Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public

Intern	al Revenue	Service	► Go to www.irs	s.gov/Form990 for ins	tructions and the	e latest i	ntormatic	on.		inaped	441	
A	For the 2	020 calend	ar year, or tax year beginn		, 2020, an	d ending				20		_
В	Check if app	olicable:	С							ication numbe	er	
	Addres	s change	ED ALLIES						<u>5730</u>			
	Name	change	1621 EAST HENNEPI				l	E Telephor	e numbe	er		
	Initial r	return	MINNEAPOLIS, MN 5	5414				(612) 25	7-5985		
	\vdash	ont/terminated						N .				
	H	led return						G Gross re			83,652	
	 	ation pending	F Name and address of principal of	officer TOCITIE CDC	CCOM			group return			Yes X	No
			SAME AS C ABOVE	JUSHUA CKI	JOSON	1	(b) Are all	subordinates attach a list.	included	?	Yes i	No
ī	Tax-exen	npt status;	X 501(c)(3) 501(c) () ◄ (insert no.)	4947(a)(1) or	527	11 140,	aleçi a list.	000 1130	(CCC)		
丁	Websit		PPS://EDALLIESMN.		14. (47.7)		-Ifc) Group (exemption nu	mber 🟲			
K			Y==1	Association Other▶	I Year	r of formatio				gal domicile:	MN	
Pa		Summar		W220CFS((Q)) OTHER	E 1626	· CI IOIIII	2102					
1 4	1 Bri	ofly describ	/ oe the organization's mission	on or most significant	activities: IISE	AN EOU	ITTY A	PPROACI	I TO	ENSURE	ALL	
	M	TAINTE COM	A STUDENTS RECEIV	F AN FYCETTEN	FOUCATION	1 700				_=		
ge	<u>P1.</u>	TMARPOT	W STONEMIS VECETA	E WH EVCETHER	- PDOCULTOR							-
Tar				-								
Governance	2 Ch	eck this ho	x F if the organization	discontinued its oper	ations or dispose	ed of mo	re than 2	5% of its	net ass	sets.		_
Ĝ	∣3 Nu	mber of vo	ting members of the govern	ning body (Part VI, Im	e la)				3			11
	4 Nu	imber of in-	dependent voting members	of the governing body	(Part VI, line 1	b)			4			0
Activities &	5 To	tal number	of individuals employed in	calendar year 2020 (F	Part V, line 2a).				5]	10
ţ.	6 To	tal number	of volunteers (estimate if r	necessary)					6			0
AC	7a To	tal unrelate	ed business revenue from P	art VIII, column (C), I	ine 12	S-1-5311			7a 7b			0. 0.
	b Ne	t unrelated	business taxable income f	rom Form 990-T, Part	I, line 11				/b			J.
								rior Year			nt Year	
00	8 Cc	ontributions	and grants (Part VIII, line	1h)	1914 1914			L,314,4	15.	1,2	259,07	4.
ä			rice revenue (Part VIII, line					1,4	00		6,69	<u>_</u>
Revenue			icome (Part VIII, column (A						01.		17,88	
or.			e (Part VIII, column (A), lin					1,316,0		1 2	83,65	
			- add lines 8 through 11					1,310,0	30.	1,2	.03,03.	
	ſ		imilar amounts paid (Part I)	·			F					
			to or for members (Part IX								592,28	2
ø	15 Sa	daries, oth	er compensation, employee	benefits (Part IX, col	umn (A), lines 5	-10}	:				192,20	٠.
Expenses	16a Pr	ofessional	fundraising fees (Part IX, o	olumn (A), line 11e)								
ē.	b To	ital fundrai:	sing expenses (Part IX, colu	umn (D), line 25) 🟲	91	,035.			D 76			
ŭ	17 Ot		ses (Part IX, column (A), lin	_				285,6	526.	2	222,05	7.
			es. Add lines 13-17 (must e					1,029,7	01.	9	14,34	0.
	1		s expenses. Subtract line 18					286,3	357.	3	369,31	2
7 6		7701100 1003.	CAPONOCO. COCHOCH III O	3 110111 11110 11111111				ng of Currer		End o	of Year	
Att o	20 To	otal assets	(Part X, line 16)					938,1		1,2	261,47	2.
Ass	21 To	tal liabilitie	es (Part X, line 26)					140,4	130.		94,42	3.
10			r fund balances. Subtract lis					797,	737.	1.1	167,04	9.
		Signatu		C 21 Holl like 20			-1	,,,,,,				
10-2	ar Cit	of posters)	CDIOCK		shodules and elatome	onts and to	the best of a	my knowledge	and beli	ief, it is true, o	correct, and	-
COIL	er penanies plete. Decla	eration of prep	eclare that I have examined this returate (other than officer) is based on a	rn, including accompanying s all information of which prepa	rer has any knowledge	e.		,		1		
_		N	(lli)					11/01/20				
Si	an	Signati	ure of officer				D	ate				
	gii ere		HUA CROSSON				EXEC	UTIVE	DIRE	CTOR		
***	., •		r print name and title									
		Print/Type	preparer's name	Preparer's signature		Date		Check	if	PTIN	.,	
n		- I	BROWN	53		11-01	202/	self-emptoy	/ed	P02447	643	
Pa	na eparer			D SOTHETONS		•		1				
	eparer se Only							Firm's EIN	▶ 83	-436753	32	
93	Jiny	1.0012 900						Ріоне по.		-309-56		
11.	with 100	dicero- '	MINNEAPOLIS,	MN 55402	akuetiens			1. ,0,0 10.	کا دیں	X Yes	1 1	lo
Mg	y line inco	ว นเวบปรรี (his return with the preparer	PHOME SPOAGS PEG IL	ISTRUCTIONS							

Form	990 (202	20) ED ALLIES			35-257305	57 Page 2
Par			ervice Accomplishmen			
				e in this Part III		<u></u>
1	_	escribe the organization's mis				
	USE A	N EQUITY APPROACH	TO ENSURE ALL MINN	ESOTA STUDENTS RECE	<u>IVE AN EXCELLE</u> N	<u> </u>
	EDUCA	TION				
2		-	ficant program services during	the year which were not listed on	the prior	
						Yes X No
		describe these new services on			F	
3		-		es in how it conducts, any progr	ram services?	Yes X No
	If "Yes,"	describe these changes on Sch	edule O.			
4	Describe	the organization's program :	service accomplishments for	each of its three largest progra	m services, as measure	ed by expenses.
	and reve	501(c)(3) and 501(c)(4) organ	nizations are required to repo	ort the amount of grants and all	ocations to others, the	total expenses,
		mas, it any, for each program				
42	(Code:) (Expenses \$	611,735. including	grants of \$) (Revenue \$	
74				ELATED TO THREE POL		RESEARCH
				TO BETTER UNDERSTA		
				OOLS, INCLUDING: QU		
				SCHOOLS, ANALYSIS O		
				A TO MAKE IT MORE A		
				: ED ALLIES WORKS T		
			OR MINNESOTA STUDE		o cimion m	777777777
	YDO01	MUNT 2 EOSSIDIE E	OK WINNESOIN STONE	MID_AND_SCHOOLS		
	<i>(</i> 2)	, r b) (D	
4 b	(Code:) (Expenses \$	including	grants of \$) (Revenue \$	
			-			
			· · · · · · · · · · · · · · · · · · ·			
4 c	: (Code:) (Expenses \$	including	grants of \$) (Revenue \$)
			· 			
			- 			
4	Other n	rogram services (Describe on	Schedule O.)			
76	Expens)		including grants of \$) (Reven	nue \$)
40		ogram service expenses >	611,735.	7 (1370)	· · · · · · · · · · · · · · · · · · ·	
	PI	-2 22 avballace .	U J.			

Form 990 (2020) ED ALLIES Part IV | Checklist of Required Schedules

	In the constitution of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	X	
	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
BAA		Form	990	(2020)

Form 990 (2020) ED ALLIES 35-2573057 Page									
Pai	rt IV Checklist of Required Schedules (continued)								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Yes	No X					
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х					
24 :	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х					
-	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d							
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X					
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X					
26	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х					
28	instructions, for applicable filing thresholds, conditions, and exceptions):								
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х					
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X					
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X					
29	•	29		Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х					
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х					
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х					
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х					
38	Note: All Form 990 filers are required to complete Schedule O	38	Х						
Pa	art 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					
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			West !					
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	200000					
ВА				(2020)					

Form 990 (2020) ED ALLIES

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 10		V-	
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	5.58.72	X
	of Yes, has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b	-	A
	, , , , , , , , , , , , , , , , , , , ,	70	 	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
E	olf 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	+	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	+	Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	₩	₩
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
г	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			X
	services provided to the payor?	7 a	-	_ A
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		┼
•	Form 8282?	7с		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year		5000	189835
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	ı lf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	45,400	00 (Ca)	SEMINAL IS
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	35.000	100	
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		17
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		W-0
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	3800830	SPERIN
٠	Note: See the instructions for additional information the organization must report on Schedule O.	154	15 65	2500
ŀ	· ·			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year?	153/252		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.		9,1856	200 (A)
3ΔΔ		Form	990	(2020)

Form	990 (2020) ED ALLIES 35-257305	7	P	age 6
Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b by a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	pelow, anges d	and on	for
	Check if Schedule O contains a response or note to any line in this Part VI		,	. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	.1		
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		278 04	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	. 3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	. 6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	. 8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		ie Co	ide.)
			Yes	
10 a	Did the organization have local chapters, branches, or affiliates?	. 10a		X
Ł	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE C		SWEY	MASSES.
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q	12 c		
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official SEE. SCHEDULEO		X	
t	o Other officers or key employees of the organization	15b		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s on	ly)
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements are the public during the tax year. SEE SCHEDULE O	illable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	FUTURE FOCUSED SOLUTIONS 4957 VINCENT AVE S MINNEAPOLIS MN 55410 320 309-5		000	0000
BAA	TEEA0106L 10/07/20	Form	990 (2020)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

	- 3	T		(C)		ou uniy i	Lunent officer, direc	tor, or austee.	
(A) Name and title	(B) Average hours per	tha	n one s bott	box, han d rector	, unle office: /trust		Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
SEE SCHEDULE O	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSHUA CROSSON	40								
EXECUTIVE DIRECTOR	0				X		126,435.	0.	19,397.
(2) DANIEL SELLERS	40								
EXECUTIVE DIRECTOR	0				Х		38,167.	0.	5,854.
(3) HOLLY KRAGTHORPE	2								
CHAIRMAN	0	X		Х	Ĺ.		0.	0.	0.
(4) KARN ENGELSGJERD									***
TREASURER	0	X	Щ	Х			0.	0.	0.
_(5) ANN JOHNSON DIRECTOR	2								
(6) MICHAEL O'CONNELL	0	X					0.	0.	0.
DIRECTOR	2			i					
(7) LEW REMELE	- 0	X		\dashv		_	0.	0.	0.
DIRECTOR	2	37	1	ļ			_ 1		
(8) ROBERTA WALBURN	0	Х			_		0.	0	0.
DIRECTOR	2	37							
(9) BEN WHITNEY	0	X	+			-	0.	0.	0.
DIRECTOR		Х							_
(10) JENNIFER LOON	2	Λ	\dashv	\dashv			0.	0.	0.
DIRECTOR		x	ľ	- 1					
(11) SIMONE HARDEMAN-JONES	3	^	\dashv				0.	0.	0.
DIRECTOR		X	- 1					_ 1	
(12) TASHONDA WILLAMSON	4	Λ	\dashv	\dashv		-	0.	0.	0.
DIRECTOR		X					0.1	0.1	^
(13) GINYA DAVIS	2	-23	+	-	\dashv		0.		0.
DIRECTOR		Х					0.	0.	0
(14)	- - 		$\neg +$	\dashv		+			<u> </u>
					- 1				
DAA		_	_		_				

Form 990 (2020) ED ALLIES 35-2573057 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Fart VII Section A. Officers, Directors, 11t	(B)	ney 	En	ipic		es, a	anc	a Hignest Com	ipensated Empi	oyees (continued)
(A) Name and title	Average hours per week	offi	, unle	Pos theck ess pe	more erson directe	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)								2		
(17)										7.1
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							>	164,602.	0.	25,251.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							► `	0. 164,602.	0.	0. 25,251.
2 Total number of individuals (including but not limited from the organization ► 1	to those li	sted	abov	/e) v	vho i	receiv	/ed			ensation
3 Did the organization list any former officer, direct	tor truste	e ke	ov er	male	Wee	orl	hiah	nest compensated	employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	h individu	al		· · · ·			· · · ·			3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	r than \$1	50,00	00?	lf 'Y	es, '	com	plei	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compen ,' <i>comple</i> :	satio te So	n fre hed	om a lule .	any <i>J foi</i>	unrel r <i>suc</i>	late h pe	d organization or erson	individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens	sated inde	pen	dent	cor	ntrac	tors	tha	t received more th	ian \$100,000 of	
compensation from the organization. Report compensions (A) Name and business addr		the ca	alen	dar y	/ear	endir	ng w	(th or within the or (B) Description o		(C) Compensation
name and business addi								- Dodonphoti C	. 50, 1005	Compensation
										**
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ted to	tho	se li	sted	abov	/e) \	who received more	than	
BAA		TEEA0	108L	10/0	7/20					Form 990 (2020)

	Check if Schedule O contains a response or note to any	line in this Part VII	L		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its its	1a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues				
S.E	c Fundraising events				
를 를	d Related organizations 1 d				
ns,	e Government grants (contributions) 1e 139,800.				
er S	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,119,274.				
들은	g Noncash contributions included in				
를 다	Inses la-1f.	1 050 074			
<u>a</u> <u>⊘ ≅</u>	n Total. Add lines Ta-Tt	1,259,074.			
Program Service Revenue	2a				
<u>ق</u>	b			-	
<u>i</u>	c				
Sen	d				
an B	e				
- Bo	f All other program service revenue				
효	g Total. Add lines 2a-2f				Market Comment
	3 Investment income (including dividends, interest, and other similar amounts).	6,690.	6,690.		
	4 Income from investment of tax-exempt bond proceeds	0,090.	0,030.		
	5 Royalties.			-	
	(i) Real (ii) Personal				
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory 7a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss)				
	d Net gain or (loss)	2.05/20/20/20/20/20/20/20/20/20/20/20/20/20/	ALIGNATURE AND THE REPORT OF THE PARTY OF TH		BESTREEN ALTON CHARGESTAN
A)	8 a Gross income from fundraising events				
enne	(not including \$				
ě	of contributions reported on line 1c).				
œ.	See Part IV, line 18				
Other Rev	b Less: direct expenses 8b				
ð	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19				
	See Part IV, line 19				
	c Net income or (loss) from gaming activities	NEW WINDS AND TOSSIN, PET 2000.	The second second second		
	10 a Gross sales of inventory, less				
	l				
	b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a PROGRAM SERVICE REVENUE 611430 b OTHER INCOME 611430 c d All other revenue				
ত্	Business Code	THE SHEET SHEET SHE			MEASWARDS (A)
Miscellaneous Revenue	11a PROGRAM SERVICE REVENUE 611430	13,434.	13,434.		
lan,	b OTHER INCOME 611430	4,454.	4,454.		
e el	C				-
- <u>S</u>	e Total. Add lines 11a-11d	17.000	S. S	Anna Carre C	19 19 19 19 19 19 19 19 19 19 19 19 19 1
_	e Total revenue See instructions	17,888.	24 570	0	

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.. (A) Total expenses (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21....... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees 29,898. 172,299. 116,807 25,594. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 Other salaries and wages 389,786 277,700 701 40,385. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,000. 18,900 4,860. 3,240. <u>57,9</u>77. 40,584 10,436. 6,957. 10 Payroll taxes..... 8,140. 5,427. 45,221 31,654. 11 Fees for services (nonemployees): c Accounting..... 19,662. 19,662. d Lobbying.... 27,600. 27,600 e Professional fundraising services. See Part IV, line 17... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 38,582. 25,945. 11,499. 1,138. Advertising and promotion..... 8,913. 8,913. 13 Office expenses 16,453. 11,392. 3,503 1,558. 14 Information technology..... 16,964. 13,722. 1,545. 1,697. 15 Royalties.... **16** Occupancy...... 38,562. 27,065. 6,942 4,555. 17 Travel..... 2,757. 2,798. 41. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 6,061. 6,061. 20 Interest Payments to affiliates..... 22 Depreciation, depletion, and amortization ... 23 Insurance 1,997. 9,878. 7,547. 334. Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a DEPRECIATION 31,800 31,800 b BAD DEBT 2,284 2,284 • MISCELLANEOUS EXPENSE 1,271 1,271 d TEAM BUILDING EXPENSES 109. 911 638 164. e All other expenses..... 318. 318. 25 Total functional expenses. Add lines 1 through 24e. . . . 91,035. 914,340. 611,735 211,570. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here
☐ if following SOP 98-2 (ASC 958-720).....

		Object, is calcadate O contains a response or note to	any line in this Part X			,
		Check if Schedule O contains a response or note to	arry line in the	(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing		371,017.	1	635,653.
	2	Savings and temporary cash investments.			2	
	3	Pledges and grants receivable, net		381,000.	3	471,980.
	4	Accounts receivable, net			4	11,822.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contributor, or 35% sons		5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined under			
		section 4958(f)(1)), and persons described in section 4	1958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
20	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		36,915.	9	23,393.
As	10-					
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 187,04			
-	b	Less: accumulated depreciation	10b 68,41		10 c	118,624.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.			13	
	14	Intangible assets		14	<u></u>	
	15	Other assets. See Part IV, line 11			15	1 061 470
	16	Total assets. Add lines 1 through 15 (must equal line	33)	938,167.	16	1,261,472.
\rightarrow		Accounts payable and accrued expenses	<u> </u>	14,461.	17	7,721.
	17	Grants payable			18	
	18 19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
Ø	21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former of	ficer, director, trustee,		Base Sale	
<u>.</u>		Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ator, or 35%		22	
Ξ		Secured mortgages and notes payable to unrelated the	aird parties		23	
	23	Unsecured notes and loans payable to unrelated the Unsecured notes and loans payable to unrelated third	narties		24	
	24	Other liabilities (including fodoral income tay, navable	s to related third parties			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	plete Part X of Schedul	e D. 125,969.	25	86,702.
	26	Total liabilities. Add lines 17 through 25		140,430.	26	94,423.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			0.7	424 006
ig.	27	Net assets without donor restrictions				434,996.
ä	28			575,566.	28	732,053.
Net Assets or Fund Balar		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or equipr	nent fund		30	
55	31	Retained earnings, endowment, accumulated income	, or other funds	707 707	31 32	1,167,049.
44	32	Total net assets or fund balances Total liabilities and net assets/fund balances			_	1,261,472.
6		Total liabilities and net assets/fund balances			(در ا	エッムリエッコイム・

Form	990 (2020) ED ALLIES 35-	257305	57	Pa	ge 12
_	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	83,6	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,3	
3	Revenue less expenses. Subtract line 2 from line 1	3	3	69,3	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		97,7	-
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	1,1	67,0)49.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		_	Yes	No
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
t	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
C	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?		2c	Х	
2	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	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?		За		X
k	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 10/19/20		Form	990 ((2020)

SCHEDULE A (Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

	or the organization					Employer identific	cation number			
	ALLIES					35-2573057				
Par	tl Reason for Public Ch	arity Status. (All	organizations must	comp	lete thi	s part.) See instru	ctions.			
The	or <u>ga</u> nization is not a private four	ndation because it is:	(For lines 1 through 12,	, check	only one	box.)	-			
1	A church, convention of church	ches, or association of o	churches described in sec	tion 170)(b)(1)(A)	(i).				
2	A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 d	r 990-E2	Z).)	.,				
3	A hospital or a cooperative					Δγίίη				
4	A medical research organiz						Entor the beautiel's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (C	or the benefit of a coll complete Part II.)	ege or university owned	d or ope	rated by	a governmental unit d	escribed in			
6 7	A federal, state, or local go									
,	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 describe	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)						
9	An agricultural research organ	nization described in se	ction 170(b)(1)(A)(ix) ope	rated in	coniuncti	on with a land-grant coll	ene			
	or university or a non-land-grauniversity:	ant college of agricultur	e (see instructions). Ente	r the na	me, city,	and state of the college	or			
10	An organization that normal from activities related to its investment income and unrulune 30, 1975. See section	exempt functions, su elated business taxab	bject to certain exception le income (less section	port from ons; and 511 tax	n contrit I (2) no i) from b	outions, membership fe more than 33-1/3% of i usinesses acquired by	ees, and gross receipts its support from gross the organization after			
11	An organization organized a	and operated exclusiv	ely to test for public saf	ety. See	section	n 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).									
а	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 organi management of the supporting must complete Part IV, Sec	a organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or tion(s). You			
С	Type III functionally integrated organization(s) (see instruction	d. A supporting organiza tions). You must com	tion operated in connection	n with, a	rid functi	onally integrated with, its	supported			
d	Type III non-functionally integrated. The instructions). You must con	rated. A supporting or	anization operated in co	nnection	with ite	supported organization(s t and an attentiveness) that is not requirement (see			
е	Check this box if the organize integrated, or Type III non-fit	zation received a writt	en determination from	the IDS	that it is	a Type I, Type II, Typ	e III functionally			
f	Enter the number of supported	organizations								
	Provide the following information									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	Is the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
				-						
(A)										
	· · · · · · · · · · · · · · · · · · ·									
(B)										
(C)										
(D)				_						
(E)										
Total						-				

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		ted below, piease	oonpoter are n	11.7									
beg	endar year (or fiscal year inning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	_	(f) Total						
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.).	551,000.	926.109.	1.042.736.	1.314.475	1.259.074		1.259.074		1 259 074		4,475. 1,259,074		5,093,394.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				170117110.	1,200,00		0.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge													
4	Total. Add lines 1 through 3	551,000.	926,109	1.042.736.	1,314,475.	1 259 07	7 Δ	0. 5,093,394.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			1,011,000	1,011,1,0	1,233,0		0.						
	Public support. Subtract line 5 from line 4							5,093,394.						
Sec	tion B. Total Support							0,030,031.						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total						
7	Amounts from line 4	551,000.	926,109.	1,042,736.	1,314,475.	1,259,07	4.	5,093,394.						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				1,482.	6, 69	10	8,172.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on.			**	1/102.	0,03	0.	0,172.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI				101.	17,88	8.	17,989.						
	Total support. Add lines 7 through 10							5,119,555.						
12	Gross receipts from related activi	ities, etc. (see inst	tructions)				12	0.						
	First 5 years. If the Form 990 is f organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)	(3)	▶ □						
Sec	tion C. Computation of Pub	olic Support Pe	ercentage					<u> </u>						
14	Public support percentage for 202	20 (line 6, column	(f), divided by lin	ne 11, column (f))	,		14	99.49%						
	Public support percentage from 2 33-1/3% support test—2020. If the	e organization did	not check the bo	ov on line 13, and	Llina 1/1 ia 22 1/2	0/ 25 5525 0	15 neck	0.00 % this box						
	and stop nere. The organization of	qualifies as a publ	icly supported or	ganization				► X						
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did qualifies as a publ	not check a box of licly supported or	on line 13 or 16a, ganization	and line 15 is 33	1-1/3% or mor	e, ci	neck this box						
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the facts-	st—2020. If the org neets the facts-an and-circumstances	anization did not d-circumstances s test. The organi	check a box on I test, check this b zation qualifies a	ine 13, 16a, or 16 ox and stop here. s a publicly suppo	b, and line 14 Explain in Ported organiza	1 is 1 art V ation	10% /I how ►						
	10%-facts-and-circumstances testor more, and if the organization rorganization meets the 'facts-and	neets the facts-an I-circumstances' te	d-circumstances est. The organizat	test, check this b tion qualifies as a	ox and stop here. publicly supporte	Explain in P. d organizatio	art V n	'I how the						
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	s box and see	inst	ructions >						
5 V V			_											

(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.)

Sect	tion A. Public Support							
Calend	ar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.')					ii		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							_
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							_
	tion B. Total Support			1	4 5 2020	() 0000	(C.T.)	_
	dar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6						-	 -
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				}			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.							-
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)					501/	V20	_
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	itth tax year as a	section 501(c)(3)]
	tion C. Computation of Pu			: 12 **		- · ·	15 8	_
15	Public support percentage for 20	• •						
16	Public support percentage from				,		16)
	tion D. Computation of Inv					- i	47 0	_
17	Investment income percentage f						17 ⁸	
18	Investment income percentage f	rom 2019 Schedu	lle A, Part III, line	: 17				j
	33-1/3% support tests—2020. If is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies i	as a publicly supp	iorted organiza	ation	
	33-1/3% support tests—2019. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported	organization 🏲 📙	
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructi	ons	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in fine 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).

		Yes	No_
ŀ	1		
e e	2		
3ь			
~	3a		
,			
	3b	FAMILIER	
	3c		
ļ	JU	1235 S	
	4a	990000	
	4b	TO SOUTH	ACCESSION OF
t	4c		
	5a		
	Ja		
}	5b	1220000	***************************************
	5c	- 1	
е			
	6	Salvation:	000000000000000000000000000000000000000
	7		
s,'	8	25.5	31000
	0		
?			
	9a	**************************************	
	9b		
	9с	0.44	
9s, '			
	10a		
	V2200000000000000000000000000000000000		

10h

Pa	rt IV Supporting Organizations (continued)		
-11		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,		
	the governing body of a supported organization?	A A A A A A A A A A A A A A A A A A A	
	b A family member of a person described in line 11a above?		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.		
Se	ction B. Type I Supporting Organizations		
1		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
Se	ction C. Type II Supporting Organizations	55	
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
Sec	ction D. All Type III Supporting Organizations		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
i	The organization satisfied the Activities Test. Complete line 2 below.		
	The organization is the parent of each of its supported organizations. Complete line 3 below.		
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
i	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	163	
ł	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
ā	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.		
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. 3b		

Schedule A	(Form	990	or 990-FZ	2020	ED	ATTTEC

35-2573057

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	73057 Page
1		t on No	v 20 1970 (evaluin in	Part VI). See through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		-
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	· .	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	· · · · · · · · · · · · · · · · · · ·	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	<u> </u>	
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		V = 111
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	grated :	Type III supporting org	anization
BAA			Schedule A (Fo	rm 990 or 990-FZ) 2020

Sched	dule A (Form 990 or 990-EZ) 2020 ED ALLIES			<u> 237,</u>	J G G ,
	V Type III Non-Functionally Integrated 509(a)(3) Sup	pporting Organiza	tions (continued	<u>''</u>	Current Year
	ion D – Distributions			1	Current rear
	Amounts paid to supported organizations to accomplish exempt purp				
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organizations	<u> </u>	2	
3	Administrative expenses paid to accomplish exempt purposes of sur	ported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	n is responsive (provide	details		
_	in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	_		10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.				
3					
a	From 2015				
t	P From 2016				
	From 2017				
	From 2018				
	From 2019				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	1 Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4					
	Applied to underdistributions of prior years				
	b Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	1 0000 15				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			2755	
-8	Breakdown of line 7:				
	a Excess from 2016				
	b Excess from 2017				
	c Excess from 2018				
	d Excess from 2019				
					THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED I

e Excess from 2020.....

35-2573057

Page 8

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		_	2020	_	2019	2018		 2017	2016	
OTHER REVENUE FISCAL AGENT FEE PROGRAM REVENUE	TOTAL	\$	13,434. 4,454. 17,888.	\$	101.	\$	0.	\$ 0.	\$ 	0.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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-B.

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

• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
ED	ALLIES			35-257305	
Pai	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organia	zation.
1	(See instructions for definitio	organization's direct and indirect political on of 'political campaign activities')			
2	Political campaign activity ex	penditures (See instructions)		▶\$	
3	Volunteer hours for political of	campaign activities (See instructions)			
Pai		rganization is exempt under section			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955		0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	Was a correction made?			.,,,	Yes No
I	f 'Yes,' describe in Part IV.				
Pai		rganization is exempt under section			
1	Enter the amount directly exp	pended by the filing organization for section	on 527 exempt functio	n activities 🟲 \$	
2	Enter the amount of the filing 527 exempt function activitie	g organization's funds contributed to other	organizations for sec	tion ▶\$	
3	Total exempt function expen-	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4		e Form 1120-POL for this year?			
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de il action committee (PAC). If additional spa	mount paid from the f livered to a separate of	iling organization's fun- litical organization, such	as. Also enter the as a separate
	(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
(1)	146-416				
(2)				×	
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the section 501(h)	e organizatio).	n is exempt under sect	ion 501(c)(3) and	filed Form 5768 (ele	ection under
		ngs to an affiliated group (and li	st in Part IV each affilia	ted group member's name	
		nd share of excess lobbying e			
B Check ► if the filing	organization che	ecked box A and 'limited conf	rol' provisions apply.		
(The term 'e)	Limits on Lobb xpenditures' me	ying Expenditures eans amounts paid or incurre	d.)	(a) Filling organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	s to influence p	ublic opinion (grassroots lobt	ying)		
		legislative body (direct lobby			
		and 1b)			<u> </u>
		ines 1c and 1d)			
f Lobbying nontaxable amou	unt. Enter the a	mount from the following tabl	e in		
If the amount on line 1e, colum		The lobbying nontaxable a			
Not over \$500,000	11 (4) 01 (5) 10.	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus 15% of the excess of	ver \$500,000.		
Over \$1,000,000 but not over \$1,5		\$175,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$17,	,000,000	\$225,000 plus 5% of the excess ov	er \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
		6 of line 1f)			
		ss, enter -0			
		ss, enter -0			
j If there is an amount other t section 4911 tax for this y	than zero on eitherear?	er line 1h or line 1i, did the orga	anization file Form 4/20	reporting	Yes No
(Some	organizations tl columns t	4-Year Averaging Period U hat made a section 501(h) ele pelow. See the separate instr	ction do not have to	complete all of the five rough 2f.)	
	Lol	obying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures				2	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					n 990 or 990-EZ) 202
BAA				Schedule C (Fort	າງ 990 ຄະ 990-F7) <i>2</i> 02

35-2573057 Page 3 Schedule C (Form 990 or 990-EZ) 2020 ED ALLIES 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)). (b) (a) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description No Amount of the lobbying activity. Yes 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: Χ b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?...... Χ c Media advertisements?..... Χ 260. Χ 7,595. d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements?.... f Grants to other organizations for lobbying purposes?.... X g Direct contact with legislators, their staffs, government officials, or a legislative body?..... Χ 15,146. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?..... Χ Х i Other activities?..... 23,001 i Total. Add lines 1c through 1i..... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?..... Х b If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... d 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 1 1 Were substantially all (90% or more) dues received nondeductible by members?..... 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?..... 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. Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year..... 2 b b Carryover from last year. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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 4 expenditure next year?.....

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.

Taxable amount of lobbying and political expenditures (See instructions).....

5

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer Identification number

	ALLIES	411 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	O' The French and A	35-2573057
Par	Organizations Maintaining Dono Complete if the organization answ	r Advised Funds or Othe wered 'Yes' on Form 990	r Similar Funds or Ad Part IV line 6	counts.
	- John piete II tile organization and	(a) Donor advised fu		Funds and other accounts
1	Total number at end of year	(a) Donor advised to	11G5 (D)	Turido aria otrios adobatico
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don	or advisors in writing that the a	essets held in donor advise	d funds
	are the organization's property, subject to the	organization's exclusive legal o	ontrol?	Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	g that grant funds can be to or for any other purpose c	onferring Yes No
Par			D 1877 7	
	Complete if the organization answ			
1		- · ·		Accident to the contract to the same
	Preservation of land for public use (for examp	ole, recreation or education)	[]	torically important land area
	Protection of natural habitat		Preservation of a cer	rtified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization h	oold a qualified conservation centr	ibution in the form of a conc	envation easement on the
2	last day of the tax year.	leid a qualified conservation conti-	apagon in the form of a cons	ervadori eddernerit on the
	•			Held at the End of the Tax Year
ā	a Total number of conservation easements		2a	
	Total acreage restricted by conservation easer			
(Number of conservation easements on a certif	fied historic structure included in	n (a)	
{	d Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	or terminated by the organiza	tion during the
4	Number of states where property subject to conse	rvation easement is located 🕨		
5	Does the organization have a written policy re and enforcement of the conservation easemer	nts it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations,	and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and	enforcing conservation ease	ments during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section 170(h	n)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote	orts conservation easements in	its revenue and expense	statement and balance sheet, and
	conservation easements.	_		
	Complete if the organization ans	wered 'Yes' on Form 990,	Part IV, line 8.	
1 :	a If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	on, or research in furtherar	nd balance sheet works of art, nce of public service, provide in
	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furtherance of pu	ublic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			▶\$
2	amounts required to be reported under FASB	istorical treasures, or other simila ASC 958 relating to these item	ar assets for financial gain, p s:	rovide the following
	a Revenue included on Form 990, Part VIII, line	: 1		►\$
	b Assets included in Form 990, Part X		<u></u>	▶\$

Part III Organizations Maintaining Co	llections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession items (check all that apply):	i, and other records, check ar	ny of the following that ma	ke significant use of its	collection
a Public exhibition	d Loan o	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's coll Part XIII.		•		
5 During the year, did the organization solicit to be sold to raise funds rather than to be r	maintained as part of the o	rganization's collection?		Yes No
Part IV Escrow and Custodial Arrang line 9, or reported an amount	on Form 990, Part X,	ne organization ans line 21.	wered res on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custo on Form 990, Part X?	dian or other intermediary	for contributions or other	r assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XI				
				Amount
c Beginning balance			1с	
d Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on b If 'Yes,' explain the arrangement in Part Xi				
Part V Endowment Funds. Complete	if the organization an	swered 'Ves' on For	m 990 Part IV lir	10
	rent year (b) Prior year		(d) Three years back	(e) Four years back
1 a Beginning of year balance	(S) The your	(b) The Journ Book	(u) in our journ back	(o) : our youro such
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses	· · ·			
g End of year balance	···		9	12.0
2 Provide the estimated percentage of the cu	rrent year end balance (lin	e 1g, column (a)) held a	is:	·
a Board designated or quasi-endowment	8			
b Permanent endowment ►	_ % _			
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should	ld equal 100%.			
3 a Are there endowment funds not in the possess organization by:	sion of the organization that a	re held and administered	for the	Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations		.,,		3a(ii)
b If 'Yes' on line 3a(ii), are the related organ				3b
4 Describe in Part XIII the intended uses of t	he organization's endowme	ent funds.		
Part VI Land, Buildings, and Equipme				
Complete if the organization a	nswered 'Yes' on Forr	n 990, Part IV, line	11a. See Form 99	0, 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
1 a Land				
b Buildings				
c Leasehold improvements		139,462.	44,969.	94 <u>,</u> 493.
d Equipment				
e Other		47,579.	23,448.	24,131.
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, c	column (B), line 10c.)		118,624. ule D (Form 990) 2020
			JUHEO	414 P 11 VIIII 33V14V4V

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
A)			
3)			
O)			
<u>)</u>			
=> = = = = = = = = = = = = = = = = = =			
F) G)			
<u>.i)</u>			
	-1	· · · · · · · · · · · · · · · · · · ·	
1)			STAVATO-CONT. ASI, A ISWAY-SA
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.).		NT / 2	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0 Part IV line 11c See Form	990 Part X line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market valu
(1)		ar sour	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨		THE RESIDENCE OF THE PROPERTY	
Part IX Other Assets.	'Yas' on Form 99	1 1 0 Part IV line 11d See Form	990 Part V line 1
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99	I A 0, Part IV, line 11d. See Form	
Part IX Other Assets. Complete if the organization answered (a) Des	N/F 'Yes' on Form 99 cription	No., Part IV, line 11d. See Form	990, Part X, line (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99	O, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99	O, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 99	0, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 99	0, Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	'Yes' on Form 99	0, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99	0, Part IV, line 11d. See Form	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Foundation (a) Description (b) Federal income taxes	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fotal. (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19, 26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fotal. (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITION	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITION (4)	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19, 26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITIO (4) (5)	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19, 26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITION (4) (5) (6)	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19, 26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITIO (4) (5) (6) (7)	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19, 26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITIO (4) (5) (6) (7) (8)	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19,26
Complete if the organization answered (a) Des (b) (c) (a) (a) (c) (a) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19,26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITIO (4) (5) (6) (7) (8)	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value 19,26
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) Federal income taxes (2) DEFERRED LEASE INCENTIVE (3) DEFFERED RENT, NET CURRENT POSITION (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 99 scription B) line 15.) Drm 990, Part IV, line 1 ption of liability	0, Part IV, line 11d. See Form 1e or 11f. See Form 990, Part X, line 2	(b) Book value 5. (b) Book value 19, 26

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, P		
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
		B 1 17 / 3
Part XII Reconciliation of Expenses per Audited Financial Statement	nts With Expenses per l	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, F	nts With Expenses per I Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F	art IV, line 12a.	1 A
Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	2at IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	2a	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2a	1
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	2e 3
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	2e 3

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.

PART X - FASB ASC 740 FOOTNOTE

THIS ORGANIZATION HAS A TAX-EXEMPT STATUS SECTION 501C3 OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS

EXEMPT STATUS. ITS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

Schedule D (Form 990) 2020

Page 5

Part XIII | Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. IN COMPLIANCE WITH ITS EXEMPT STATUS, THE ORGANIZATION ANNUALLY FILES A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ED ALLIES

Employer identification number 35–2573057

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE COMMITEE WILL REVIEW AND APPROVE THE FORM 990 AND RECOMMEND BOARD APPROVAL. THE BOARD WILL REVIEW THE FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS SHALL NOT USE THEIR POSITION, OR THE KNOWLEDGE GAINED FROM ASSOCIATION WITH ED ALLIES, IN SUCH A MATTER THAT A CONFLICT BETWEEN THE INTERESTS OF ED ALLIES AND THEIR INTERESTS ARISES, BUT IS NOT DISCLOSED. IF SUCH A CONFLICT ARISES, THE MEMBER WITH THE CONFLICT IS EXPECTED TO DISCLOSE IN WRITING THE EXISTENCE OF THE CONFLICT TO THE BOARD CHAIR AS SOON AS THAT MEMBER IS AWARE OF THE CONFLICT. THE BOARD CHAIR WILL, IN TURN, DETERMINE THE APPROPRIATE METHOD FOR MANAGING THE CONFLICT. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED AND REVIEWED BY THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT DATA CONSISTING OF COMPENSATION FROM COMPARABLE NON-PROFITS OF LIKE SIZE IS REVIEWED BY THE INTERNAL AFFAIRS COMMITTEE PRIOR TO DETERMINING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES. COMPENSATION BEST PRACTICE IS TO REMAIN WITHIN 20 PERCENT OF THE OPERATING BUDGET. THE INTERNAL AFFAIRS COMMITTEE REVIEWS THE DATA AND MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL. THE BOARD APPROVES THE COMPENSATION AND DOCUMENTS IN THE MEETING MINUTES. THE MOST RECENT COMPENSATION REVIEW TOOK PLACE IN 2020 FOR EXECUTIVE DIRECTOR, JOSH CROSSON.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THIS ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII - COMPENSATION EXPLANATION

DANIEL SELLERS

Employer identification number

35-2573057

FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)

DANIEL SELLERS SERVED AS ED ALLIES EXECUTIVE DIRECTOR FROM JANUARY 1ST, 2020 THROUGH MARCH 31ST 2020 WHEN HE THEN LEFT THE ORGANIZATION.

JOSHUA CROSSON

JOSHUA CROSSON WAS HIRED AS EXECUTIVE DIRECTOR STARTING APRIL 1ST, 2020. HE WAS SERVING AS ED ALLIES SENIOR POLICY DIRECTOR FROM JAN 1ST 2020 THROUGH MARTCH 31ST, 2020.

FORM 990 PART VI, SECTION A, LINE 1

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT MEETS QUARTERLY WITH MEMBERS OF STAFF AND BOARD MEMBERS. THE COMMITTEE IS LED BY THE CURRENT BOARD TREASURER.

FISCAL SPONSORSHIP

DURING THE 2020 YEAR, ED ALLIES SPONSORED MINNESOTA PARENT UNION AS A PROJECT WITHIN ED ALLIES CHARTIBLE PARAMITERS. MINNESOTA PARENT UNION RECEIVED THEIR OWN 501(C)3 STATUS IN NOVEMBER OF 2020 AND BECAME INDEPENDENT FROM ED ALLIES ON NOVEMBER 30TH, 2020. ED ALLIES CHARGED MINNESOTA PARENT UNION \$13,434 AS AN ADMINSTRATIVE FEE WHILE THEY WERE WITH ED ALLIES. AT THE END OF THE THE FISCAL YEAR, THERE WAS \$11,822 DUE FROM THE SPONSEE.