### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 2	2021 calen	dar year, or tax year begin	ning	, 2021,	and ending		,	20	
В	Check if ap	plicable:	С				D Emp	loyer identi	fication number	
	Addres	ss change	ED ALLIES				35	-25730	057	
	Name	change	1621 EAST HENNEP	IN AVENUE #295				phone numb		_
	Initial	-	MINNEAPOLIS, MN	55414			61	2 257-	-5085	
		urn/terminated	·				01	<u> </u>	3703	
	$\vdash$						<b>C</b> a		071 005	
	<b>—</b>	ded return	F			1		s receipts		
	Applic	ation pending		officer: JOSHUA CROSS	SON		(a) Is this a group re		103 11	
			SAME AS C ABOVE				(b) Are all subordina If "No," attach a	ites included list. See inst	tructions. Yes N	0
<u> </u>	Tax-exer	npt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527				
J	Websi	te: ► HT	TPS://EDALLIESMN.	.ORG		Н	(c) Group exemption	number ►	•	
K	Form of	organization:	X Corporation Trust	Association Other ►	LY	ear of formation	n: 2016 <b>[</b>	State of le	egal domicile: MN	
Pa	art I	Summar		L-I					<u> </u>	_
			be the organization's missi	on or most significant act	ivities:IISF.	AN FOU	TTY APPROA	СН ТО	ENSURE ALL	_
			'A STUDENTS RECEIV				111 111 1101	1011 10		_
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nai										-
Ϋ́	2 Ch	eck this bo	ox ► ☐ if the organization	n discontinued its operation	ons or dispo	sed of mor	e than 25% of i	ts net ass		_
မ			oting members of the gover							9
•ಶ			dependent voting members							0
<u>.e</u>			of individuals employed in						1	
Activities & Governance			of volunteers (estimate if							0
PG	<b>7a</b> To	tal unrelate	ed business revenue from F	Part VIII, column (C), line	12			. 7a	0	
	<b>b</b> Ne	t unrelated	d business taxable income	from Form 990-T, Part I, I	line 11			. 7b	0	
							Prior Ye	ar	Current Year	
	<b>8</b> Co	ntributions	and grants (Part VIII, line	1h)			1,259	,074.	962,840	
Ę	<b>9</b> Pr	ogram serv	vice revenue (Part VIII, line	2g)			,	,	, , , , , , , , , , , , , , , , , , , ,	_
Revenue	<b>10</b> Inv	estment ir	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			6	,690.	7,738	
æ	<b>11</b> Ot	her revenu	e (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, and	d 11e)			,888.	787	
			e – add lines 8 through 11						971,365	
			imilar amounts paid (Part I				,	,	, , , , , , , , , , , , , , , , , , , ,	_
			to or for members (Part I)							
			er compensation, employee				602	,283.	797,507	
es	10 00						092	, 203.	191,301	÷
ŝ	Iba Pr		fundraising fees (Part IX, o							_
Expenses	<b>b</b> To	tal fundrais	sing expenses (Part IX, col	umn (D), line 25) 🕨	11	1,920.				
ш	<b>17</b> Ot	her expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			222	,057.	162,725	
	<b>18</b> To	tal expense	es. Add lines 13-17 (must e	equal Part IX, column (A)	, line 25)			,340.	960,232	-
	<b>19</b> Re	venue less	expenses. Subtract line 1	8 from line 12				,312.	11,133	
- S			•				Beginning of Cur		End of Year	÷
anc a	<b>20</b> To	tal assets	(Part X, line 16)				1,261		1,351,520	_
Net Assets Fund Baland	<b>21</b> To		es (Part X, line 26)					, 423.	173,338	÷
i et	<b>22</b> Ne		fund balances. Subtract li						•	
							1,167	,049.	1,178,182	<u>.</u>
_		Signatur								_
Und	er penalties plete. Decla	of perjury, I de ration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	rn, including accompanying sched all information of which preparer h	ules and statem as any knowled	nents, and to th lge.	e best of my knowled	lge and belie	ef, it is true, correct, and	
		<u> </u>								_
<b>C</b> !		Signatu	ire of officer				Date			_
Sig	gn	, , ,						D.T.D.E.C	700	
He	re		HUA CROSSON print name and title				EXECUTIVE	DIREC	JTOR	
		, ,	<u>'</u>	In		In .	T	<del>                                      </del>	DTIN	
			oreparer's name	Preparer's signature		Date	Check	□"	PTIN	
Pa		SCOTT					self-emp	loyed	P02447643	
Pr	eparer	Firm's name	► FUTURE FOCUSE	ED SOLUTIONS						
Us	e Only	Firm's addre	ess ► 4957 VINCENT	AVE S			Firm's E	N ► 83-	-4395477	
			MINNEAPOLIS,				Phone n		-309-5662	
Ma	v the IRS	discuss th	nis return with the preparer		ıctions				X Yes No	_

Part	Ш	Statement of Program Ser			Down III				X
1 [	2riofly	Check if Schedule O contains a describe the organization's miss		e to any line in this P	art III				Л
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		TARTON							
-	EDU	CATION							
2 [	Did the	e organization undertake any signific	ant program serv	ices during the year w	hich were not listed on	the prior			
		990 or 990-EZ?					\( \text{Ye} \)	s X	No
		s," describe these new services on S					Ш	- 21	
		e organization cease conducting,		ant changes in how i	it conducts, any progra	am services?	Ye	s X	No
		s," describe these changes on Scheo		ŭ	, , , ,				
4 [	Descr	ibe the organization's program se	rvice accomplish	ments for each of its	s three largest progran	n services, as	measured b	у ехре	nses.
,	Section	on 501(c)(3) and 501(c)(4) organizevenue, if any, for each program s	zations are requi	red to report the amo	ount of grants and allo	ocations to othe	ers, the tota	l expen	ses,
•	anu re	evenue, il any, for each program :	service reported.						
10	Codo	· \ \(\( \( \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	CO1 OC4	including grapts of	ė	) (Payanua	Ċ		``
4 a (	Code	:) (Expenses \$	691,064.	including grants of	Ÿ	) (Revenue	٧		)
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4 d (	Other	program services (Describe on S	chedule O.)						
	(Ехре	nses \$	including gran	ts of \$	) (Reveni	ue \$		)	
4 e	Total	program service expenses >	691	. 064					

# Form 990 (2021) ED ALLIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	-110
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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? <i>If 'Yes,' complete Schedule D, Part II</i>	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in 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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
C	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	I 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
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	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
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
Ł	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		Х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	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		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2021) ED ALLIES Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i> .	23	X	
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>b</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		
	<b>d</b> 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		Χ
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	<b>b</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 line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	110
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c	Χ	
	TFFA0104I 09/22/21	Г о ино	aan /	2021

# Form 990 (2021) ED ALLIES Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	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)?	4 a		Х
b	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
h	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, 5		
	Form 8282?	7 c		Χ
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	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		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	o Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N.	16		X
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	10		Λ
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. . . . . . 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If '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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > MNSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O 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 320 309-5662

## 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

				(C)	)					
(A) Name and title	(B) Average hours per	thar	Position (do not chec than one box, unless is both an officer a director/trustee				on	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JOSHUA CROSSON	40					a				
EXECUTIVE DIRECTOR	0				Х			142,240.	0.	13,652.
(2) ANDREA ROETHKE	40									
MANAGING DIRECTOR	0				Χ			103,547.	0.	18,616.
(3) KARN ENGELSGJERD	4									
CHAIRMAN	0	X		Χ				0.	0.	0.
_(4)_ ANN_JOHNSON	2									
DIRECTOR	0	Χ						0.	0.	0.
_(5)_MICHAEL_O'CONNELL	2									
DIRECTOR	0	X						0.	0.	0.
(6) LEW REMELE	2									
DIRECTOR	0	X						0.	0.	0.
	2	3.7						0	0	^
DIRECTOR	0	Χ						0.	0.	0.
(8) SIMONE HARDEMAN-JONES	3	37						0	0	0
DIRECTOR  (9) TA CHONDA WILLIAMSON	3	X						0.	0.	0.
	3	v		Χ				0	0.	0
(10) GINYA DAVIS	2	X		Λ				0.	0.	0.
DIRECTOR	- 2 -	Х						0.	0.	0.
(11) FLOR TREVI?O FREY	2	Λ						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(12)	0	21						0.	•	<u> </u>
	0				Х			0.	0.	0.
(13)										
		L								
(14)										

Part V	/II   Section A. Officers, Directors, 1rt	(B)	ney		ipic		es, a	anc	nignest con	iperisateu Empi	oyees (	continuea)
		(6)			•	•			(D)	<b>(F)</b>	4	<b>-</b> \
	<b>(A)</b> Name and title	Average hours	box	, unle	ess pe	erson	than o	n an	<b>(D)</b> Reportable	<b>(E)</b> Reportable		F)
	Name and title	per week	_	_			or/trust		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	of c	d amount other
		(list any hours	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the orga	ation from anization elated
		for related	rect:	utior	œ	emp	est c oyee	<u>e</u>	·			zations
		organiza - tions below	¥ =	nal tr		loye	, omb					
		dotted line)	stee	etsu		()	ensa					
				€D.			ted					
(15)												
			•									
(16)												
(17)												
(10)												
(10)												
(19)												
<u> </u>												
(20)												
(21)												
(22)												
(23)												
(23)												
(24)												
<u> </u>			1									
(25)												
	ıbtotal							<b>•</b>	245,787.	0.	3	2,268.
	otal from continuation sheets to Part VII, Section							<b>-</b>	0.	0.		0.
	otal (add lines 1b and 1c)tal number of individuals (including but not limited								245,787.	0.		2,268.
	om the organization > 2	10 111030 1	istou	abo	vc) i	WIIO	i CCCI	vcu	more than \$100,00	o or reportable comp	CHSation	
											١	es No
<b>3</b> Di	d the organization list any <b>former</b> officer, direc	tor, truste	e. ke	ev e	mpla	ovee	e. or l	hiał	nest compensated	employee		
on	line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								. 3	X
<b>4</b> Fo	r any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oţh	er compensation	from		
	e organization and related organizations greate och individual										. 4	Х
<b>5</b> Di	d any person listed on line 1a receive or accrue	e compen	satio	n fr	om	anv	unre	late	ed organization or	individual		
foi	r services rendered to the organization? If 'Yes	,' comple	te So	chec	lule	J fo	rsuc	h p	erson		. 5	X
	n B. Independent Contractors	catad ind	onon	don	+ 001	ntra	otoro	tha	at received more th	222 \$100 000 of		
co	omplete this table for your five highest compensions at the model of the model of the model of the model of the this table of the model	sation for	the c	alen	dar <u>j</u>	year	endir	ng v	with or within the or	ganization's tax year		
	<b>(A)</b> Name and business addi								(B)		(C)	
	Name and business addi	ess							Description of	of services	Compens	sation
<b>2</b> To	tal number of independent contractors (including b	ut not lim	ited to	o the	se l	isted	d abov	ve)	who received more	than		
	00,000 of compensation from the organization							·				
												20 (2021)

# Form 990 (2021) ED ALLIES Part VIII Statement of Revenue

		Check if Schedule O contains	a response or note to any	y line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıš ıs	1 a	Federated campaigns	1a				
五点	1 G	Membership dues	1 b				
E S	D	· ·					
s, C	С	Fundraising events	1 c				
# F	d	Related organizations	1 d				
S.E	е	Government grants (contributions)	1 e				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f 962,840.				
E S	g	Noncash contributions included in					
E E		lines 1a-1f	1 g				
ŭ ñ	h	Total. Add lines 1a-1f		962,840.			
ne.			Business Code				
듄	2 a						
<u>\$</u>	b						
ě	c						
Ξ̈́	Ĭ.						
Se	d	'					
ᇤ	е						
8	f	All other program service revenu	e				
Program Service Revenue	q	Total. Add lines 2a-2f	<del> </del>				
	3	Investment income (including divide	ands interest and				
	э	other similar amounts)		7,738.	7,738.		
	4	Income from investment of tax-e		1,130.	7,730.		
	_		·				
	5	Royalties					
		(i) Re	eal (ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
		(i) Secu					
	7 a	Gross amount from	(ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis					
	_	and sales expenses 7b					
	c	Gain or (loss) 7c					
		Net gain or (loss)	<b>•</b>				
ě		Gross income from fundraising events					
		(not including \$	_				
Other Reven		of contributions reported on line 1c).					
œ		See Part IV, line 18	8 a				
ĕ	b	Less: direct expenses	8 b				
Ħ	С	: Net income or (loss) from fundra	ising events ▶				
~							
	Уа	Gross income from gaming activities. See Part IV, line 19	9a				
	ı.	Less: direct expenses	9b				
	С	: Net income or (loss) from gamine	g activities				
	10 a	Gross sales of inventory, less					
	-	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
		: Net income or (loss) from sales					
	_		Business Code				
S S	11	OFFIER THREE			205		
තී ක්	11 a	<u> </u>	611430	687.	687.		
동토	b	PROGRAM SERVICE REVE	NUE 611430	100.	100.		
scellaneo Revenue	С						
Miscellaneous Revenue	d	All other revenue					
Ξ	-	Total. Add lines 11a-11d		787.			
					0 505	^	_
	12	<b>Total revenue.</b> See instructions.		971,365.	8,525.	0.	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).

Do 1	not include amounts reported on lines	(A)	(B)	(C)	(D)
6b, 1	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.  See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	278,055.	208,541.	41,709.	27,805.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described	270,033.	200,341.	41,709.	21,003.
_	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	408,102.	314,442.	34,747.	58,913.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	58,544.	44,951.	5,013.	8,580.
10	Payroll taxes	52,806.	40,132.	5,809.	6,865.
11	Fees for services (nonemployees):				
	Management	3,765.		3,765.	
	Legal				
	: Accounting	27,485.		27,485.	
	Lobbying	2,615.	2,615.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	(A), amount, list line 11g expenses on Schedule O.)			_	
	Advertising and promotion	1,738.	1,729.	3.	6.
13	Office expenses	17,477.	13,365.	2,073.	2,039.
14 15	Information technology	20,505.	16,655.	1,800.	2,050.
16	Occupancy	41,168.	31,287.	4,529.	5,352.
17	Travel	4,549.	4,525.	12.	12.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	1,010.	1,323.	12.	12.
19	Conferences, conventions, and meetings	6,098.	6,098.		
20	Interest	•	•		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance	8,454.	1,212.	7,039.	203.
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DEPRECIATION	21,904.		21,904.	
	POLICY/RESEARCH CONSULTING	4,547.	4,547.	·	
	MISCELLANEOUS EXPENSE	2,420.	965.	1,360.	95.
C	TEAM BUILDING EXPENSES				
	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	960,232.	691,064.	157,248.	111,920.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	o any line	in this Part X	<u></u>	<u></u>	
			_		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			635,653.	1	958,885.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			471,980.	3	268,422.
	4	Accounts receivable, net	11,822.	4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner officer I contribu	, director, tor, or 35%		_	
				-		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	•			6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			23,393.	9	27,492.
Ą	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10 a	187,041.			
		Less: accumulated depreciation		90,320.	118,624.	10 c	96,721.
	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	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,261,472.	16	1,351,520.
	17	Accounts payable and accrued expenses			7,721.	17	175.
	18	Grants payable			,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part		_		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 35	ctor, trustee, 5%		22	
$\Box$	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25						
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com <b>Total liabilities.</b> Add lines 17 through 25		L	86,702. 94,423.	25 26	173,163. 173,338.
S	20	Organizations that follow FASB ASC 958, check here			94,423.	20	173,330.
nce		and complete lines 27, 28, 32, and 33.	L	<u>x</u>			
ala	27	Net assets without donor restrictions			434,996.	27	298,263.
18	28	Net assets with donor restrictions			732,053.	28	879,919.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here •	`			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipn			30		
\ss	31	Retained earnings, endowment, accumulated income	funds		31		
116	32	Total net assets or fund balances		_	1,167,049.	32	1,178,182.
ž	33	Total liabilities and net assets/fund balances			1,261,472.	33	1,351,520.
BA	A		TEEA0111L	09/22/21			Form <b>990</b> (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	71,3	365.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	60,2	232.
3	Revenue less expenses. Subtract line 2 from line 1	3		11,1	<u>133.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1	67,0	)49.
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	78,1	L82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	d on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a 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?		3 a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021** 

Open to Public Inspection

Name of the organization Employer identification number ED ALLIES 35-2573057 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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									
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	926,109.	1,042,736.	1,314,475.	1,259,074.	962,840.	5,505,234.			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,				,	0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	926,109.	1,042,736.	1,314,475.	1,259,074.	962,840.	5,505,234.			
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)						0.			
6	<b>Public support.</b> Subtract line 5 from line 4						5,505,234.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total			
7	Amounts from line 4	926,109.	1,042,736.	1,314,475.	1,259,074.	962,840.	5,505,234.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,482.	6,690.	7,738.	15,910.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5,555	0,000	.,	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI			101.	17,888.	787.	18,776.			
	Total support. Add lines 7 through 10						5,539,920.			
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.			
13	First 5 years. If the Form 990 is organization, check this box and						▶			
Sec	tion C. Computation of Pul	olic Support P	ercentage							
14	Public support percentage for 20	21 (line 6, colum	n (f), divided by li	ne 11, column (f)	)	14	99.37%			
15	Public support percentage from 2	2020 Schedule A,	Part II, line 14				99.49%			
16a	<b>33-1/3% support test—2021.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	% or more, check	this box			
b	<b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, c	heck this box			
17a	7a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	ind-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	Explain in Part 'd organization	VI how the ►			
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	s box and see ins	structions			

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

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

Page 3

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
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						
	<b>Total.</b> 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						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						_
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
	Amounts from line 6						
	similar sources						
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Unrelated business taxable income (less section 511 taxes) from businesses						
c 11 12	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 on line 10b, whether or not the business is regularly carried on						
11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	stop here		third, fourth, or 1	fifth tax year as a	section 501(c)(3)	<b>&gt;</b> []
11 12 13 14 Sec	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 on line 10b, whether or not the business is regularly carried on	stop here blic Support F	Percentage				
11 12 13 14 Sec 15	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 on line 10b, whether or not the business is regularly carried on	stop hereblic Support F 21 (line 8, colum	Percentage n (f), divided by lir	ne 13, column (f)	))		%
11 12 13 14 Sec 15 16	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 on line 10b, whether or not the business is regularly carried on	stop hereblic Support F 121 (line 8, colum 2020 Schedule A	Percentage n (f), divided by lin , Part III, line 15.	ne 13, column (f)	))		
11 12 13 14 Sec 15 16 Sec	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 on line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpublic support percentage from a public support percentage from to the public support percentage from the sale of computation of Inverse processes acquired business section D. Computation of Inverse processes acquired after June 11 taxes and 12 taxes acquired business section 5.11 taxes acquired business acquired on 5.11 taxes acquired business section 5.11 taxes acquired business acquired busines	stop hereblic Support F 21 (line 8, colum 2020 Schedule A estment Incol	Percentage n (f), divided by lir , Part III, line 15 me Percentage	ne 13, column (f)	))		% %
11 12 13 14 Sec 15 16 Sec 17	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 on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop hereblic Support F 21 (line 8, colum 2020 Schedule A estment Incor or 2021 (line 10c	Percentage  n (f), divided by lir , Part III, line 15.  me Percentage , column (f), divide	ne 13, column (f)	umn (f))		96 90
11 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	stop hereblic Support F 21 (line 8, colum 2020 Schedule A estment Incolor or 2021 (line 10c rom 2020 Schedu	Percentage  n (f), divided by lin , Part III, line 15.  me Percentage , column (f), divide	ne 13, column (f)	umn (f))	15 16 17 18	00 00 00 00
11 12 13 14 Sec 15 16 Sec 17 18 19a	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 on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	blic Support F 21 (line 8, colum 2020 Schedule A estment Incor or 2021 (line 10c rom 2020 Schedu the organization of this box and sto	Percentage  n (f), divided by lin, Part III, line 15.  me Percentage , column (f), dividental line A, Part III, line bid not check the beyn here. The organ lid not check a bootst	ne 13, column (f) ed by line 13, col 17 box on line 14, ar ization qualifies a	umn (f))	15 16 17 18 than 33-1/3%, and orted organization 6 is more than 33-	% % % d line 17 ► [] 1/3%, and

### 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.)

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### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
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)? If 'Yes,' answer line 10b below.	10a		
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.)	1 <b>0</b> b		

Sch		A (Form 990) 2021	ED ALLIES 35-257305	7	F	Page 5
Pa	rt IV	Supporting Organization	ations (continued)		-	
					Yes	No
		•	a gift or contribution from any of the following persons?			
	the g	son who directly or indirectly loverning body of a support	r controls, either alone or together with persons described on lines 11b and 11c below, ted organization?	11a		
	<b>b</b> A fan	nily member of a person de	escribed on line 11a above?	11b		
	<b>c</b> A 35%	controlled entity of a person desc	cribed on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ction l	B. Type I Supporting	Organizations			
					Yes	No
1	or mo office orgar than	ore supported organizations ers, directors, or trustees at nization(s) effectively opera one supported organization	ers of the governing body, officers acting in their official capacity, or membership of one is have the power to regularly appoint or elect at least a majority of the organization's teal times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported atted, supervised, or controlled the organization's activities. If the organization had more in, describe how the powers to appoint and/or remove officers, directors, or trustees norted organizations and what conditions or restrictions, if any, applied to such powers			
		ng the tax year.		1		
2	that c	operated, supervised, or co	r the benefit of any supported organization other than the supported organization(s) ontrolled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such so of the supported organization(s) that operated, supervised, or controlled the			
		orting organization.	the compensation of games and the compensation of the compensation	2		
Se	ction (	C. Type II Supporting	Organizations			
					Yes	No
1	of ea	ch of the organization's sup	n's directors or trustees during the tax year also a majority of the directors or trustees pported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the sted in the same persons that controlled or managed the supported organization(s).	1		
Se	ction l	D. All Type III Suppor	ting Organizations			
-1	Distri				Yes	No
1	orgar year,	nization's tax year, (i) a wri (ii) a copy of the Form 990	each of its supported organizations, by the last day of the fifth month of the itten notice describing the type and amount of support provided during the prior tax 0 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing docum	nents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	e any of the organization's on the angle of the organization or (ii) serving or organization maintained as	officers, directors, or trustees either (i) appointed or elected by the supported in the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how close and continuous working relationship with the supported organization(s).	2		
	lile o	ngamzation maintained a c	nose and continuous working relationship with the supported organization(s).			
3			cribed on line 2, above, did the organization's supported organizations have a significant street street and in directing the use of the organization's income or assets at			
	all tin		'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
Se			ly Integrated Supporting Organizations			
			<u>,                                      </u>			
1	Check	k the box next to the method	that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a	he organization satisfied the	he Activities Test. Complete line 2 below.			
	b ∐ ⊺	The organization is the pare	ent of each of its supported organizations. Complete line 3 below.			
	c 🗌 T	he organization supported	a governmental entity. Describe in Part VI how you supported a governmental entity (see	instr	uction	s).
2	Activi	ities Test. <b>Answer lines 2a</b>	and 2b below.		Yes	No
	a Did c	ubstantially all of the organ	nization's activities during the tay year directly further the exempt numbers of the			

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on 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.

**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.* 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	niza	tions	7,0007
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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):			
ā	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		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
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		
7	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		
2	Enter 0.85 of line 1.	2		
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	<b>Distributable Amount.</b> 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 inte (see instructions).	grated	I Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Par	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details							
	in Part VI). See instructions.	8						
9	Distributable amount for 2021 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

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

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ED ALLIES 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		2021	 2020	 2019	2	2018	 2017
PROGRAM REVENUE OTHER REVENUE		\$ 100. 687.	\$ 4,454.	\$ 101.			
FISCAL AGENT FEE	TOTAL	\$ 787.	\$ 13,434. 17,888.	\$ 101.	\$	0.	\$ 0.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

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

	ky Tax) (See separate instruct Section 501(c)(4), (5), or (6) o	<b>tions), then</b> rganizations: Complete Part III.			
	of organization	. gam_attoner complete : art iiii		Employer identific	ation number
ED	ALLIES			35-257305	57
		rganization is exempt under section	on 501(c) or is a s		
1	Provide a description of the See instructions for definition	organization's direct and indirect political c	ampaign activities in	Part IV.	
2	Political campaign activity ex	penditures. See instructions		▶\$	1
3	Volunteer hours for political	campaign activities. See instructions			
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
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.	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities \$	
2		g organization's funds contributed to other s			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the as s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
	<b>(a)</b> Name	<b>(b)</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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Schedule **C** (Form 990) 2021 ED ALLIES 35-2573057 Page **2** 

Part II-A Complete if section 501(	the organization h)).	is exempt under see	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affili	ated group member's name	2,
	· ·	share of excess lobbying	•		
B Check ► if the filir	ng organization check	ked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyii 'expenditures' mean	ng Expenditures s amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ures to influence pub	lic opinion (grassroots lob	bying)		
<b>b</b> Total lobbying expenditudes					
c Total lobbying expenditu	•	•			
d Other exempt purpose of					
e Total exempt purpose e		,			
f Lobbying nontaxable an columns.		unt from the following tal			
If the amount on line 1e, col		he lobbying nontaxable			
Not over \$500,000		0% of the amount on line 1e.			
Over \$500,000 but not over \$1,	.000,000 \$	100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	, ,	225,000 plus 5% of the excess of	over \$1,500,000.		
over \$17,000,000 <b>q</b> Grassroots nontaxable a		1,000,000.			
<b>h</b> Subtract line 1g from lir	•	•			
i Subtract line 1f from lin	·				
j If there is an amount othe	er than zero on either li	ne 1h or line 1i, did the org	anization file Form 4720		Yes No
(Som	e organizations that	-Year Averaging Period l made a section 501(h) el w. See the separate inst	ection do not have to		
	Lobby	ing Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					
BAA				Schedu	le C (Form 990) 2021

Schedule C (Form 990) 2021 ED ALLIES 35-2573057 Page 3

## 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)).

	(election under section 501(n)).					
_		(a	1)		(b)	
	h 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description obbying activity.	Yes	No	,	Amount	
le	uring the year, did the filing organization attempt to influence foreign, national, state, or local gislation, including any attempt to influence public opinion on a legislative matter or referendum, rough the use of:					
a∨	olunteers?		Χ			
<b>b</b> P	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ				
c M	edia advertisements?		Χ			
<b>d</b> M	ailings to members, legislators, or the public?		Χ			
e P	ublications, or published or broadcast statements?		Χ			
<b>f</b> G	rants to other organizations for lobbying purposes?		Χ			
<b>g</b> D	irect contact with legislators, their staffs, government officials, or a legislative body?	Χ			42,	285.
hR	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ			
iΟ	ther activities?		Χ			
•	otal. Add lines 1c through 1i				42,	285.
<b>2 a</b> D	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ			
	'Yes,' enter the amount of any tax incurred under section 4912					
	'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part I	II-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
					Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?			· · · ·	1	
<b>2</b> D	id the organization make only in-house lobbying expenditures of \$2,000 or less?			:	2	
	id the organization agree to carry over lobbying and political campaign activity expenditures from the ${\mathfrak p}$				3	
	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	II-A,	ection line 3,	<b>501(</b> c is	)
<b>1</b> D	ues, assessments and similar amounts from members		1			
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
<b>a</b> C	urrent year		2 a			
<b>b</b> C	arryover from last year	[	2b			
c To	otal		2 c			
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
do	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political spenditure next year?		4			

### 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.

**5** Taxable amount of lobbying and political expenditures. See instructions.....

BAA Schedule C (Form 990) 2021

## 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

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ED ALLIES

				35-25	/305/	
Par	t I Organizations Maintaining Dono	r Advised Funds or Other	Similar Funds	or Accounts.		
	Complete if the organization answ	*				
	Tabal samelan at and at warm	(a) Donor advised fund	ds	(b) Funds and	other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3 4	Aggregate value of grants from (during year)					
4						
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive legal con	trol?		Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	s, and donor advisors in writing t	hat grant funds ca	an be used only		
	impermissible private benefit?	of the donor or donor advisor, or	ior any other pur	pose conterning	Yes	No
Par				<u>L</u>		
	Complete if the organization ansv	vered 'Yes' on Form 990, P	art IV, line 7.			
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (for examp	le, recreation or education)	Preservation of	of a historically imp	oortant lan	d area
	Protection of natural habitat		Preservation of	of a certified histor	ic structure	9
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribu	ition in the form of	a conservation ease	ement on th	ne
	last day of the tax year.			Hold at the	End of th	a Tay Vaar
_	Total number of conservation easements		-	2a	e Ena or th	e Tax Year
	• Total number of conservation easements			2 b		
	: Number of conservation easements on a certifi		<u> </u>	2 c		
			` ′	20		
,	Number of conservation easements included in structure listed in the National Register			2 d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or to	erminated by the or	ganization during th	ne	
	tax year ►					
4	Number of states where property subject to conser					
5	Does the organization have a written policy reg				Yes	No
6	and enforcement of the conservation easemen Staff and volunteer hours devoted to monitoring, in					
o	►	ispecting, nanding or violations, an	a emorcing conser	vation easements u	uring the ye	zai
7	Amount of expenses incurred in monitoring, inspen	cting, handling of violations, and en	forcing conservatio	n easements during	the year	
	▶\$	-	-	_	•	
8	Does each conservation easement reported on	line 2(d) above satisfy the requir	rements of section	n 170(h)(4)(B)(i)	Yes	□No
^	and section 170(h)(4)(B)(ii)?			<u>L</u>		
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in it to the organization's financial stat	s revenue and expended the series of the series that descripe the series are series of the series of	ribes the organizat	ind balance tion's accor	e sneet, and unting for
Par	t III Organizations Maintaining Collection	ctions of Art, Historical Tre	easures, or Otl	ner Similar Ass	sets.	
	Complete if the organization answ	vered 'Yes' on Form 990, P	art IV, line 8.			
1 a	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financial	d for public exhibition, education,	or research in fu	nent and balance of public	sheet work c service, p	s of art, provide in
k	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or res	search in furtherand	e of public service,	provide the	art,
	(i) Revenue included on Form 990, Part VIII,					
	(ii) Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	istorical treasures, or other similar a ASC 958 relating to these items:	assets for financial	gain, provide the fo	llowing	
a	Revenue included on Form 990, Part VIII, line			▶\$		

▶\$

Part III Organizations Mainta	aining Colle	ections	of Art, Histo	orical Treasures, o	r Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	and other r	ecords, check a	any of the following that r	nake signi	ficant use of its	collection	on	
a Public exhibition			<b>d</b> Loan	or exchange program					
<b>b</b> Scholarly research			e Other	·					
c Preservation for future gene	erations		_						
4 Provide a description of the organ Part XIII.	ization's collect	tions and e	explain how they	y further the organization	's exempt	purpose in			
5 During the year, did the organiz to be sold to raise funds rather	than to be ma	intained a	as part of the o	organization's collection	า?		Yes		No
line 9, or reported an	al Arranger amount on	nents. ( n Form 9	Complete if to 1990, Part X,	the organization ar line 21.	nswered	'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, true on Form 990, Part X?	ustee, custodia	an or othe	er intermediary	for contributions or oth	ner assets	not included	□Yes	. Г	No
<b>b</b> If 'Yes,' explain the arrangemen							□ .03	<u> </u>	
2 13, 1 , 1 1 1 1 3				3			Amoun	it	
<b>c</b> Beginning balance					1 c	:			
<b>d</b> Additions during the year					1 d	1			
e Distributions during the year					1 e				
f Ending balance					1f				
2 a Did the organization include an	amount on Fo	rm 990, F	Part X, line 21,	for escrow or custodia	l account	liability?	Yes	;	No
<b>b</b> If 'Yes,' explain the arrangemer	nt in Part XIII.	Check he	ere if the explai	nation has been provid	ed on Pa	rt XIII	<del></del>	[	
Part V Endowment Funds.									
	(a) Curren	t year	<b>(b)</b> Prior yea	r (c) Two years bad	k <b>(d)</b>	Three years back	(e)	Four years	s back
<b>1 a</b> Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains,									
and losses									
<b>d</b> Grants or scholarships	-	-							
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	ge of the curre	ent year e	nd balance (lir	ne 1g, column (a)) held	l as:		•		
a Board designated or quasi-endown	ment ►		%						
<b>b</b> Permanent endowment	9	5							
c Term endowment ►	%								
The percentages on lines 2a, 2b,	and 2c should e	equal 1009	6.						
3 a Are there endowment funds not in	the possession	n of the or	nanization that a	are held and administere	d for the				
organization by:	шо россосою.		gaa					Yes	No
(i) Unrelated organizations							. 3a(i)		ļ
(ii) Related organizations							. 3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the re	-						. 3b		
4 Describe in Part XIII the intende			tion's endowm	ent funds.					
Part VI Land, Buildings, and			–	200 5					
Complete if the organ	nization ans	swered '	Yes' on Fori	m 990, Part IV, lin	e 11a. S	See Form 99	0, Pai	t X, Iir	ne 10.
Description of property		(a) Cost (inv	or other basis estment)	(b) Cost or other basis (other)	(c) Added	ccumulated preciation	(d)	Book va	lue
<b>1 a</b> Land			•						
<b>b</b> Buildings									
c Leasehold improvements				139,462.		49,919.		89,	543.
<b>d</b> Equipment				•					
<b>e</b> Other	<u> </u>			47,579.		40,401.		7,	,178.
Total. Add lines 1a through 1e. (Colum	mn (d) must e	qual Forn	n 990, Part X,			▶		96,	721.
DAA	-					Cahad	ulo D /E	Orm 000	N 2021

Schedule D (Form 990) 2021

Part VII		Other Securities.		N/A	
	Complete if the	e organization answered	d 'Yes' on Form 990	), Part IV, line 11b. See Form 9	990, Part X, line 12.
(a) Desci	ription of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
(1) Financi	ial derivatives				
(2) Closely	held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
<u>(F)</u>					
$\frac{(G)}{(H)}$ – – –					
(l)					
		90, Part X, column (B) line 12.) 🕨			
Part VIII	Investments –	Program Related.	Voc' on Form 000	N/A ), Part IV, line 11c. See Form 9	000 Dart V line 12
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	
	(a) Description of	IIIvestillerit	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colun	nn (b) must equal Form 95	90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.		N/A	), Part IV, line 11d. See Form 9	
	Complete if the			), Part IV, line 11d. See Form 9	
		<b>(a)</b> De	escription		(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6) (7)					
(8)					
(9)					
(10)					
	Jump (h) must ogua	J Form 990 Part Y column	(D) line 15 )		
	Other Liabilitie		<i>b)</i> iiile 13.)		
Part X	Complete if the ord	:5. nanization answered 'Yes' on I	Form 990 Part IV line 11	1e or 11f. See Form 990, Part X, line 25	
1.	Complete in the org		ription of liability	10 01 111. 000 10111 000, 1 41 ( 7, 1110 20	(b) Book value
	ral income taxes	(0) 2 3 3 3			(4) = 0000 00000
	ERRED LEASE	TNCENTIVE			19,267.
		NET CURRENT POSITI	ON		48,168.
	D FOR OTHERS		***		105,727.
(5) ROU					1.
(6)					
(6) (7)					
(7)					
(7) (8)					
(7)					
(7) (8) (9)					
(7) (8) (9) (10) (11)		90, Part X, column (B) line 25.)			173.163.
(7) (8) (9) (10) (11) Total. (Colum	nn (b) must equal Form 9:			nancial statements that reports the organization's	173, 163.

Part XI Reconciliation of Revenue per Audited Financial Statemen	-	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	
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	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
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	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statement	nts With Expenses per	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, F		Return. N/A
	Part IV, line 12a.	Return. N/A
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	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:	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	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  b Prior year adjustments	2a 2b 2c	
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	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.	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 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

BAA

Schedule D (Form 990) 2021

### 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.

**BAA** TEEA3305L 08/30/21 **Schedule D (Form 990) 2021** 

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ED ALLIES

Part I Questions Regarding Compensation

Employer identification number
35-2573057

			١	Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following VII, Section A, line 1a. Complete Part III to provide any relevant inform	ng to or for a person listed on Form 990, Part ation regarding these items.		103	110
	First-class or charter travel	ng allowance or residence for personal use			
	Travel for companions	ents for business use of personal residence			
	Tax indemnification and gross-up payments Health	n or social club dues or initiation fees			
	Discretionary spending account	nal services (such as maid, chauffeur, chef)			
ŀ	If any of the boxes on line 1a are checked, did the organization follow a writt	en noticy regarding payment or			
	reimbursement or provision of all of the expenses described above? If	No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allow trustees, and officers, including the CEO/Executive Director, regarding		2		
3	Indicate which, if any, of the following the organization used to establish the Executive Director. Check all that apply. Do not check any boxes for me establish compensation of the CEO/Executive Director, but explain in P	compensation of the organization's CEO/ ethods used by a related organization to art III.			
	Compensation committee Writte	n employment contract			
	Independent compensation consultant Comp	ensation survey or study			
	Form 990 of other organizations Appro	val by the board or compensation committee			
	_				
4	During the year, did any person listed on Form 990, Part VII, Section A organization or a related organization:	, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment?		4 a		X
	Participate in or receive payment from a supplemental nonqualified reti	· · · · · ·	4 b		X
C	: Participate in or receive payment from an equity-based compensation a If 'Yes' to any of lines 4a-c, list the persons and provide the applicable	_	4 c		X
	The sector any of lines 4a-c, list the persons and provide the applicable	amounts for each item in Fart in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must co	mplete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza contingent on the revenues of:	tion pay or accrue any compensation			
а	The organization?		5 a		Χ
b	Any related organization?		5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza contingent on the net earnings of:	tion pay or accrue any compensation			
	The organization?		6 a		Χ
b	Any related organization?		6 b		Χ
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the org payments not described on lines 5 and 6? If 'Yes,' describe in Part III.	ganization provide any nonfixed	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pur	suant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.495 If 'Yes,' describe in Part III.		8		Χ
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption				11

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

Schedule J (Form 990) 2021

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

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

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
JOSHUA CROSSON	(i)	139,740.	2,500.	0.	0.	13,652.	155,892.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	$\overline{0}$ .	0.	0.	0.
	(i)							
2	(ii)							
	(i)	L	L		L		L	
3	(ii)							
	(i)						L	
4	(ii)							
	(i)						L	
5	(ii)							
	(i)	L	<b> </b>		<b> </b>		<b>↓</b>	
6	(ii)							
	(i)	L	<b> </b>		<b> </b>		<b>↓</b>	
7	(ii)							
_	(i)				<b> </b>		<b></b>	
8	(ii)							
•	(i)	L			<b></b>		<b></b>	
9	(ii)							
•	(i)	L			<b></b>		<b></b>	
10	(ii)							
44	(i)	<u> </u>			<b></b>		<del></del>	
11	(ii)							
10	(i)	<u> </u>			<b></b>		<del> </del>	
12	(ii)							
12	(i) (ii)	<b></b>			<del> </del>		<del> </del>	
13								
14	(i)	H			<del> </del>		<del> </del>	
14	(ii)							
15	(i) (ii)	<u> </u>			<del> </del>		<del> </del>	
i J								
16	(i)	<b></b>	<del> </del>		<del> </del>		<del> </del>	
16	(ii)							

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### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BAA Schedule J (Form 990) 2021

### SCHEDULE O (Form 990)

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

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

► Attach to Form 990 or Form 990-EZ.

2021

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

Employer identification number
35-2573057

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WE EXECUTE STRATEGIC ADVOCACY CAMPAIGNS RELATED TO THREE POLICY "PILLARS." RESEARCH AND ANALYSIS: ED ALLIES CONDUCTS RESEARCH TO BETTER UNDERSTAND THE OPPORTUNITIES AND BARRIERS FACING MINNESOTA STUDENTS AND SCHOOLS, INCLUDING: QUALITATIVE RESEARCH ON PROMISING PRACTICES IN CHANGING-THE-ODDS SCHOOLS, ANALYSIS OF THE NATIONAL EDUCATION POLICY LANDSCAPE, AND PRESENTATION OF DATA TO MAKE IT MORE ACCESSIBLE AND INFORM POLICY DECISIONS. OUTREACH AND ENGAGEMENT: ED ALLIES WORKS TO CHAGE THE NARRATIVE ABOUT WHAT'S POSSIBLE FOR MINNESOTA STUDENTS AND SCHOOLS. ED ALLIES' ACCOMPLISHMENTS FOR THE YEAR INCLUDE CLOSING ACADEMIC ACHIEVEMENT GAPS ESPECIALLY IN SCIENCE, MATH, AND LITERACY, CREATING SYSTEMS OF SUPPORTS FOR STUDENTS TO REBOUND AFTER THE GLOBAL PANDEMIC DEVASTATED LEARNING, RECRUITING AND RETAINING DIVERSE AND EFFECTIVE EDUCATORS, DEFENDING THE OPPORTUNITY FOR PARENTS TO CHOOSE THE BEST LEARNING ENVIRONMENT FOR THEIR KIDS, REDUCING RATES OF SUSPENSIONS AND EXPULSIONS ESPECIALLY FOR STUDENTS WITH DISABILITIES AND STUDENTS OF COLOR, WORKING TO CREATE UNIVERSAL ACCESS TO SCHOOL MEALS, AND EDUCATING AND ENGAGING THE COMMUNITY TO LEAD IN MAKING STUDENT-CENTERED CHANGES TO MINNESOTA'S EDUCATION SYSTEM THROUGH CIVIC ENGAGEMENT AND SOCIAL ADVOCACY.

### 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

### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

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 COMMITEE 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 VI, SECTION A, LINE 1

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

BAA Schedule O (Form 990) 2021