

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

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

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.

Form

Department of the Treasury

Internal Revenue Service

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Alliance for a Just Society, % LeeAnn Hall, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, 3518 S Edmunds St, City or town, state or province, country, and ZIP or foreign postal code: Seattle, WA 98118

D Employer identification number: 91-1635554, E Telephone number: (206) 568-5400, G Gross receipts \$ 4,320,520

F Name and address of principal officer: LeeAnn Hall, 3518 S Edmunds St, Seattle, WA 98118

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: www.allianceforajustsociety.org

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1994, M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: AJS promotes investments in public goods by running strategic issue campaigns on public transit education by supporting organizations through tailored training, political education strategic consultation.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date: 2022-09-30, LeeAnn Hall Executive Director, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2022-09-30, Check if self-employed, PTIN: P01318306, Firm's name, Firm's EIN, Firm's address, Phone no. (971) 227-3274

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe 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 501c3 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  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  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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **780,801** including grants of \$ **124,944** ) (Revenue \$ **234,443** )

CAMPAIGN SUPPORT, STRATEGY TRAINING. AJS campaigns for just accessible public transit nationwide, for expanded funding support for community colleges in WA state. In both instances, AJS built a broad-based coalition worked with partners to design execute public education activities that included public outreach on social media, identification activation of people directly impacted by the issue, report releases, national state-based sign-on letters for public transit, the development of fact sheets, educational materials regular network updates including analysis resources. AJS hosted a series of 8 organizing labs for a cohort of community organizers, academics labor organizers to examine refine state-based public goods campaigns. AJS worked with several community-based organizations to support internal external development. AJS worked with senior staff at Citizen Action of NY to develop their skills, analysis achieve organizational goals, held racial justice trainings for YIMBY Action, National Community Action Partnership, cont. Sched O

**4b** (Code: ) (Expenses \$ **993,747** including grants of \$ **116,540** ) (Revenue \$ **42,750** )

NATIVE ORGANIZERS ALLIANCE. NOA works with tribal communities, traditional societies Native communities in 10 states. It works to build the organizing capacity of tribes, tribal entities Native community groups to protect sacred places, land water rights. NOA works with its partners to build non-partisan integrated voter engagement leadership development programs. In April 2021, NOA in collaboration with the House of Tears Carvers, began a 20,000-mile journey of 115 stops with a 4,000-pound totem pole, visiting Indigenous sacred lands educating the public about the need to protect sacred sites. The caravan reached communities engaged in protecting 17 sacred sites. This effort reached about 1.2 million people. The campaign culminated with an event on the national Mall with 20 speakers. NOA continues to grow a national ecosystem of Native leaders organizers through its training program. NOAs training program is rooted in traditional practices of community building. NOA held 5 state based virtual trainings 1 national training in WA state with 23 participants. cont Sch O

**4c** (Code: ) (Expenses \$ **73,336** including grants of \$ ) (Revenue \$ **14,419** )

TRIBAL MINDS. We continued to expand our network of partners to support greater participation in local, state federal government processes. Our voter education outreach projects registered 750 Native voters, more than ever before in NV history, helped to ensure greater visibility for Native voices. We helped increase civic engagement by utilizing culturally informed sensitive programming for Indigenous people of the Great Basin. Together we created unique materials strategies to educate, train mobilize hundreds of Native Nevadans to participate in the legislative process. Our programs helped to inform community members about how to access election information, contact communicate with elected officials, submit public testimony on issues that are important to them. We worked with various partners, including University professionals state/federal agencies to facilitate greater programming outreach to reduce vaccine hesitancy increase the number of fully vaccinated Indigenous people in NV. cont. Sched O

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ **20,700** including grants of \$ **20,700** ) (Revenue \$ )

**4e Total program service expenses** **1,868,584**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

|            |                                                                                                                                                                                                                                                                                                                                                                                                    | Yes        | No  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                                                                                         | <b>22</b>  | No  |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                                                                                             | <b>23</b>  | No  |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                                                                                    | <b>24a</b> | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                        | <b>24b</b> |     |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                               | <b>24c</b> |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                            | <b>24d</b> |     |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                                                                                 | <b>25a</b> | No  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i>                                                                                                                         | <b>25b</b> | No  |
| <b>26</b>  | 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?                                                                                                                 | <b>26</b>  | No  |
| <b>27</b>  | 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 persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  | No  |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                                  |            |     |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                              | <b>28a</b> | No  |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                                                                                   | <b>28b</b> | No  |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                                      | <b>28c</b> | No  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                                                          | <b>29</b>  | No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?                                                                                                                                                                                                                                                         | <b>30</b>  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                                                                                                          | <b>31</b>  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                                                                                              | <b>32</b>  | No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?                                                                                                                                                                                                                                                     | <b>33</b>  | No  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                                                                                          | <b>34</b>  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                            | <b>35a</b> | Yes |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                 | <b>35b</b> | Yes |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                                                   | <b>36</b>  | Yes |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                                                                                               | <b>37</b>  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                       | <b>38</b>  | Yes |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|           |                                                                                                                                                                    | Yes       | No  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                                                                       | <b>1a</b> | 39  |
| <b>b</b>  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                                                                    | <b>1b</b> | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> | Yes |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows (2a-17) and sub-rows (a-e) for various questions. Includes columns for question text, a small grid for 'Yes/No', and a larger grid for 'Yes/No' with a '15' in the top right cell.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of duties), 4 (Changes to governing documents), 5 (Diversion of assets), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meetings/actions), 8a/b (Committee authority), 9 (Officer/director/trustee/employee listed).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies/procedures), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Retention/destruction policy), 15 (Compensation review), 15a/b (CEO/Other officers), 16a (Joint venture), 16b (Safeguarding status).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, OR
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LeeAnn Hall 3518 S Edmunds Street Seattle, WA 98118 (206) 568-5400





**Part VIII Statement of Revenue**

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

|                                                                                         |                                                                                                                                        |                                                                 | (A)<br>Total revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|-----------------------------------------|-----------|--|------------------------------------|-----------|--|---------------------------------------|-----------|--|--------------------------------|-----------|--|--------------------------------------------|-----------|--|-----------------------------------------------------------------------------------------|-----------|-----------|-------------------------------------------------------------|-----------|--|-------------------------------------------|--|-----------|
| Contributions, Gifts, Grants, and Other Similar Amounts                                 |                                                                                                                                        |                                                                 | <table border="1"> <tr> <td><b>1a</b> Federated campaigns . . . . .</td> <td><b>1a</b></td> <td></td> </tr> <tr> <td><b>b</b> Membership dues . . . . .</td> <td><b>1b</b></td> <td></td> </tr> <tr> <td><b>c</b> Fundraising events . . . . .</td> <td><b>1c</b></td> <td></td> </tr> <tr> <td><b>d</b> Related organizations</td> <td><b>1d</b></td> <td></td> </tr> <tr> <td><b>e</b> Government grants (contributions)</td> <td><b>1e</b></td> <td></td> </tr> <tr> <td><b>f</b> All other contributions, gifts, grants, and similar amounts not included above</td> <td><b>1f</b></td> <td>3,860,151</td> </tr> <tr> <td><b>g</b> Noncash contributions included in lines 1a - 1f:\$</td> <td><b>1g</b></td> <td></td> </tr> <tr> <td><b>h Total.</b> Add lines 1a-1f . . . . .</td> <td></td> <td>3,860,151</td> </tr> </table> |                                                    |                                         |                                                                    | <b>1a</b> Federated campaigns . . . . . | <b>1a</b> |  | <b>b</b> Membership dues . . . . . | <b>1b</b> |  | <b>c</b> Fundraising events . . . . . | <b>1c</b> |  | <b>d</b> Related organizations | <b>1d</b> |  | <b>e</b> Government grants (contributions) | <b>1e</b> |  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b> | 3,860,151 | <b>g</b> Noncash contributions included in lines 1a - 1f:\$ | <b>1g</b> |  | <b>h Total.</b> Add lines 1a-1f . . . . . |  | 3,860,151 |
| <b>1a</b> Federated campaigns . . . . .                                                 | <b>1a</b>                                                                                                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>b</b> Membership dues . . . . .                                                      | <b>1b</b>                                                                                                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>c</b> Fundraising events . . . . .                                                   | <b>1c</b>                                                                                                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>d</b> Related organizations                                                          | <b>1d</b>                                                                                                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>e</b> Government grants (contributions)                                              | <b>1e</b>                                                                                                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>                                                                                                                              | 3,860,151                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>g</b> Noncash contributions included in lines 1a - 1f:\$                             | <b>1g</b>                                                                                                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>h Total.</b> Add lines 1a-1f . . . . .                                               |                                                                                                                                        | 3,860,151                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>Program Service Revenue</b>                                                          | <b>2a</b> Organizational Consulting                                                                                                    | Business Code                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | 900099                                                          | 226,347                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 226,347                                            |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>b</b> Southside Commons Community Cntr Rent                                                                                         | 900099                                                          | 57,015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 57,015                                             |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>c</b> Honoraria                                                                                                                     | 900099                                                          | 8,250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8,250                                              |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>d</b>                                                                                                                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>e</b>                                                                                                                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>f</b> All other program service revenue.                                                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>g Total.</b> Add lines 2a-2f. . . . .                                                |                                                                                                                                        | 291,612                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>Other Revenue</b>                                                                    | <b>3</b> Investment income (including dividends, interest, and other similar amounts)                                                  |                                                                 | 4,510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                         | 4,510                                                              |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>5</b> Royalties . . . . .                                                                                                           |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>6a</b> Gross rents                                                                                                                  | (i) Real                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | (ii) Personal                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>6b</b> Less: rental expenses                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>6c</b> Rental income or (loss)                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>d</b> Net rental income or (loss) . . . . .                                                                                         |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>7a</b> Gross amount from sales of assets other than inventory                                                                       | (i) Securities                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | (ii) Other                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>7b</b> Less: cost or other basis and sales expenses          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>7c</b> Gain or (loss)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>d</b> Net gain or (loss) . . . . .                                                                                                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>8b</b> Less: direct expenses                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>c</b> Net income or (loss) from fundraising events . . . . . |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .                                                          |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>9b</b> Less: direct expenses                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         |                                                                                                                                        | <b>c</b> Net income or (loss) from gaming activities . . . . .  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
|                                                                                         | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>10b</b> Less: cost of goods sold                                                     |                                                                                                                                        |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                         |                                                                                                                                        |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| Miscellaneous Revenue                                                                   | Business Code                                                                                                                          |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>11a</b> Resource Sharing Income from Related Org                                     | 900099                                                                                                                                 | 164,247                                                         | 164,247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>b</b>                                                                                |                                                                                                                                        |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>c</b>                                                                                |                                                                                                                                        |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>d</b> All other revenue . . . . .                                                    |                                                                                                                                        |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                             |                                                                                                                                        | 164,247                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                         |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |
| <b>12 Total revenue.</b> See instructions . . . . .                                     |                                                                                                                                        | 4,320,520                                                       | 455,859                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | 4,510                                   |                                                                    |                                         |           |  |                                    |           |  |                                       |           |  |                                |           |  |                                            |           |  |                                                                                         |           |           |                                                             |           |  |                                           |  |           |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                    | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                            | 262,184                      | 262,184                                |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                                       | 0                            |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                               | 0                            |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                                 | 0                            |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                        | 103,812                      | 88,240                                 | 10,382                                        | 5,190                              |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                                   | 0                            |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                        | 779,414                      | 571,292                                | 129,243                                       | 78,879                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                              | 29,127                       | 21,263                                 | 4,951                                         | 2,913                              |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                         | 111,411                      | 81,330                                 | 18,940                                        | 11,141                             |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                                  | 74,298                       | 55,352                                 | 11,813                                        | 7,133                              |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                             |                              |                                        |                                               |                                    |
| <b>a</b> Management                                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>b</b> Legal                                                                                                                                                                                                                                           | 0                            |                                        |                                               |                                    |
| <b>c</b> Accounting                                                                                                                                                                                                                                      | 29,083                       |                                        | 29,083                                        |                                    |
| <b>d</b> Lobbying                                                                                                                                                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                         | 13,575                       |                                        |                                               | 13,575                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                      | 100,962                      | 90,402                                 | 10,560                                        |                                    |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>13</b> Office expenses                                                                                                                                                                                                                                | 65,174                       | 48,555                                 | 10,362                                        | 6,257                              |
| <b>14</b> Information technology                                                                                                                                                                                                                         | 33,724                       | 25,124                                 | 5,362                                         | 3,238                              |
| <b>15</b> Royalties                                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>16</b> Occupancy                                                                                                                                                                                                                                      | 38,085                       | 28,373                                 | 6,056                                         | 3,656                              |
| <b>17</b> Travel                                                                                                                                                                                                                                         | 116,615                      | 107,155                                | 6,805                                         | 2,655                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                 | 0                            |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                         | 88,845                       | 88,671                                 | 174                                           |                                    |
| <b>20</b> Interest                                                                                                                                                                                                                                       | 120                          |                                        | 120                                           |                                    |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                         | 0                            |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                                      | 20,793                       | 15,491                                 | 3,306                                         | 1,996                              |
| <b>23</b> Insurance                                                                                                                                                                                                                                      | 31,743                       | 21,211                                 | 7,799                                         | 2,733                              |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                              |                              |                                        |                                               |                                    |
| <b>a</b> Media Communications Contractors                                                                                                                                                                                                                | 231,636                      | 231,636                                |                                               |                                    |
| <b>b</b> Organizing Support Program Contractors                                                                                                                                                                                                          | 155,806                      | 132,205                                | 985                                           | 22,616                             |
| <b>c</b> Fees Miscellaneous                                                                                                                                                                                                                              | 9,906                        | 100                                    | 5,889                                         | 3,917                              |
| <b>d</b>                                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                              | 0                            |                                        |                                               |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                      | 2,296,313                    | 1,868,584                              | 261,830                                       | 165,899                            |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

**Part X Balance Sheet**

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

|                                                                               |                                                                                                                                                                                                                                    | (A)               |            | (B)         |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|
|                                                                               |                                                                                                                                                                                                                                    | Beginning of year |            | End of year |
| <b>Assets</b>                                                                 | <b>1</b> Cash-non-interest-bearing . . . . .                                                                                                                                                                                       | 42,130            | <b>1</b>   | 22,653      |
|                                                                               | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          | 3,205,858         | <b>2</b>   | 4,280,630   |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 40,771            | <b>3</b>   | 778,123     |
|                                                                               | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        | 105,553           | <b>4</b>   | 96,503      |
|                                                                               | <b>5</b> Loans and other receivables from 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 . . . . . |                   | <b>5</b>   |             |
|                                                                               | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               |                   | <b>6</b>   |             |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 |                   | <b>7</b>   |             |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     |                   | <b>8</b>   |             |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 20,719            | <b>9</b>   | 1,242       |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                           | 1,576,100         |            |             |
|                                                                               | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | 74,383            |            |             |
|                                                                               |                                                                                                                                                                                                                                    | 1,496,410         | <b>10c</b> | 1,501,717   |
|                                                                               | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                         |                   | <b>11</b>  |             |
|                                                                               | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                             |                   | <b>12</b>  |             |
|                                                                               | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                              |                   | <b>13</b>  |             |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              |                   | <b>14</b>  |             |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                        |                                                                                                                                                                                                                                    | <b>15</b>         |            |             |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . . | 4,911,441                                                                                                                                                                                                                          | <b>16</b>         | 6,680,868  |             |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          | 131,284           | <b>17</b>  | 127,857     |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 | 11,845            | <b>18</b>  | 11,845      |
|                                                                               | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               |                   | <b>19</b>  | 17,728      |
|                                                                               | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    |                   | <b>20</b>  |             |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          |                   | <b>21</b>  |             |
|                                                                               | <b>22</b> Loans and other 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 . . . . .     |                   | <b>22</b>  |             |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 351,542           | <b>23</b>  | 318,404     |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   |                   | <b>24</b>  |             |
|                                                                               | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .                                        |                   | <b>25</b>  |             |
|                                                                               | <b>26 Total liabilities:</b> Add lines 17 through 25 . . . . .                                                                                                                                                                     | 494,671           | <b>26</b>  | 475,834     |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                               |                   |            |             |
|                                                                               | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          | 2,502,193         | <b>27</b>  | 2,690,677   |
|                                                                               | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             | 1,914,577         | <b>28</b>  | 3,514,357   |
|                                                                               | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                        |                   |            |             |
|                                                                               | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             |                   | <b>29</b>  |             |
|                                                                               | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                |                   | <b>30</b>  |             |
|                                                                               | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               |                   | <b>31</b>  |             |
|                                                                               | <b>32</b> Total net assets or fund balances . . . . .                                                                                                                                                                              | 4,416,770         | <b>32</b>  | 6,205,034   |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 4,911,441                                                                                                                                                                                                                          | <b>33</b>         | 6,680,868  |             |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |           |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 4,320,520 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 2,296,313 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 2,024,207 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 4,416,770 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | -235,943  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | 6,205,034 |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                       |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                  |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                     |     |    |

**Additional Data**

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**Software ID:** 21013554

**Software Version:** 21.0.5.0

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**  
Alliance for a Just Society

**Employer identification number**  
91-1635554

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **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 receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                |                                                             |    |                                                   |                                                 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (91.450%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (94.840%); 16a 33 1/3% support test-2021; 16b 33 1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .                                                                                                                                                                                           |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                             |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                               |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                 |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.                                                                                          |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                             |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                              |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                        |           |  |
|------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                    |     |    |
| <b>2</b>   | 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                               |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                            |     |    |
| <b>c</b>   | 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 <b>Part VI</b> 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.                                                                                                                                                                               |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>6</b>   | 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 <b>Part VI</b> .                                                             |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .                                                                                                                                                                                                           |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b>  | 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 <b>Part VI</b> .                                                                                                                                                                                                                                         |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b>   | Did a disqualified person (as defined on 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                  |     |    |
| <b>10a</b> | 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 line 10b below.                                                                                                                                                                                                                                                           |     |    |
| <b>b</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).                                                                                                                                                                                                                                                                                                                                                              |     |    |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |                                                                                                                                                                                                                   |          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |                                                                                                                                          |           |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities                                                                                             | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances                                                                                                   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                         |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                    | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d                                                                                                    | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035                                                                                                        | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions                                                                                          | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                     | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |                                                                                                                                |          |  |
|--------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                 | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1                                                                                                   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3                                                                                     | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year                                                                                      | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

| Section D - Distributions                                                                                                                                  |           | Current Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                             | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                             | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                         | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )                                                    | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions                                                                               | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2021 from Section C, line 6                                                                                              | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                           | <b>10</b> |              |

| Section E - Distribution Allocations<br>(see instructions)                                                                                                                                     | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2021 from Section C, line 6                                                                                                                                  |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.                                                       |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2021:                                                                                                                                      |                             |                                        |                                           |
| <b>a</b> From 2016. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> From 2017. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>c</b> From 2018. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>d</b> From 2019. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>e</b> From 2020. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                                                           |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                          |                             |                                        |                                           |
| <b>h</b> Applied to 2021 distributable amount                                                                                                                                                  |                             |                                        |                                           |
| <b>i</b> Carryover from 2016 not applied (see instructions)                                                                                                                                    |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                                |                             |                                        |                                           |
| <b>4</b> Distributions for 2021 from Section D, line 7:<br>\$                                                                                                                                  |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                          |                             |                                        |                                           |
| <b>b</b> Applied to 2021 distributable amount                                                                                                                                                  |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                      |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.                                                                                                                          |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                                  |                             |                                        |                                           |
| <b>a</b> Excess from 2017. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>b</b> Excess from 2018. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>c</b> Excess from 2019. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>d</b> Excess from 2020. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>e</b> Excess from 2021. . . . .                                                                                                                                                             |                             |                                        |                                           |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

## **Additional Data**

**Return to Form**

**Software ID:** 21013554

**Software Version:** 21.0.5.0

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                                                         |                                                     |
|---------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br>Alliance for a Just Society | <b>Employer identification number</b><br>91-1635554 |
|---------------------------------------------------------|-----------------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|          |                                                                                                                                                                               |   |          |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." |   |          |
| <b>2</b> | Political campaign activity expenditures. See instructions .....                                                                                                              | ▶ | \$ _____ |
| <b>3</b> | Volunteer hours for political campaign activities. See instructions .....                                                                                                     |   | _____    |

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

|           |                                                                                               |  |                                                          |
|-----------|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955 .....      |  | \$ _____                                                 |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 ..... |  | \$ _____                                                 |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4a</b> | Was a correction made? .....                                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>  | If "Yes," describe in Part IV.                                                                |  |                                                          |

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities .....                                                                                                                                                                                                                                                                                                                                                                                                                              |   | \$ _____                                                 |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....                                                                                                                                                                                                                                                                                                                                                                                                     | ▶ | \$ _____                                                 |
| <b>3</b> | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....                                                                                                                                                                                                                                                                                                                                                                                                                                       |   | \$ _____                                                 |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. |   |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> |             |         |                                                                       |                                                                                                                                              |
| <b>2</b> |             |         |                                                                       |                                                                                                                                              |
| <b>3</b> |             |         |                                                                       |                                                                                                                                              |
| <b>4</b> |             |         |                                                                       |                                                                                                                                              |
| <b>5</b> |             |         |                                                                       |                                                                                                                                              |
| <b>6</b> |             |         |                                                                       |                                                                                                                                              |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br><b>(The term "expenditures" means amounts paid or incurred.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>(a)</b> Filing organization's totals                  | <b>(b)</b> Affiliated group totals |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21,797                                                   |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 703                                                      |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 22,500                                                   |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,273,813                                                |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,296,313                                                |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 264,816                                                  |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The lobbying nontaxable amount is:                       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20% of the amount on line 1e.                            |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1,000,000.                                             |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 66,204                                                   |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 148,529  | 229,775  | 473,259  | 264,816  | 1,116,379 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          | 1,674,569 |
| <b>c</b> Total lobbying expenditures                             | 1,870    | 7,180    | 42,179   | 22,500   | 73,729    |
| <b>d</b> Grassroots nontaxable amount                            | 37,123   | 57,444   | 118,315  | 66,204   | 279,086   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 418,629   |
| <b>f</b> Grassroots lobbying expenditures                        | 440      | 1,510    | 17,324   | 21,797   | 41,071    |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                             |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     |    |        |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                     |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     |    |        |
| <b>i</b> Other activities? .....                                                                                                                                                                                                       |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                          |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                            |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|                                                                                                                  | Yes      | No |
|------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|                                                                                                                                                                                                                                                           |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).                                                                              |           |  |
| <b>a</b> Current year .....                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total .....                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .                                                                                                                                                | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....                                                                                                                                                                    | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

## **Additional Data**

**Return to Form**

**Software ID:** 21013554

**Software Version:** 21.0.5.0

# Supplemental Financial Statements

# 2021

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://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

**Employer identification number**

91-1635554

## **Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                            | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year . . . . .          |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  **Yes**  **No**

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  **Yes**  **No**

## **Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area
- Protection of natural habitat     Preservation of a certified historic structure
- Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                             | Held at the End of the Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .                                                                                                   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .                                                                                       | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  **Yes**  **No**

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  **Yes**  **No**

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## **Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

**(i)** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                                  | Amount    |
|--------------------------------------------------|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                         |                                      | 790,000                         |                              | 790,000        |
| <b>b</b> Buildings . . . . .                                                                                     |                                      | 786,100                         | 74,383                       | 711,717        |
| <b>c</b> Leasehold improvements                                                                                  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .                                                                                     |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .                                                                                         |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,501,717      |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                       |                |                                                              |
| (2) Closely-held equity interests . . . . .                               |                |                                                              |
| (3) Other _____                                                           |                |                                                              |
| (A) Financial derivatives and other financial products                    |                |                                                              |
| (B) Closely-held equity interests                                         |                |                                                              |
| (B)                                                                       |                |                                                              |
| (C)                                                                       |                |                                                              |
| (D)                                                                       |                |                                                              |
| (E)                                                                       |                |                                                              |
| (F)                                                                       |                |                                                              |
| (G)                                                                       |                |                                                              |
| (H)                                                                       |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |                                                              |

**Part VIII Investments - Program Related.**

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 valuation:<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                      |                |                                                              |
| (2)                                                                      |                |                                                              |
| (3)                                                                      |                |                                                              |
| (4)                                                                      |                |                                                              |
| (5)                                                                      |                |                                                              |
| (6)                                                                      |                |                                                              |
| (7)                                                                      |                |                                                              |
| (8)                                                                      |                |                                                              |
| (9)                                                                      |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |                                                              |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1)                                                                      |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                 |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) |                |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 4,320,520 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.)<br>. . . . .                                                              | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  | 4,320,520 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |           |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 4,320,520 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 2,296,313 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.)<br>. . . . .                                                               | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  | 2,296,313 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                        |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b<br>. . . . .                             | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.)<br>. . . . .                                                               | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> |           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 2,296,313 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation                                                                                                                                            |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| X 2              | LIABILITY FOR UNCERTAIN TAX POSITIONS. AJS is a not-for-profit organization exempt from income taxes under Section 501c3 of the Internal Revenue Code. |

## Additional Data

[Return to Form](#)

**Software ID:** 21013554

**Software Version:** 21.0.5.0

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

Name of the organization  
Alliance for a Just Society

Employer identification number  
91-1635554

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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 organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government                                                         | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance                  |
|------------------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|-----------------------------------------------------|
| (1) Lhaq'temish Foundations<br>2665 Kwina Road<br>Bellingham, WA 98226                                     | 91-1836621 | 501c3                           | 30,000                   |                                   |                                                       |                                       | to promote support Red Road Journey                 |
| (2) Consortium for Change<br>3815 S Othello St Ste 100-371<br>Seattle, WA 98118                            | 27-2674650 |                                 | 20,700                   |                                   |                                                       |                                       | research attacks on gender reproductive justice     |
| (3) Community Partners<br>1000 N Alameda Street<br>Suite 240<br>Los Angeles, CA 90012                      | 95-4302067 | 501c3                           | 20,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (4) Active Transportation Alliance<br>35 East Wacker Drive Suite 1782<br>Chicago, IL 60601                 | 36-3385886 | 501c3                           | 20,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (5) Marta Army Inc<br>1101 Juniper Street NE Suite 207<br>Atlanta, GA 30309                                | 81-1820517 | 501c3                           | 20,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (6) Center for Neighborhood Technology<br>17 N State Street Suite 1400<br>Chicago, IL 60602                | 36-2967283 | 501c3                           | 20,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (7) Dakota Rural Action<br>910 4th Street Suite A<br>Brookings, SD 57006                                   | 46-0398656 | 501c3                           | 15,000                   |                                   |                                                       |                                       | to promote support Red Road Journey                 |
| (8) Running Strong for American Indian Youth<br>8301 Richmond Highway<br>Suite 200<br>Alexandria, VA 22309 | 54-1594578 | 501c3                           | 10,000                   |                                   |                                                       |                                       | to promote support Red Road Journey                 |
| (9) Sustain Charlotte<br>PO Box 18201<br>Charlotte, NC 28218                                               | 01-0975452 | 501c3                           | 10,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (10) Bicycle Colorado<br>1525 Market Street Suite 100<br>Denver, CO 80202                                  | 84-1201078 | 501c3                           | 10,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (11) Bicycle Coalition of Greater Philadelphia<br>1500 Walnut Street Suite 1107<br>Philadelphia, PA 19102  | 23-2586631 | 501c3                           | 10,000                   |                                   |                                                       |                                       | build public support for public transit             |
| (12) Coffee Pot Farms<br>PO Box 7335<br>Winslow, AZ 86047                                                  | 83-1792434 |                                 | 10,000                   |                                   |                                                       |                                       | Provide food to Navajo Nation during Covid pandemic |
| (13) Bay Mills Indian Community<br>12140 West Lakeshore Drive<br>Brimley, MI 49715                         | 38-1970365 |                                 | 10,000                   |                                   |                                                       |                                       | Promote support Red Road Journey                    |
| (14) Dine Citizens Against Ruining our Environment<br>10 A Town Plaza PMB 138<br>Durango, CO 81301         | 86-0670809 | 501c3                           | 10,000                   |                                   |                                                       |                                       | Promote support Red Road Journey                    |
| (15) Southwest Organizing Project<br>211 10th Street SW<br>Albuquerque, NM 87102                           | 85-0368743 | 501c3                           | 10,000                   |                                   |                                                       |                                       | Promote support Red Road Journey                    |
| (16) Honor the Earth<br>PO Box 63<br>Callaway, MN 56521                                                    | 45-4714238 | 501c3                           | 10,000                   |                                   |                                                       |                                       | Promote support Red Road Journey                    |
| (17) Thomas Merton Center Inc<br>5129 Penn Avenue<br>Pittsburgh, PA 15224                                  | 25-1232192 | 501c3                           | 8,000                    |                                   |                                                       |                                       | build public support for public transit             |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

**3** Enter total number of other organizations listed in the line 1 table 3

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of noncash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | <b>(f)</b> Description of noncash assistance |
|----------------------------------------|---------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|
| (1)                                    |                                 |                                 |                                         |                                                              |                                              |
| (2)                                    |                                 |                                 |                                         |                                                              |                                              |
| (3)                                    |                                 |                                 |                                         |                                                              |                                              |
| (4)                                    |                                 |                                 |                                         |                                                              |                                              |
| (5)                                    |                                 |                                 |                                         |                                                              |                                              |
| (6)                                    |                                 |                                 |                                         |                                                              |                                              |
| (7)                                    |                                 |                                 |                                         |                                                              |                                              |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation                                                                                                                                     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Line 2    | GRANT MONITORING. Signed grant agreements describe deliverables for the grant, as well as reporting requirements-- either verbal or in writing. |

## Additional Data

[Return to Form](#)

**Software ID:** 21013554

**Software Version:** 21.0.5.0

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Alliance for a Just Society

Employer identification number

91-1635554

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d            | Program Service Expenses 20,700, Grants and allocations 20,700, Revenue 0 CHANGELAB. ChangeLab conducted surveys and in-depth interviews, to assess existing practices, and map existing resources, for community groups working to counter rightwing attacks on gender and reproductive justice. The work was closely coordinated with the Collaborative for Gender and Reproductive Equity CGRE to identify opportunities for strategizing and information-sharing across organizations and sectors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Form 990, Part I, Line 3               | AJS discontinued its work on emergency covid relief in 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Form 990, Part III, Line 4a            | STRATEGY, PLANNING CAMPAIGN SUPPORT. cont. AJS worked with senior staff at Citizen Action of NY to develop their skills, analysis achieve organizational goals, held racial justice trainings for YIMBY Action, National Community Action Partnership, Community Action Alliance of PA, CZI Foundation, MHAction, Virginia Organizing and other groups, facilitated Native sovereignty trainings for the Sunrise Movement. AJS supported internal planning coordination by hosting weekly director meeting. We worked with Manufactured Housing Action to develop local organizers, coaching them on building skills implementing campaign strategy. AJS provided training for staff regional leaders focused on understanding the racial dynamics in their communities strengthening their organizing, outreach, campaign planning activities. AJS provided training organizational support to 6 additional non-profits working on a wide range of issues including housing, immigration, access to public programs, policing, etc. AJS provided strategic communications support to the Native Organizers Alliance. AJS worked with a professor at Yale University to teach students about community organizing provide opportunities for placements with community organizations. We placed 20 fellows in 6 organizations for 10-week organizing fellowships, augmented these placements with weekly meetings to provide additional training support. |
| Form 990, Part III, Line 4b            | NATIVE ORGANIZERS ALLIANCE. cont.This national 6 day training engages participants in the history of community building rooted in values, origin stories and spiritual beliefs as guides to grassroots power building in the 21st century. NOA engages over 665,890 on their social media platforms, as a way to garner support and disseminate information on current issues and campaign initiatives led by and for Native peoples.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Form 990, Part III, Line 4c            | TRIBAL MINDS. cont Tribal Minds is still actively working to address the needs of our communities and implement comprehensive programming to raise the standards of living for Tribal communities in Nevada.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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 15a | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Form 990, Part VI, Section C, Line 19  | DISCLOSURE. Financial statements are available upon request. Requests for governing documents and policies are considered on a case by case basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Form 990, Part XI, Line 9              | OTHER CHANGES TO NET ASSETS. Transfers of net assets to fiscally sponsored organizations that have gained independent 501c3 status-- -235,943                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## **Additional Data**

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**Software ID:** 21013554

**Software Version:** 21.0.5.0

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- ▶ **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](http://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

**Employer identification number**

91-1635554

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
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|                                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                             | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                   |                                              |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) Just Strategy<br>3518 S Edmunds Street<br><br>Seattle, WA 98118<br>82-5095846 | advocate for economic, racial social justice | WA                                               | 501c4                      |                                                     | Alliance for a Just Society      | Yes                                          |    |
|                                                                                   |                                              |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                   |                                              |                                                  |                            |                                                     |                                  |                                              |    |
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|                                                                                   |                                              |                                                  |                            |                                                     |                                  |                                              |    |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from tax<br>under sections<br>512-514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-<br>1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|----------------------------|--------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|-----------------------------------------|----|--------------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              | Yes                                     | No |                                                                                | Yes                                       | No |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                                |                                           |    |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                                |                                           |    |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                                |                                           |    |                                |
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|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                                |                                           |    |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                                |                                           |    |                                |
|                                                          |                            |                                                              |                                        |                                                                                                        |                                    |                                              |                                         |    |                                                                                |                                           |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                             | No |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                 |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                 |    |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                 |    |
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|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                 |    |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                                                | Yes           | No |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                                             | <b>1b</b>     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                                                           | <b>1c</b>     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                                                  | <b>1d</b>     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                                                         | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .                                                                                      | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                                                   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                                             | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                                             | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                                                  | <b>1j</b>     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                                                | <b>1k</b>     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)                                        | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)                                         | <b>1m</b>     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b> Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                                                      | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                                                  | <b>1p</b>     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                                                  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                                               | <b>1r</b>     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                                             | <b>1s</b>     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved                            |
|-------------------------------------|-------------------------------|------------------------|-------------------------------------------------------------------------|
| (1) Just Strategy                   | a                             | 5,148                  | share of rent based on staff use per resource sharing agreement         |
| (2) Just Strategy                   | o                             | 154,977                | pro rata allocation of staff effort based on resource sharing agreement |
|                                     |                               |                        |                                                                         |
|                                     |                               |                        |                                                                         |
|                                     |                               |                        |                                                                         |



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

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