 1,500 people worked together for		
	door-to-door & were present when the Governor stood with working people & vetoed the state budget		
	Alamance Co held over 1,000 conversations with voters, using their own stories to build solidarity around immigration & healthcare. Also in Alamance, members created & raised nearly \$16,000 for a		
	Occupants Dad Found 9 accepted in fraging 5 people on fact to fight the unjust existent of each had		
	The same group began a member-led court monitoring program. During the summer, WDH established a		
	Syringe Exchange Program in western NC & distributed over 130 overdose reversal kits. WDH broke		
	A Colores Colores Colores and a colores Colores and a laterance consumer A/OH many basis		
	membership over 2,000 strong		
4c	(Code) (Expenses \$291,076 including grants of \$0 ) (Revenue	e\$ 49,7	737 )
	NATIVE ORGANIZERS ALLIANCE NOA conducted community organizing trainings for tribal entities and		
	Native groups which engaged over 1700 participants. The trainings were a part of the ongoing		
	support of local groups working on environmental justice, health, gender justice, tribal sovereignty and voter protection NOA also co-hosted the first ever Native Presidential Forum,		
	August 24-25, 2019 providing a forum for tribal and Native community leaders to question and		
	educate 11 presidential candidates on issues affecting Indian Country		
	cadedate 11 presidential candidates of 1550es uncoming matery essential		
4d	Other program services (Describe on Schedule O )	0)	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$  Total program service expenses ► 1,251,700		
70	retail program control expenses		

Part IV	Chec	klist d	of Red	quired	Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х complete Schedule D, Part III. 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Х 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Par	Alliance for a Just Society  Checklist of Required Schedules (continued)	91-1635	JJ4		age 4
rai	' Checkinst 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				
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				<del>  ^</del>
	\$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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	نا	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. [	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	نا	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or				
	990-EZ? If "Yes," complete Schedule L, Part I	12	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	-	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		27		
28	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,		21		X
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		13	,	77.8
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-			
•	If"Yes," complete Schedule L, Part IV .		28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .		28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	If"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M .	. L	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part	<i>1</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 .	· L	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	F	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	┝
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_	35a	Х	$\vdash$
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	. 5	ววม		┢
30	organization? If "Yes," complete Schedule R, Part V, line 2 .		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	·		-	<del>  ^</del>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	F	•		
JU	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O		38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<del></del>			
	Check if Schedule O contains a response or note to any line in this Part V	•			П
		-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	56	,- 1		
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		, , -	١.,	۱, ۱

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

gaming (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a За Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter 11a а Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans. 13b 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes." complete Form 4720, Schedule O

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	<u> </u>	 		_
	123	VI.		·

	Check it Schedule O contains a response of note to any line in this Part VI.		• • •	<u>.</u>	<u> </u>
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	<b>1a</b> 5		- 4	
	If there are material differences in voting rights among members of the governing body, or				
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O				
b	Enter the number of voting members included on line 1a, above, who are independent .	<b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			
	any other officer, director, trustee, or key employee?	•	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, trustees, or key employees to a management company or other p		3		_X_
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	assets?	5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1			
	stockholders, or persons other than the governing body?.		7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following		<b>10</b>	1 4	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	•	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9	-	X
Sect	ion B. Policies (This Section B requests information about policies not required by the	internai Revenue (	Joae	Yes	N-
100	Did the organization have local chapters, branches, or affiliates?		10a	res	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	 chanters	102		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt put		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	are mining the form			CPRE
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	Arran and a
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could it	give rise to conflicts?	12b	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	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	val by			36
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	9,0	*	
а	The organization's CEO, Executive Director, or top management official	•	15a	Х	
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- 23	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ement	18.00	10.00	PER H
	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				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard		77.17	
0	the organization's exempt status with respect to such arrangements?	•	[16b]		
	ion C. Disclosure	· <u>-</u> .			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	and 990-T (Section	501/6		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		30 I(C)	,	
		piy (plain on Schedule O)	1		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	•			
. 3	and financial statements available to the public during the tax year	commot of interest po	cy,		
20	State the name, address, and telephone number of the person who possesses the organization's b	oooks and records	•		
	LeeAnn Hall	206-568-5400	-		
	3518 S Edmunds St, Seattle, WA 98118				

								-				
Form 990 (2019)	Alliance for a Just Society									91-16355	54 Page <b>7</b>	
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey	Em	plo	yee	s, F	lighest Comp	ensated		
	<b>Employees, and Independent C</b>	ontractors										
	Check if Schedule O contains a re										· · <u> </u>	
Section A.	Officers, Directors, Trustees, K	ey Employee	s, an	d F	ligi	<u> 1es</u>	t Co	mp	ensated Emp	loyees		
	this table for all persons required to be I	isted Report co	mpen	satı	on f	or ti	ne ca	enc	lar year ending v	with or within the		
organization's	<del>-</del>											
	of the organization's <b>current</b> officers, di						uais	or o	rganizations), re	gardless of amo	unt	
of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid  • List all of the organization's current key employees, if any See instructions for definition of "key employee"												
<ul> <li>List the organization's five current key employees, if any See instituctions for definition of key employee</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>												
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the												
•	ind any related organizations											
	of the organization's <b>former</b> officers, ke							ed e	employees who r	eceived more th	an	
· · ·	eportable compensation from the organ	•			_			uto e	as a former direc	tor or trustoo of	the	
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										u ie	
-	ns for the order in which to list the person		· g-						and a gamean			
_	s box if neither the organization nor any		ation	con	npe	nsat	ted ar	у с	urrent officer, dir	ector, or trustee		
					· (0	C)		_	<u> </u>			
						ition						
	(A) Name and title	(B) Average					than c		(D) Reportable	(E) Reportable	(F) Estimated amount	
		hours per week	_		_	_	or/trust		compensation from the	compensation from related	of other compensation	
		(list any	Individual trustee or director	Insti	Officer	Key	digh.	Forme	organization	organizations	from the	
		hours for related	recto	to	۳ ا	empi	est o	Ē	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
		organizations below	trus	nai t		employee	mg					
		dotted line)	tee	Institutional trustee		"	Highest compensated employee			,		
				"			Ē					
(1) LeeAnr	n Hall	49 90										
Executive Dire	ector	0 10	+	_	X	<u> </u>			87,500	0	13,907	
	Knutsen	4 00	1	1					_	_		
President & B		0 10	_	$\vdash$	X	$\vdash$	_		0	0	<del></del>	
(3) Rich St Secretary & B		1 00 0 00	4		x				0	0		
(4) William		2 00	•		┝	$\vdash$			<u> </u>			
	loard Member	0 10	1		x				0	o		
(5) Gary D		1 00	_									
Board Member		0 00	<del>,                                      </del>						0	0		
(6) Oscar S		2 00										
Board Member	er	0 00	X	ऻ_	_	<u> </u>			0	0		
(7)		I	1	ı	l l		l		I	I	l	

(9)

(10)

(11)

(12)

	Section A. Officers, Directors, Tru	istees, Key Em	рюує	es,	((	<b>S)</b>	gnes	t C	ompensated En	iployees (	(contin	ued)	
	(A) Name and title	(B) Average hours	Ďοx,	unles	eck s pe	rson	than on the thick the thic	n an	(D) Reportable compensation	(E) Reporta compens		Estimati	( <b>F)</b> ed amount other
		per week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from rela organiza (W-2/1099-	ated tions	compo , froi organiz	ensation
(15)													<u>.</u>
(16)													
(17)				ļ 									
(18)												· · ·	
(19)													
(20)				_									
				-									
(22)													
(24)													
(25)			-										
1b c	Subtotal  Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						<b>&gt; &gt; &gt;</b>	87,500 0 87,500		0		13,907 (13,907
2	Total number of individuals (including but not lii reportable compensation from the organization		sted a	bov	e) v	vho	rece	ived		),000 of	<u> </u>		10,007
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? If "Yes," complete Sched			_	ee,	or h	ighe	st c	ompensated			3 Y	es No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	•	-						•	h		4	×
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									ndual		5	X
Section B. Independent Contractors									1	<u> </u>	<del></del>		
1	Complete this table for your five highest compe compensation from the organization Report co	•										ax vear	
	(A) Name and business adde	_				1			(B) Description of sen			(C) ompensa	
									<u> </u>			<u> </u>	С
								$\vdash$					
											0		
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	•	ed to	tho	se l	iste	d abo	ve) 0	who received		31.3		

Alliance for a Just Society

Statement of Revenue 91-1635554 Part VIII

		' Check if Schedule O cor	ntains	a response	e 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
ر. ري	1a	Federated campaigns			1a	0			3555574	378 82484
출활	b	Membership dues		<b>→</b>	1b	0				
5 2	C	Fundraising events		<u> </u>	1¢	0				
An An	ď	Related organizations .			1d	4,500				
直	٠	Government grants (contrib	utions	_	1e	1,000				
ž E	•	All other contributions, gifts		<i>'</i> –	10					
is si	•	similar amounts not include			1f	2,200,213	(1991) . The			
를				_	11	2,200,213				
들이	g	Noncash contributions inclu	iaea ii		_					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f.		L	1 <u>g</u>	[\$ 0				
	h	Total. Add lines 1a-1f					2,204,713			
ω	٥-	0				Business Code	407.400	407.400		X. 1 - (1964 - 1 th abillional soil blind
ĕ	2a	Organizational Consulting				900099	167,168	167,168		
	b	Southside Commons Commons	nunity	Center ren	11	900099	87,320	87,320		
Program Service Revenue	С	Event Fees				900099 '	375	375		
gram Sen Revenue	d						0			
<u> </u>	е						0			
ก้	f	All other program service re	evenu	e		L	0	1, 2000-0304, \$2070 K.S.A.400	SECTION AND DESCRIPTIONS	APPEAR AND PRINCIPLE
	g	Total. Add lines 2a–2f				<u> </u>	254,863			
	3	Investment income (includir	ng div	idends, inte	erest	t, and				
		other similar amounts)					879			879
	4 `	Income from investment of	tax-ex	empt bond	pro	ceeds	0			
	5	(ı) Rcal			<u> </u>	O	n e ne ne analisa na mai mana manana man	-term of the second second second second	PERALPERAL COGNICOR	
				(i) Rcal		(ii) Personal				
	6a	Gross rents	6a							
	b	Less rental expenses	6b							
	C	Rental income or (loss)	<u>6c</u>		0	<u> </u>				
	d	Net rental income or (loss)				<u> </u>	0			
	7a	Gross amount from		(ı) Secuntie	es	(II) Other				
1		sales of assets								
1		other than inventory	7a		0	245				
Revenue	b	Less cost or other basis								
é		and sales expenses.	7b		0	0		and the second second second		
È	С	Gain or (loss)	7с		0	245		The first become and party		
er	d	Net gain or (loss)					245			
Othe	8a	Gross income from fundrais	sing							
Ö		events (not including \$		0						
		of contributions reported or	line 1	Ic)						
		See Part IV, line 18			8a	0				
	b	Less direct expenses		L	8b	0				
	С	Net income or (loss) from fu	ındraı	sıng even <u>ts</u>	3	<u> </u>	0	Aller of the work of		Joseph Strategy
	9a	Gross income from gaming	activi	ties						
		See Part IV, line 19			9a	0				
	b	Less direct expenses			9b	0	a production of the			
	С	Net income or (loss) from g	amıng	activities_		<u> </u>	0			
	10a	Gross sales of inventory, le	SS				100 miles			
		returns and allowances		<u></u>	10a	0				
	b	Less cost of goods sold		. [1	10b	0				
	C	Net income or (loss) from s	ales c	finventory		▶	0			
<u>s</u>						Business Code			105 2 105 25 6 10	
ie g	11a		<b>-</b>				0	ļ		
an	b						0			
scellaneo Revenue	С						0			
Miscellaneous Revenue	d	All other revenue				L	0	month dates, etc., see, co., see, etc.,	Company to the contract of the	Malagran was area area are malare a
≥		Total. Add lines 11a-11d				<u> </u>	0	White Market and a second state and		
	12	Total revenue. See instruct	tions			<b>•</b>	2,460,700	254,863	0	879

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part 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		*,								
	domestic governments See Part IV, line 21	37,170	37,170	ALLEGICATION AND ACTUAL	I The Park of the Control of the Con						
2	Grants and other assistance to domestic										
_	individuals' See Part IV, line 22	0			100720000000000000000000000000000000000						
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign	''									
	individuals See Part IV, lines 15 and 16	0			The first state of the state of						
4	Benefits paid to or for members .	0									
5	Compensation of current officers, directors,	101,408	94 400	40 444	10 141						
6	trustees, and key employees Compensation not included above to disqualified	101,400	81,126	10,141	10,141						
,	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	۱ ،									
7	Other salaries and wages	606,307	463,512	93,494	49,301						
8	Pension plan accruals and contributions (include	000,007	100,012	00, 10 1	10,001						
•	section 401(k) and 403(b) employer contributions)	24,727	18,545	4,451	1,731						
9	Other employee benefits	47,138			3,300						
10	Payroll taxes	60,736		10,932	4,252						
11	Fees for services (nonemployees)										
а	Management	0		,							
b	Legal	0									
С	Accounting	23,049		23,049							
d	Lobbying .	0			å,						
е	Professional fundraising services. See Part IV, line 17.		PARTICIPATION OF THE PARTIES.		19,900						
. f	Investment management fees	0									
. g	Other (If line 11g amount exceeds 10% of line 25, column	454.574	400.074								
40	(A) amount, list line 11g expenses on Schedule O)	121,074	120,874	200							
12	Advertising and promotion	31,824		4 774	2.546						
13 14	Office expenses Information technology	16,052		4,774 2,889	2,546 1,124						
.15	Royalties	10,032	1	, 2,003	1,124						
16	Occupancy	80,909	<del></del>	14,564	5,663						
17	Travel .	182,656	<del></del>	32,878	12,786						
18	Payments of travel or entertainment expenses .	,		\ \	·						
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	66,948	66,017	521	. 410						
20	Interest	175		175							
21	Payments to affiliates	0	<del>                                     </del>		-						
22	Depreciation, depletion, and amortization	19,487									
23	Insurance	23,452	15,981	5,979	1,492						
24	Other expenses Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e If										
	line 24e amount exceeds 10% of line 25, column		Teating the street								
а	(A) amount, list line 24e expenses on Schedule O). Canvass Expenses	84,363	84,363	147-148-15-15-15-15-15-15-15-15-15-15-15-15-15-	Action and the second section of						
a b	Native Organizer Leadership Trainers	31,500	1		,						
C	Organizational Donations	2,875									
ţ d	Business Fees	8,750		7,888	862						
e	All other expenses	0	· · · · · · · · · · · · · · · · · · ·								
25	Total functional expenses. Add lines 1 through 24e	1,590,500	1,251,700	223,928	114,872						
26	Joint costs. Complete this line only if the										
	organization reported in column (B) joint costs										
	from a combined educational campaign and										
	fundraising solicitation Check here										
	following SOP 98-2 (ASC 958-720)			<u> </u>							

91-1635554

Form 990 (2019) Alliance for Part X Balance Sheet

		Check if Schedule O contains a response or	note t	o any line in this Part X	,		
	-			•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		•	4,856	1	5,119
	2	Savings and temporary cash investments			543,860	2	1,415,587
	3	Pledges and grants receivable, net			783,921	3	747,707
	4	Accounts receivable, net			29,711	4	38,290
	5	Loans and other receivables from any current of	r forme	er officer, director,			
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	sons	0	5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net			0	7	0
155	8	Inventories for sale or use		•	0	8	
٩	9	Prepaid expenses and deferred charges			2,851	9	9,228
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	1,550,000			
	b	Less accumulated depreciation	10b	34,102	1,535,385	10c	1,515,898
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	e 11		0		0
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			0		0
	16	Total assets. Add lines 1 through 15 (must equ	al line	33)	2,900,584		3,731,829
	17	Accounts payable and accrued expenses	•	496,710		76,340	
	18	Grants payable	11,845		11,845		
	19	Deferred revenue			2,665	<del></del>	1,380
	20	Tax-exempt bond liabilities .	D - 4 10 4		0	<del></del>	
<b>'</b> 0	21	Escrow or custodial account liability Complete			0	21	Delegation of the property of the second
Liabilities	22	Loans and other payables to any current or form					
Ē		trustee, key employee, creator or founder, subs				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrel			0		382,700
	24	Unsecured notes and loans payable to unrelate		•	0	<del></del>	382,700
	25	Other liabilities (including federal income tax, pa			,	2-4	-
	23	parties, and other liabilities not included on lines	-				
		Part X of Schedule D	J 11 2	1) Complete	l	25	0
	26	Total liabilities. Add lines 17 through 25.		•	511,220		472,265
S		Organizations that follow FASB ASC 958, ch	ock ha	re 🕨 🗓		7478	
<u>5</u>		and complete lines 27, 28, 32, and 33.	CCK IIC	ile P [A]			
lan	27	Net assets without donor restrictions			1,866,413	27	1,688,587
Ba	28	Net assets with donor restrictions			522,951	28	1,570,977
pu	20	Organizations that do not follow FASB ASC	958 cl	neck here	322,331	130	1922
교		and complete lines 29 through 33.	000, o.	leak field a			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		•	0	29	
ets	30	Paid-in or capital surplus, or land, building, or e	auipme	ent fund	0		
SS	31	Retained earnings, endowment, accumulated in			0		
ž A	32	Total net assets or fund balances			2,389,364		3,259,564
ž	33	Total liabilities and net assets/fund halances			2 900 584		3 731 829

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

the Single Audit Act and OMB Circular A-133?

Form **990** (2019)

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

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

Allıa	nce	for a Just Society					91-16	35554		
Pai	tΙ	Reason for Public Char	ity Status (All org	ganizations must co	mplete tl	nis part.)	See instructions.			
The	orga	anization is not a private foundat	ion because it is (F	or lines 1 through 12, o	check only	one box	)			
1		A church, convention of church	es, or association o	of churches described in	n <b>section</b>	170(b)(1)	(A)(i).			
2		A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ))	1) +	•		
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(	b)(1)(A)(ii	i). U (			
4		A medical research organization hospital's name, city, and state	· · ·	nction with a hospital d	lescribed	ın <b>section</b>	170(b)(1)(A)(iii). En	ter the		
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		je or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
6		A federal, state, or local govern	nment or governmer	ntal unit described in se	ection 170	)(b)(1)(A)(	v).			
7	X	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ı	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II)					
9		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 university								
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	is, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its		
11		An organization organized and	operated exclusivel	ly to test for public safe	ety See s	ection 509	9(a)(4).			
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or	section 50	09(a)(2). See sectioi	n 509(a)(3).		
a		Type I. A supporting organization (some supported organization organization You must com Type II. A supporting organization	s) the power to regunder in the power to regular in the power in the p	ilarly appoint or elect a tions A and B. r controlled in connecti	majority on with its	of the direct	ctors or trustees of the	ne supporting having		
		control or management of the organization(s) You must o	complete Part IV, S	ections A and C.	•		•			
С		Type III functionally integral its supported organization(s						rated with,		
d	· {	Type III non-functionally ir that is not functionally integr requirement (see instruction	ntegrated. A suppor ated The organizat	ting organization operation generally must sati	ated in coi	nnection w	vith its supported org quirement and an att			
е		Check this box if the organiz						e III		
	-	functionally integrated, or Ty		ally integrated supporting	ng organiz	ation				
f		Enter the number of supported	•					. 0		
g		Provide the following information  Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	(1)	Nume of Supported Organization	(11) 2.11	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)		
					Yes	No				
(A)										
(B)		<u> </u>								
(C)										
(D)										
E)			,	<del></del>				<u></u>		
r <sub>ota</sub>			AND STANSON TO ASSOCIATE	ATTENTA INDICATION	dan kalendus	williand or offe				

# Schedule A (Form 990 or 990-EZ) 2019 Alliance for a Just Society Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)		(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total				
1	Gifts, grants, contributions, and			_		,						
	membership fees received (Do not include any "unusual grants")		~ 2,548,955	1,287,363	423,354	2,919,208	2,204,711	9,383,591				
2 .	Tax revenues levied for the		2,0 10,000	1,201,000	120,007	2,0.0,200	2,201,117	, 0,000,001				
- '	organization's benefit and either paid	,		٠.				,				
1	to or expended on its behalf		-	,				" о				
3	The value of services or facilities	٠,					3	77				
	furnished by a governmental unit to the			,	t		•					
,	organization without charge				s.			0				
4	Total. Add lines 1 through 3		2,548,955	1,287,363	423,354	2,919,208	2,204,711	9,383,591				
5	The portion of total contributions by			in the state of the	recognition to the second			<u>-</u>				
	each person (other than a		Back Charles	10 m								
	governmental unit or publicly				10.00			,				
	supported organization) included on				*1.							
	line 1 that exceeds 2% of the amount											
	shown on line 11, column (f)	- 1						1,562,773				
6	Public support. Subtract line 5 from line 4		51922					7,820,818				
Sec	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	◀	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4		2,548,955	1,287,363	423,354	2,919,208	2,204,711	9,383,591				
8	Gross income from interest, dividends,							-				
	payments received on securities loans,				,							
	rents, royalties, and income from	,	,	,			•	, ,				
	similar sources	,	2,962	2,030	540	434	879	6,845				
9	Net income from unrelated business	ي. الاهد م	±	پوه د مسي	erus a	" Taurana	F + **					
	activities, whether or not the business is		k.									
	regularly carried on				• `			. 0				
10	Other income Do not include gain or				•		•					
	loss from the sale of capital assets		•	-	٠, ٠	,		<i>;</i>				
	(Explain in Part VI)				•			0				
11	Total support. Add lines 7 through 10					<b>多数建筑线系统</b>		9,390,436				
12	Gross receipts from related activities, etc.	; (s	ee instructions)				12	483,266				
13	First five years. If the Form 990 is for th	e o	rganization's first, s	second, third, fourti	h, or fifth tax year a	is a section 501(c)	(3)	, 4.				
	organization, check this box and stop he	еге			•		•	▶				
Sec	tion C. Computation of Public	Su	pport Percenta	age		•						
14	Public support percentage for 2019 (line	6, c	olumn (f) divided b	y line 11, column (	(f)) , ,		14	83 28%				
15	Public support percentage from 2018 Sc	hed	ule A, Part II, line 1	I4 ·	, **		15	` 79 93%				
16a	33 1/3% support test-2019. If the orga	anız	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	,				
	and stop here. The organization qualifie	s as	s a publicly support	ted organization		,		<b>▶</b> X				
b	33 1/3% support test—2018. If the orga	anız	ation did not check	a box on line 13 o	or 16a, and line 15	s 33 1/3% or more	, check this					
	box and <b>stop here</b> . The organization qua					, .		·				
17a	10%-facts-and-circumstances test—2			•		or 16b, and line 1	4 ,	<del></del>				
	10% or more, and if the organization med		-					•				

	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14		•	83
i	Public support percentage from 2018 Schedule A, Part II, line 14	15		· · · · · · · · · · · · · · · · · · ·	79
а	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check and stop here. The organization qualifies as a publicly supported organization.	< this	box	•1 1	· ·
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, box and stop here. The organization qualifies as a publicly supported organization	check	this	•	•
a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	1		٠	•
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicle supported organization.		,	, ,	•
;	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	•			•
		Sch	edule A (Forn	n 990 or 9	90-EZ)

Рa	Tt III Support Schedule for Orga (Complete only if you check				zation failed to	qualify under Pa	/ 
	If the organization fails to qu					quality under Pa	
Sec	ction A. Public Support				··		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise	· -					(
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						_
<i>'</i> _	organization's tax-exempt purpose		-			-	(
3	Gross receipts from activities that are not an						,
	unrelated trade or business under section 513					-	
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						ſ
5	The value of services or facilities			/		-	
J	furnished by a governmental unit to the						
	organization without charge .						(
6	Total. Add lines 1 through 5	0	0	/ 0	0	0	(
7a	Amounts included on lines 1, 2, and 3						.,
	received from disqualified persons						(
b	Amounts included on lines 2 and 3						
	received from other than disqualified		/			†	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b .	0	/ 0	0	0	0	
8	Public support (Subtract line 7c from	4404,000	//				
_	line 6 )		NY COURT NAME		ALTO VALLE	A STATE OF THE STA	(
	ction B. Total Support		/ // 22/2	( ) 22/2			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 .	<u> </u>	0	0	0	0	(
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			•			,
_	royalties, and income from similar sources						·
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						(
_	Add lines 10a and 10b		0	O	0	n	
11	Net income from unrelated business	<u> </u>		J		- 1	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						(
12	• • • • • • • • • • • • • • • • • • • •					`	
	loss from the sale of capital assets						
	(Explain in Part VI )						C
13	Total support. (Add lines 9, 1,0c, 11,						
	and 12) /	0	0	0	0	0	(
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourti	n, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						▶ _
Sec	ction C. Computatión of Public Su	pport Percenta	age				
15	Public support percentage for 2019 (line 8, c	olumn (f), divided b	by line 13, column	(f))	•	15	0 00%
16						16	0 00%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2019 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2018 S					18	0.00%
19a	33 1/3% support tests—2019. If the organ					and line 17 is	. —
	not more than 33 1/3%, check this box and s	-			-	22.4/20/	▶
þ	33 1/3% support tests—2018. If the organi						_
20	line 18 is not more than 33 1/3%, check this	•	=				<b>~</b>
20	Private/foundation. If the organization did i	not check a box on	ime i4, 19a, or 19	u, cneck this box a	mu 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 Supporting Organizations** 

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
		E71 - WG1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		144	
	below, the governing body of a supported organization?	11a	<del> </del>	├
b	A family member of a person described in (a) above?	11b 11c	-	<del> </del>
Socti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations		<u> </u>	Ь
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		EAR	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			38
	controlled the organization's activities If the organization had more than one supported organization,			2.23
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	, Zer		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	<u> </u>	<u> </u>
Secti	on C. Type II Supporting Organizations		T	1
4	NA	Einklose.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	-	A200008
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<b>到</b> 被	die.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1 3
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
1	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2 35530	atranasat	Outlon to
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3	45476	200
Section	on E. Type III Functionally Integrated Supporting Organizations			Щ.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ruction	(S)	
a	The organization satisfied the Activities Test Complete line 2 below		<b>-</b> ,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	; mstruc		
2	Activities Test Answer (a) and (b) below.	-6001-701-7m	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	THE OF	Sec.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	CANE DEL	TAX ISSUE
3	Parent of Supported Organizations Answer (a) and (b) below.	<b>新教</b>	***************************************	340
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgaı	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		•
instructions. All other Type III non-functionally integrated supporting orga	nızatı	ons must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
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			
factors (explain in detail in Part VI)			
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,			
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	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		_ 0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	organization (see
instructions)			

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 exi	empt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	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			0				
8	Distributions to attentive supported organizations to which t	the organization is respo	nsive					
	(provide details in Part VI) See instructions		<u> </u>					
9	Distributable amount for 2019 from Section C, line 6			0				
10	Line 8 amount divided by line 9 amount	1		0 000				
		(i)	(ii)	(iii)				
5	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
		Santan Türkini karıbanının karılının albaş albaş birilini	Pre-2019	Amount for 2019				
	Distributable amount for 2019 from Section C, line 6			O				
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required—explain in Part VI) See							
	instructions		Parametra and the Control of the Con					
3	Excess distributions carryover, if any, to 2019	The state of the s						
<u>a</u>	From 2014	A STATE OF THE PROPERTY OF THE PARTY OF THE		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER				
<u>b</u>	From'2015	and the contract of the contra		in in the figure of the state of the second				
C	From 2016 .		AND THE PERSON NAMED IN COLUMN TWO					
<u>d</u>	From 2017	The property of the same of th						
<u>e</u> f	From 2018.  Total of lines 3a through e	PROPERTY PROPERTY OF THE PROPE		PROPERTY OF THE PROPERTY OF TH				
	Applied to underdistributions of prior years		0					
	Applied to underdistributions or prior years  Applied to 2019 distributable amount			THE PROPERTY OF THE PARTY OF TH				
<u>;;</u>	Carryover from 2014 not applied (see instructions)	○ 「おいなおおでいないのははなばるないとなるなかがあるだけだけ。						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0						
4	Distributions for 2019 from							
•	Section D, line 7 \$ 0		en e					
а	Applied to underdistributions of prior years	ATTENDED TO THE PERSON NAMED TO THE	0					
	Applied to 2019 distributable amount			0				
	Remainder Subtract lines 4a and 4b from 4	0	Water to the state of the state					
5	Remaining underdistributions for years prior to 2019, if							
	any Subtract lines 3g and 4a from line 2 For result			The Area of the				
	greater than zero, explain in Part VI See instructions		0					
6	Remaining underdistributions for 2019 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c	0						
8	Breakdown of line 7							
а	Excess from 2015 . 0							
<u>b</u>	Excess from 2016 0							
С								
d	Excess from 2018 0							
e	Excess from 2019	DEVELOPE THE PERSON OF THE PER						

Schedule A (Fo	orm 990 or 990-EZ) 2019 Alliance for a Just Society	91-1635554	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	17b, Part Section 1c, 2a, 2b,	
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#### 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

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

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number 91-1635554

Department of the Treasury Internal Revenue Service

Name of organization

Alliance for a Just Society

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

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

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

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

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

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

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	· · · · · · · · · · · · · · · · · · ·							
	definition of "political cam							
2		expenditures (see instructions)		▶ \$				
3		cal campaign activities (see instruction		<u> </u>				
Pai		he organization is exempt und						
1	•	excise tax incurred by the organization						
2	•	excise tax incurred by organization m	=					
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	? .	. Yes No			
4a	Was a correction made?	•		•	Yes No			
	If "Yes," describe in Part							
Pa		he organization is exempt und			i(c)(3).			
1	•	expended by the filing organization f	for section 527 exe	•				
	activities			<b>▶</b> \$				
2		iling organization's funds contributed	to other organizat	ions for section				
_	527 exempt function activ			<b>▶</b> \$				
3	· ·	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,	•			
	line 17b	51 5 4400 DOI (on the conse			∵Yes ∏ No			
4		i file Form 1120-POL for this year?	(EINI) of all acci	t				
5		ses and employer identification numb ents. For each organization listed, en						
		ntributions received that were prompt						
		fund or a political action committee						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(a) Name	(b) Addiess	(6) 2.114	filing organization's	contributions received and			
	7			funds If none, enter -0-	promptly and directly delivered to a separate			
					political organization If none, enter -0-			
		•			none, enter -o-			
(1)								
<del>'''</del>					<del></del>			
(2)								
	<u></u>							
(3)			1					
			· · · · ·	<u> </u>	<u> </u>			
(4)								
(5)								
<del></del>				<u> </u>	<u> </u>			
(6)			1					
				<u> </u>	1			

Schedule C (Form 990 or 990-EZ) 2019

						raye 🚣		
P	art II-A • Complete if the organiz under section 501(h)).	ation is exempt	under section 5	01(c)(3) and filed	l Form 5768 (ele	ction		
A	Check ▶ if the filing organization name, address, EIN,	_			_	up member's		
В	Check ► if the filing organization				•	7		
	Limits on The term "expenditure"	Lobbying Expendit s" means amounts			(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence	e public opinion (gra	ssroots lobbying)		1,510	0		
b	Total lobbying expenditures to influence	e a legislative body	(direct lobbying)		5,670	0		
С	Total lobbying expenditures (add lines	1a and 1b) ,			7,180	0		
d	Other exempt purpose expenditures			•	1,588,319	0		
е	Total exempt purpose expenditures (ad		•	•	1,595,499	0		
f	Lobbying nontaxable amount Enter the	e amount from the fo	illowing table in bot	h	:			
	columns			·	229,775	0		
ļ	If the amount on line 1e, column (a) or (	<del></del>	ng nontaxable amou	int is:	1.00			
ļ	Not over \$500,000		mount on line 1e					
-	Over \$500,000 but not over \$1,000,000		us 15% of the excess		1911	And Section 1		
ŀ	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess					
ŀ	Over \$1,500,000 but not over \$17,000,000	\$1,000,000	us 5% of the excess of	ver \$1,500,000				
ᆜ	Over \$17,000,000  Grassroots nontaxable amount (enter 2	•		.1	57,444	0.000		
g h	Subtract line 1g from line 1a If zero or				37,444	0		
'' i	Subtract line 1f from line 1c If zero or I		•		. 0	0		
i	If there is an amount other than zero or		e 1. did the organiz	vation file Form 472	L			
,	section 4911 tax for this year?			244011 1110 1 01111 472		Yes No		
	•	4-Year Averaging	Period Under Sec	ction 501(h)				
	(Some organizations that made				of the five columns	below.		
	· · · · · · · · · · · · · · · · · · ·	ee the separate ins		-				
	- 3	<u>-</u>	•		·	<b>j</b> - 3 - , ~ <b>j</b>		
	, Lo	bbying Expenditure	es During 4-Year A	veraging Period	<u> </u>			
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total		
2a	Lobbying nontaxable amount	· 382,352	115,869	148,529	229,775	876,525		
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,314,788		
c	Total lobbying expenditures	15,478	1,267	1,870	`. 7,180	25,795		
d	Grassroots nontaxable amount	95,588	28,967	37,123	57,444	219,122		
е 	Grassroots ceiling amount (150% of line 2d, column (e))					328,683		
f	Grassroots lobbying expenditures	4,643	422	440	1,510	7,015		

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	l For	n 576	i8	
		s" response on lines 1a through 1ı below, provide in Part IV a detailed f the lobbying activity	Yes	No		(b) Amoun	nt
1	legislation	ne year, did the filing organization attempt to influence foreign, national, state, or local on, including any attempt to influence public opinion on a legislative matter or um, through the use of					
а	Voluntee	<del>-</del>	100000000000000000000000000000000000000	***********			
b		ff or management (include compensation in expenses reported on lines 1c through 1i)?					
С		dvertisements?			,,		
d	Mailings	to members, legislators, or the public?					
е	-	ons, or published or broadcast statements?					
f		o other organizations for lobbying purposes?					
g		ontact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other ac	tivities?					
j	Total A	dd lines 1c through 1i					(
2a	Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?					14.17
b	If "Yes,"	enter the amount of any tax incurred under section 4912	對流				
C	If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the film	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>	金融時	487	<b>MARK</b>
Par	t III-A	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	(c)(5)	, or s	ectio	n	
						Yes	No
1	Were su	bstantially all (90% or more) dues received nondeductible by members?			1	1	1
2		organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	Ì
3		rganization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ear?	-	3	+	1
<del></del> 1	Dues as	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  seessments and similar amounts from members	OR (L	) Pa	rt III- <i>A</i>	۱, line ——	3, is
2	Section	162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).					
а	Current	year .		2a			
b	Carryov	er from last year		2b			
C	Total			2c			(
3	Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3			
4	excess	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible					
		and political expenditure next year?	•	4			
5_		amount of lobbying and political expenditures (see instructions)		5			
Par		upplemental Information		_			
		scriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), F	Part II-	A, line	s 1 an	d
2 (se	e instructi	ons), and Part II-B, line 1 Also, complete this part for any additional information				,	
		İ					
,							
	<del>-</del>					·	
				<del>,</del>			

Allıa	nce for a Just Society				91-1635554	
	orm 990 or 990-EZ) 2019				·	Page <b>4</b>
Part IV	Supplemental Informatio	n (continued)		<del></del>		•
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#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Allıan	ce for a Just Society		91-1635554
Pari		Advised Funds or Other Similar F	
	Complete if the organization answer		
		(a) Donor advised funds	(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		<del>-</del>
5	Did the organization inform all donors and don	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		Yes No
Part	Conservation Easements.		
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ole, recreation or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization	on hold a gualified concentation contribut	ion in the form of a conceniation
2	easement on the last day of the tax year	on heid a quaimed conservation contribut	Held at the End of the Tax Year
•	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easer	mente	2b
	Number of conservation easements on a certif		2c
c d	Number of conservation easements included in		
ŭ	historic structure listed in the National Register		'   2d
3	Number of conservation easements modified,		
•	the tax year	transferred, released, extinguished, or to	initiated by the organization dailing
4	Number of states where property subject to co	nservation easement is located	•
5	Does the organization have a written policy reg		on, handling of
_	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in		g conservation easements during the year
	<b>&gt;</b>		<b>5</b> ,
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year
	▶ \$	-	
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)? .		Yes No
9	In Part XIII, describe how the organization repo		
	balance sheet, and include, if applicable, the te	ext of the footnote to the organization's fii	nancial statements that describes the
	organization's accounting for conservation eas		· · · · · · · · · · · · · · · · · · ·
Part	Organizations Maintaining Collect		
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		
_	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		ation, or research in furtherance of
	public service, provide the following amounts r		
	(i) Revenue included on Form 990, Part VIII, I	ine 1	. <b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of ar		sets for financial gain, provide the
	following amounts required to be reported und		
	Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$
b	Assets included in Form 990, Part X		. ▶ \$

C-L-4	No. 10 (Form 200) 2010								_
	Alliance for a Just S  Organizations Maintaining O		mt Llinta	rical Tra		Otho	91-16355		Page 2
3	Using the organization's acquisition, ac						***************************************		<u> </u>
3	collection items (check all that apply)	cession, and other	records,	CHECK ally	Of the followi	ing the	r make significant c	ise of its	
а	Public exhibition		d [	Loan or	exchange pro	ogram			
b	Scholarly research		e –	Other	ononango pr	- <b>.</b>			
		_	€	Culei					
C	Preservation for future generations					4.		D	
4	Provide a description of the organization XIII.							ie in Part	
5	During the year, did the organization so assets to be sold to raise funds rather							Yes [	No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		n Form 9	990, Part	IV, line 9, c	or rep	orted an amount	on Form	
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?	ustodian or other ir	ntermediai	y for contr	ributions or ot	ther as	ssets not	Yes [	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	e the follo	wing table		_			
							Aı	mount	<del></del>
C	Beginning balance		•			-	С		
d	Additions during the year .	•		•			d		
е	Distributions during the year.		•			_	e		
f	Ending balance .					Ľ	lf		0
2a	Did the organization include an amoun	t on Form 990, Par	t X, line 2	1, for escr	ow or custodi	al acc	ount liability?	Yes Z	<u>×</u> No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here	if the exp	lanation ha	as been provi	ded o	n Part XIII		
Part	V Endowment Funds.								
	Complete if the organization a	nswered "Yes" o	n Form 9	990, Part	IV, line 10.				
		(a) Current year	( <b>b</b> ) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
	and losses .								
d	Grants or scholarships .								
е	Other expenditures for facilities								
	and programs .								
f	Administrative expenses								
g	End of year balance	0	1	0		0	0		0
2	Provide the estimated percentage of the	e current year end	balance (	line 1g, co	lumn (a)) hel	d as			
а	Board designated or quasi-endowment		<u>%</u>						
b	Permanent endowment	%							
C	Term endowment ▶	<u>%</u>							
	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	possession of the o	organizatio	on that are	held and adr	ministe	ered for the		
	organization by							Yes	s No
	(i) Unrelated organizations	•					•	3a(i)	
	(ii) Related organizations	•				٠		3a(ii)	+
b	If "Yes" on line 3a(ii), are the related or	_					•	3b	
4	Describe in Part XIII the intended uses		n's endow	ment funds	3				
Part			_			_			
	Complete if the organization a								
	Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis	(0	) Accumulated	(d) Book va	alue

	Complete it the organization answe	red 103 on Forms	Joo, I altiv, line Til	3 OCC 1 OIII 330, 1 6	it X, iii C 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	790,000	<b>《新文学》</b>	790,000
b	Buildings	0	760,000	34,102	725,898
С	Leasehold improvements	0	0	0	0
d	Equipment .	0	_ 0	0	0
e	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c)		1,515,898

Part VII	Investments—Other Securities.			
	· Complete if the organization answered	"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 vo Cost or end-of-year	
• •	al derivatives .	0		
	held equity interests .	0		<del>,</del> ,
			· · · · · · · · · · · · · · · · · · ·	-
		<del>                                     </del>		<del></del>
(F)		<u></u>		
(G) (H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		<u> </u>		
rait viii	Complete if the organization answered	"Yes" on Form 990	Part IV line 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)		<del> </del>	<b></b>	
(8)	-,			• • • • • • •
(9)	(h)	0		and the second s
Part IX	nn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets.	<u> </u>		
Partix	Complete if the organization answered	"Ves" on Form 990	Part IV line 11d See Form	990 Part X line 15
	(a) Desc		Tartiv, line 11d. See 1 Sim	(b) Book value
(1)	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
(2)		·		
(3)			=	
(4)				
(5)				
(6)		. <u></u>		
(7)				
(8)				
(9)				-
Total. (Col	umn (b) must equal Form 990, Part X, col (B)	line 15)	<u> </u>	0
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Federa	al income taxes		<u> </u>	C
(2)			<del></del>	
(3)	AND ALL -			
(4)				
(5)				
(6)				
(7)				
(8)				1
· •			•	
(9) ·	umn (b) must equal Form 990, Part X, col (B)	line 25 )	<b>•</b>	C

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99		ie per Return.	•
1	Total revenue, gains, and other support per audited financial statement		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		Anchilles	
² a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	. 2b		
~	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	20	2e	0
3	Subtract line 2e from line 1	•	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	· · · · · · · · · · · · · · · · · · ·	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	<u> </u>	. 4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 12 )	5	0
	XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 99	•	aca per return.	
1	Total expenses and losses per audited financial statements	70, 1 alt 14, line 12a.	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•		
a	Donated services and use of facilities	2a	r Lee	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	<u> </u>	. 2e	0
3	Subtract line 2e from line 1	•	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII ) .	4b		
c	Add lines 4a and 4b	<u> </u>	. 4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18 )	5	0
Part	XIII Supplemental Information.			
2, Pa Part )	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this p X Line 2 LIABILITY FOR UNCERTAIN TAX POSITIONS. AJS has been a lincome taxes under Section 501(c)(3) of the Internal Revenue Code.	art to provide any addition granted exemption from		X, line
subje	ct to income taxes only on unrelated business income. During the year e	ended December		
31, 2	019, AJS had no unrelated business income and, accordingly, no provisi	on for federal		
ncon	ne taxes has been reported in the accompanying financial statements	·		
				•••
				•••
				•
	·			· <b></b>
				·
	·			- <b></b>

Schedule D (For	m 990) 2019	Alliance for a Jus	st Society			91-1635554	Page <b>5</b>
Part XIII	Suppleme	ntal Informatio	n (continued)	•		•	
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#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

on entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open

OMB No 1545-0047
2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Alliance for a Just Society						35554
Part I Fundraising Activities. C	•	-		ered "Yes" on For	m 990, Part IV, Iı	ne 17
Form 990-EZ filers are not Indicate whether the organization re				a notwition Charles	all that apply	
a Mail solicitations	alsed lunds throu			of non-government g		
b X Internet and email solicitations		=		of government grants		
c Phone solicitations				raising events	•	
d X In-person solicitations		3 LJ ~	poolal falla	. a.oig ovorito		
2a Did the organization have a written	or oral agreeme	ent with any	/ individual i	(including officers, g	lirectors trustees	
key employees listed in Form 990,						X Yes No
<b>b</b> If "Yes," list the 10 highest paid indi		es (fundrais	sers) pursua	ant to agreements u	nder which the fund	fraiser is to be
compensated at least \$5,000 by the	e organization			<u>-</u>		
	<del> </del>	1			· · · · · · · · · · · · · · · · · · ·	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Randall Jackson 91 Payson Ave, 5D New York NY 10034	grantwriting		x	75,000	12,500	62,500
2						
2	<del> </del>	-	ļ	0	0	0
3		<u> </u>		o	0	0
4				0	0:	0
5	<del> </del>			U U		0
	<del>                                     </del>	ļ		0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9 .	<u> </u>	<del>                                     </del>		J		0
	<del> </del>			0	0	0
10		<u></u>		o	0	0
Total			•	75,000	12,500	62,500
3 List all states in which the organizar	tion is registered	or license	d to solicit of			
registration or licensing.	_					•
NC, WA						
						·
						•••
				·		

Sche	edule G		liance for a Just Society			91-1635554 Page <b>2</b>
Pa	art II	Fundraising Events. C				
		· more than \$15,000 of fu	•	_	ome on Form 990-EZ,	lines 1 and 6b. List
		events with gross recei			•	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
nue						
Revenue	1	Gross receipts .			0	0
ď	2	Less Contributions			0	0
	3	Gross income (line 1 minus			<u> </u>	
		line 2)			0	0
	4	Cash prizes	·		0	0
	_	Ningagh away		,	0	0
	5	Noncash prizes .		<u> </u>	0	<u> </u>
nses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
əct						
ق	8	Entertainment			0	0
	9	Other direct expenses			0	0
	10	Direct expense summary Add	Unoc 4 through 9 in colu	ımn (d)	_	( 0)
	11	Net income summary Subtract				0
Da	rt III				0 Part IV line 19 or re	enorted more
Γ 6				TOO TOO OILLOUINGO	o, i aitiv, iiic 10, oi it	sported more
re		than \$15,000 on Form 9	_		0, 1 dit 14, iiie 10, 01 k	eported more
		than \$15,000 on Form 9	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
		than \$15,000 on Form 9	_	T	(c) Other gaming	· 
	. 1		990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))
Revenue	· 1	than \$15,000 on Form 9	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
Revenue	. 1		990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))
Revenue		Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))
Revenue		Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))
Expenses Revenue	2	Gross revenue  Cash prizes  Noncash prizes	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))  0
Expenses Revenue	2	Gross revenue  Cash prizes .	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))
Revenue	2	Gross revenue  Cash prizes  Noncash prizes	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))  0
Expenses Revenue	3 4	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	990-EZ, line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add col (a) through col (c))  0
Expenses Revenue	3 4	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  0
Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  0
Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	990-EZ, line 6a. (a) Bingo  Yes %  No	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  0
Expenses Revenue	2 3 4 5 6 7	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add	Yes % No  I lines 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  ( 0)
Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No  I lines 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col (c))  0  0  0
Expenses Revenue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add	Yes % No  Subtract line 7 from line	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d) 1, column (d)	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  0  0  0  0
Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add  Net gaming income summary	Yes % No Subtract line 7 from line	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d)  1, column (d)  ing activities	(c) Other gaming  Yes%  No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  0  0  0  0
Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add  Net gaming income summary  Inter the state(s) in which the organization licensed to co	Yes % No I lines 2 through 5 in columniate gamization conducts gaminduct gaming activities in	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d)  1, column (d)  ing activities heach of these states?	(c) Other gaming  Yes%  No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  1  0  1  Yes No
Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add  Net gaming income summary  Inter the state(s) in which the organization licensed to co	Yes % No I lines 2 through 5 in columniate from line ganization conducts gaminduct gaming activities in	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d) 1, column (d) ing activities h each of these states?	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  0  1  1  Yes No
Direct Expenses Revenue	2 3 4 5 6 7 8 E a ls	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add  Net gaming income summary  nter the state(s) in which the organization licensed to co "No," explain	Yes % No I lines 2 through 5 in columniate from line ganization conducts gaminduct gaming activities in	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d) 1, column (d) ing activities h each of these states?	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  0  1  Yes No
Direct Expenses Revenue	2 3 4 5 6 7 8 8 B If	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add  Net gaming income summary  Inter the state(s) in which the organization licensed to co	Yes % No I lines 2 through 5 in columniation conducts gaminduct gaming activities in aming licenses revoked, seming licenses revoked r	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d)  1, column (d)  ing activities h each of these states?	(c) Other gaming  Yes % No  during the tax year?	(d) Total gaming (add col (a) through col (c))  0  0  0  0  0  1  Yes No

Schedu	ale G (Form 990 or 990-EZ) 2019 Alliance for a Just Society	91-1635554 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	. Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records	na
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\infty\$ and the	
_	amount of gaming revenue retained by the third party    S	
С	if res, enter name and address of the timo party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation   \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ГП v ГП v
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or	Yes No
D	spent in the organization's own exempt activities during the tax year \$	
Part		
		·
<b></b>		·

#### SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

Alliance for a Just Society

#### Part I General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organiz 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is

990, Part IV, line 21	, for any recip	pient that received	more than \$5,000.	Part II can be duplic	ated if additional spa	ace 18
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(i no
(1) Coffee Pot Farms, LLC PO Box 7335 Winslow, AZ 86407	83-1792434		34,170	0		
(2)						
(3)						
(4)						
(6)	,					
(6)						
(7)						
(8)						
(9)				1		
(10)						
(11)						
(12)						

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

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

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (bool FMV, appraisal, other)
· · · · · · · · · · · · · · · · · · ·				
				ļ
an Produktion .				
t IV Supplemental Information. P	rovide the information re	equired in Part I, Iir	ne 2, Part III, columr	n (b), and any other a
t I Line 2 MONITORING USE OF GRANT FU				

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

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Alliance for a Just Society

Employer identification number

91-1635554

Form 990, Part III, Line 4a STRATEGY, PLANNING & CAMPAIGN SUPPORT (cont ) AJS worked with the
American Federation of Teachers to develop a strategic organizing plan to increase resources
for Washington State community colleges AJS work included coaching staff, developing
curriculum, building a strategic plan and a landscape analysis of key partners. AJS provided
strategic communications support to Green Faith and the Native Organizers Alliance AJS worked
with professors at both Yale and Berkley to teach students about community organizing and to
provide opportunities for placements with community organizations
Form 990, Part VI, Section B, Line 11b 990 REVIEW PROCESS. The draft 990 will be discussed
and reviewed by the Finance Committee. The preparer will make any needed changes. The final
draft will be sent to the entire Board for review and approval. If any changes are made during
that discussion, the final 990 will be emailed to all Board Members before filing
Form 990, Part VI, Section B, Line 12c CONFLICT OF INTEREST POLICY MONITORING The conflict
of interest policy covers officers, directors, members of committees of the board, and
employees Determinations of whether a conflict exists and the review of actual conflicts are
made at the board level. If the board determines that a conflict exists, it shall follow these
procedures The interested person may make a presentation to the board, but will recuse
themselves from any vote on the transaction involving the conflict. The board will investigate
alternatives to the proposed arrangement. After exercising due diligence, the board shall
determine whether the transaction is fair to the corporation. The transaction must be approved
by a majority of a quorum of the board who have no direct or indirect interest in the
transaction
Form 990, Part VI, Section B, Line 15 EXECUTIVE COMPENSATION The Board reviewed a study of
Executive Director Non-Profit Organization Salaries in Seattle Washington The Board
acknowledged that they were paying well below salaries in the lowest 10% of the study, but
also that it made sense to be fiscally prudent in this time of transition. The decision was

reviewed and voted upon by independent board members

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Alliance for a Just Society	Employer identification number 91-1635554
Form 990, Part VI, Section C, Line 19 DISCLOSURE Financial statements are available upon	
equest Requests for governing documents and policies are considered on a case by case basis	
	·····
	·
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#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

.▶ Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization
Alliance for a Just Society

\*''		•			, Ta	(d) Total income	
		*					
	-						
				<u>.</u> .			
			_				
izations. Co	omplete if that year	ie organizat	ion ar	nswered "Ye	es" on	Form 990	
	b)			(d) Exempt Code	section	(e) Public chanty (if section 50	
		WΔ	***	501(c)(4)			
<del></del>				001(0)(4)			
		_					
	advocate for racial & soc	izations. Complete if the during the tax year  (b)  Primary activity  advocate for economic, racial & social justice	izations. Complete if the organizate during the tax year  (b) (c)  Permary activity Cegal domicile or foreign countries advocate for economic racial & social justice WA	izations. Complete if the organization arduring the tax year  (b) (c)  Primary activity Legal domicile (state or foreign country)  advocate for economic, racial & social justice WA	izations. Complete if the organization answered "Yeduring the tax year  (b) (c) (d) Exempt Code or foreign country)  advocate for economic, racial & social justice	Primary activity  Legal domicile (state or foreign country)  To description of the image of the organization answered "Yes" on during the tax year  (b)  Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Advocate for economic racial & social justice  WA  501(c)(4)	

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

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Part III

Alliance for a Just Society Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" because it had one or more related organizations treated as a partnership during the tax year.

(b)

related organization	Primary activity	domicile (state or foreign country)	domicile entity income (related, income (related, income foreign excluded from		entity income (related, income yea unrelated, excluded from tax under					
				}	3312311,			Ye	s N	
_(1)										
(2)				1					<del> </del>	
(3)										
(4)						<u>-</u>				
(5)				1						
(6)							n		<del> </del>	
				<del> </del>						
Part IV Identification of IV, line 34, because	Related Organiza	ations Taxable	e as a Corpor panizations tre	ation or ated as	Trust. Com	plete if the	e organiza	tion an	 swe ar	
(a) Name, address, and EIN of related		(b) Primary activit	y Legal o	c) iomicile eign country)	(d) Direct controllin entity	g Type	e) of entity corp, or trust)	(f) Share of I	total	
(1)				<del>.</del>				1		
(2)										
(3)										
(4)										
(5)			•					<del></del>		
<u>(6)</u>										
(7)			-			-	<del></del>		$\dashv$	

(d)

(c)

Part \	Transactions With Related Organizations. Complete if the organization and	swered "Yes" on Fo	rm 990, Part IV, Iır
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<del></del>
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organi	zations listed in Part:
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•	
b	Gift, grant, or capital contribution to related organization(s)		
C	Gift, grant, or capital contribution from related organization(s)	•	
d	Loans or loan guarantees to or for related organization(s)		
е	Loans or loan guarantees by related organization(s)	•	
f	Dividends from related organization(s) .		
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)	•	
i	Exchange of assets with related organization(s).		
j	Lease of facilities, equipment, or other assets to related organization(s)		
k	Lease of facilities, equipment, or other assets from related organization(s)		
ı	Performance of services or membership or fundraising solicitations for related organization(s		
m	Performance of services or membership or fundraising solicitations by related organization(s	) .	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
0	Sharing of paid employees with related organization(s)		
р	Reimbursement paid to related organization(s) for expenses		
q	Reimbursement paid by related organization(s) for expenses		
r	Other transfer of cash or property to related organization(s) .		
s	Other transfer of cash or property from related organization(s)	•	
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	omplete this line, includ	ling covered relations
	` (a)	(b)	(c)

(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved
(1) Just Strategy	a	2,04
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, I

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its ac or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all   sec 501( organiz	e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Dispropi alloca	atrons?
<u>(1)</u>				Yes	No			Yes	No
		<u> </u>							
(2)									
(3)									
(4)								1.	
(5)									
(6)								1	
(7)								1	
(8)								<del> </del>	
(9)				-		-			
(10)			,						
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									$\vdash$

Schedule R (Fo	m 990) 2019 Alliance for a Just Society	91-1635554	Page <b>5</b>
Part VII	Supplemental Information		
I art vii	Provide additional information for responses to questions on Schedule R. S	ee instructions	
			<del>-</del>
			<b>-</b>
	•		
			<b></b>
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			<del>-</del>
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