Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning

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.

2022, and ending

Check if applicable: D Employer identification number Address change ED ALLIES 35-2573057 1621 EAST HENNEPIN AVENUE #295 Telephone number Name change MINNEAPOLIS, MN 55414 612 257-5985 Initial return Final return/terminated **G** Gross receipts \$ Amended return 1,263,148. F Name and address of principal officer: JOSHUA CROSSON H(a) Is this a group return for subordinates? Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. See instructions. No SAME AS C ABOVE Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: HTTPS://EDALLIESMN.ORG H(c) Group exemption number L Year of formation: 2016 M State of legal domicile: MN Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 0 5 9 Total number of volunteers (estimate if necessary)..... 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 962,840 1,254,048. Program service revenue (Part VIII, line 2q)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 738 9,100. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 787 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 365 263,148 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 797,507 638,522. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 10,500. Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 162,725 202,150. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)... 960,232 851,172. Revenue less expenses. Subtract line 18 from line 12..... 11,133. 411,976. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16)..... 1,741,345. 1,351,520. 21 Total liabilities (Part X, line 26)..... 173,338. 151,187. Net assets or fund balances. Subtract line 21 from line 20..... 22 1,178,182. 1,590,158. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here EXECUTIVE DIRECTOR JOSHUA CROSSON Type or print name and title Print/Type preparer's name Preparer's signature SCOTT BROWN P02447643 **Paid** self-employed Preparer Firm's name FUTURE FOCUSED SOLUTIONS Use Only Firm's address 4957 VINCENT AVE S Firm's EIN 83-4395477 320-309-5662 MINNEAPOLIS, MN 55410 X Yes Nο

Par	t III	Statement of Program S					37
	Duiadh	Check if Schedule O contains describe the organization's m		to any line in this F	art III		X
I							
	SEE_						
2		e organization undertake any sign					
		990 or 990-EZ?					Yes X No
_		s," describe these new services or			it acceduate accumulance	-mm vi2	V 57 N-
3		e organization cease conducting," describe these changes on Scl		ant changes in now	it conducts, any progr	am services?	Yes X No
4	Descr	ibe the organization's program on 501(c)(3) and 501(c)(4) orga evenue, if any, for each program	service accomplish	ments for each of its ed to report the amo	s three largest program ount of grants and allo	m services, as measu ocations to others, the	red by expenses. e total expenses,
	anu n	evenue, il any, for each prograf	ii service reported.				
	(Code	:) (Expenses \$ SCHEDULE 0			\$)
					*		
4b	(Code	::) (Expenses \$		including grants of	\$) (Revenue \$)
4c	(Code	:) (Expenses \$		including grants of	\$) (Revenue \$)
	,			0 0	· <u> </u>	<u> </u>	
							- – – – – – – -
						- – – – – – –	
4d		program services (Describe on					
	(Expe		including grant) (Reven	ue \$)
4e	Total	program service expenses	608,	593.			

Form 990 (2022) 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	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
	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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) 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	Х	
24a	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
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? <i>If "Yes," complete Schedule N, Part II</i>	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. 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
	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	Х	
Par	t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:	_	Δ 000 ((2022

Form 990 (2022) ED ALLIES Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 9								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х					
	If "Yes," indicate the number of Forms 8282 filed during the year	_		X					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ					
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring								
	organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds.	_							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
'''	Gross income from members or shareholders								
a h	Gross income from other sources. (Do not net amounts due or paid to other sources								
U	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	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			X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	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	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would								
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
BAA	TEEA0105L 09/01/22	Form	990	2022)					

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 1a 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a 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 7b 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?..... 8b 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 O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... Χ 10a 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? 10b 11a 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?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O 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...... 15a **b** Other officers or key employees of the organization..... 15b 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?..... 16a **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 Own website Another's website X Upon request 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 2303 WYCLIFF ST ST PAUL MN 55114 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

- 1a 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, box 6 of 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	than rage is		box, an o ector/	unles		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) 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	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JOSHUA CROSSON EXECUTIVE DIRECTOR	40				Х			140,963.	0.	0.
(2) ANDREA ROETHKE	40				71			140,505.	0.	<u> </u>
MANAGING DIRECTOR	0				Χ			102,563.	0.	0.
(3) KARN ENGELSGJERD	4									_
CHAIRMAN	0	Χ		Χ				0.	0.	0.
	2	Х						0.	0.	0.
(5) LEW REMELE	2	Λ						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(6) SIMONE HARDEMAN-JONES	2									
DIRECTOR	0	Χ						0.	0.	0.
(7) TASHONDA_WILLAMSON	2									
DIRECTOR	0	Χ						0.	0.	0.
(8) GINYA DAVIS	2	,,						•	•	•
DIRECTOR TREATO FREY	0	Χ						0.	0.	0.
(9) FLOR TREVIO FREY DIRECTOR	2	Х						0.	0.	0.
(10) JANE MCDONALD BLACK	3	Λ						0.	0.	<u> </u>
TREASURER	0	Х		Χ				0.	0.	0.
(11) JOSHUA FUCHS	2									
DIRECTOR	0	Χ						0.	0.	0.
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	Average hours per week	box	, unle	check ess pe	sition more erson	than of the thick that is the thick	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		F) d amount ther
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099 MISC/1099-NEC)	compensa the orga and re organiz	inization elated
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal								243,526.	0.		0.
c Total from continuation sheets to Part VII, Section								0.	0.		0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited								243,526. more than \$100,00	0. 0 of reportable comp	ensation	0.
from the organization 2										Y	es No
3 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for such</i>	tor, truste h <i>individu</i>	ee, ke ial	ey e	mpl	oyee 	e, or l	high	nest compensated	employee	. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,0	00?	If "	Yes,	" con	nple	ete Schedule J for	•	. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e comper s," comple	nsatio ete S	n fr <i>che</i>	om <i>dule</i>	any e <i>J f</i> o	unre or sud	late	ed organization or person	individual	. 5	X
Section B. Independent Contractors	4		-1			. 4	H		#100 000 -f		
1 Complete this table for your five highest compensation from the organization. Report compen	sated indisation for	epen the c	den alen	t coi dar <u>i</u>	ntra year	endir	tna ng v	t received more to vith or within the or	nan \$100,000 of ganization's tax year		
Name and business addi	ress							Description (of services	(C) Compens	sation
2 Total number of independent contractors (including b	out not lim	ited to	o the	ose I	listed	d abov	ve)	who received more	than		
\$100,000 of compensation from the organization	0										

Part VIII	Statement of	of Revenue
-----------	--------------	------------

		Check if Schedule O contains a	response or note to an	y line in this Part V	ΊΙΙ		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a, a	1a	Federated campaigns	1a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b				
ج ق	c	Fundraising events	1c				
ξĀ	4	Related organizations	1d				
윤	u		1e				
ns,	e	Government grants (contributions)	ie				
e di	ı	All other contributions, gifts, grants, and similar amounts not included above	1f 1.254.048.				
혈	_	Noncash contributions included in	1f 1,254,048.				
ξğ	9	lines 1a-1f	1g				
SE	h	Total. Add lines 1a-1f		1,254,048.			
<u>o</u>			Business Code				
- G	2a						
\$	b						
ë							
₹.	ا						
S	a						
Program Service Revenue	е						
ğ	f	All other program service revenue					
Ğ	g	Total. Add lines 2a-2f					
	3	Investment income (including divider	nds, interest, and				
		other similar amounts)		9,100.			9,100.
	4	Income from investment of tax-ex	empt bond proceeds				
	5	Royalties					
		(i) Rea	al (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		(i) Soouri					
	7a	Gross amount from sales of assets	ties (ii) other				
		other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss) 7c					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$					
	h	Less: direct expenses	8b				
Ě		Net income or (loss) from fundrais					
0			and excilly				
	9a	Gross income from gaming activities.	00				
		See Part IV, line 19	9a				
		Less: direct expenses	9b				
	С	Net income or (loss) from gaming	activities				
	1 0 a	Gross sales of inventory, less					
		returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of	f inventory				
S)			Business Code				
5 ~	11a	PROGRAM SERVICE REVEN	UE 611430				
2 3	b	OTHER INCOME	611430				
重	c	OTHER TROOPER					
Miscellaneous Revenue	4	All other revenue	_				
≝ _	_						
		Total. Add lines 11a-11d		4 0 0 0 0 0 0 0 0	-	-	
	12	Total revenue. See instructions		1,263,148.	0.	0.	9,100.

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 r	check it Schedule O contains a riot include amounts reported on lines	(A)	(B)	(C)	(D)
6b, 7	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	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	242 526	170,468.	34,609.	38,449.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described	243,526.	·		30,449.
_	in section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages	260,746.	210,666.	9,588.	40,492.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	92,891.	70,208.	8,142.	14,541.
10	Payroll taxes	41,359.	31,260.	3,625.	6,474.
11	Fees for services (nonemployees):				
	Management	3,665.		3,665.	
	Legal				
	Accounting	28,353.		28,353.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10,500.			10,500.
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	29,425.	26,625.	392.	2,408.
12	Advertising and promotion	4,185.	1,514.	1,852.	819.
13	Office expenses	12,702.	9,558.	1,075.	2,069.
14	Information technology	22,304.	16,857.	1,955.	3,492.
15	Royalties				
16	Occupancy	41,118.	31,004.	3,595.	6,519.
17	Travel	13,230.	12,942.		288.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,776.	3,776.		
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,873.	7,462.	865.	1,546.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DEPRECIATION	20,868.	15,772.	1,829.	3,267.
b		7,651.	481.	7,070.	100.
С	BAD DEBT	5,000.			5,000.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	851,172.	608,593.	106,615.	135,964.
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)				

Form 990 (2022) ED ALLIES Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any line	in this Part X	<u></u>	<u></u>	<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			958,885.	1	1,379,233.
	2	Savings and temporary cash investments		<u> </u>		2	
	3	Pledges and grants receivable, net	268,422.	3	159,719.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, I contribut	, director, tor, or 35%		5	
	•			H		3	
	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			27,492.	9	27,469.
Ą	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	261,751.	·		
	b	Less: accumulated depreciation	10b	86,827.	96,721.	10c	174,924.
	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)		1,351,520.	16	1,741,345.
	17	Accounts payable and accrued expenses	175.	17	3,022.		
	18	Grants payable				18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ies	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 contrib controlled entity or family member of any of these pe	ficer, diredutor, or 35 ersons	ctor, trustee, 5%		22	
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		173,163.	25	148,165.
	26	Total liabilities. Add lines 17 through 25			173,338.	26	151,187.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e >	K.	·		
lan	27				298,263.	27	954,590.
Ва	28	Net assets with donor restrictions			879,919.	28	635,568.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here		,		
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipr	<u> </u>		30		
SS	31	Retained earnings, endowment, accumulated income			31		
t A	32	Total net assets or fund balances			1,178,182.	32	1,590,158.
Š	33	Total liabilities and net assets/fund balances			1,351,520.	33	1,741,345.
ВА	Δ		TEEA0111L	09/01/22	, ,		Form 990 (2022)

Pai	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	63,1	48.	
2	Total expenses (must equal Part IX, column (A), line 25).	2	8	51,1	72.	
3	Revenue less expenses. Subtract line 2 from line 1	3	4	11,9	76.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1	82.		
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	9 Other changes in net assets or fund balances (explain on Schedule O)					
10						
D	column (B))	10	1,5	90,1	<u> </u>	
Pai	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.					
2a	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 review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a				
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate				
	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?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	3a		Х	
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
BAA	TEEA0112L 09/01/22		Form	990	(2022)	

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

2022

Open to Public Inspection

Name	of th	e organization					Employer identif	cation number
		LIES					35-25730	
Par		Reason for Public Cha						uctions.
The (rga	nization is not a private found A church, convention of church A school described in sectio	nes, or association of ch	nurches described in sec	tion 17 0 (•	•	
3		A hospital or a cooperative h				N/6V/1V/	\Viii\	
4		A medical research organiza	,				• • •	Enter the hespital's
7		name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmental unit	described in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that normally rin section 170(b)(1)(A)(vi).		art of its support from a	governm	ental un	it or from the general p	ublic described
8		A community trust described	l in section 170(b)(1)(A)(vi). (Complete Part	l.)			
9		An agricultural research organi or university or a non-land-grai university:						
10		An organization that normall from activities related to its a investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxabl	iject to certain exception e income (less section	ns; and	(2) no r	more than 33-1/3% of	its support from gross
11		An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12		An organization organized at or more publicly supported o lines 12a through 12d that de	organizations describe	d in section 509(a)(1)	r sectio	n 509(a)(2). See section 509 ((a)(3). Check the box on
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	on operated, supervised gularly appoint or elect					
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	y having control or ation(s). You
С		Type III functionally integrated organization(s) (see instruction		ion operated in connection	n with, a	nd function	onally integrated with, it	s supported
d		Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting org	anization operated in cor	nection	with its	supported organization	s) that is not
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte inctionally integrated	en determination from supporting organization	١.		3, . 3, . 3	
f		nter the number of supported	3					
g		ovide the following informatio			1		T	1
	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Par	t II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you checked organization fails to qualify					der Part III. If the	
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,042,736.	1,314,475.	1,259,074.	962,840.	1,091,294.	5,670,419.
2	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	1,042,736.	1,314,475.	1,259,074.	962,840.	1,091,294.	5,670,419.
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	Public support. Subtract line 5 from line 4						5,670,419.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,042,736.	1,314,475.	1,259,074.	962,840.	1,091,294.	5,670,419.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1,482.	6,690.	7,738.	9,100.	25,010.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						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.	1,940.	20,716.
	Total support. Add lines 7 through 10						5,716,145.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20 Public support percentage from	022 (line 6, colum	n (f), divided by li				99.20 % 99.37 %
	33-1/3% support test—2022. If t and stop here. The organization	he organization d	id not check the b	oox on line 13, and	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2021. If the and stop here. The organization						check this box
	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a- and-circumstance	ind-circumstances es test. The orgar	s test, check this be nization qualifies a	oox and stop here as a publicly supp	e. Explain in Part orted organization	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstances	test, check this b	oox and stop here	e. Explain in Part	VI how the

Schedule A (Form 990) 2022

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....

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.)

Sec	tion A. Public Support	,						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support						T-	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6							
	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							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)					501()		
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)	(3)	
	tion C. Computation of Pul			10		- I -	- 1 ^	
	Public support percentage for 20	•			•			
	Public support percentage from 2					1	6 %	
	tion D. Computation of Inv				(0)	1 -	, 0	
	Investment income percentage for	•	• • •	-				
	Investment income percentage for							
19a	a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%		lid not check a bo		ne 19a, and line 1	6 is more than		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Page 4

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 Part VI 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 Part VI 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 Part VI 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 Part VI 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.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	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?	5 c		
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 Part VI.	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? <i>If "Yes," provide detail in Part VI.</i>	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 Part VI .	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 0 b		

		(Form 990) 2022	ED ALLIES		35-257305	7	Р	age !
Par	t IV	Supporting Organizat	ions (continued)					
				(II) (II)			Yes	No
		ne organization accepted a q		, ,	111 1 1			
а	the go	on who directly or indirectly converning body of a supported	ontrois, either alone or togeti d organization?	her with persons described on lines 11b a	and IIc below,	11a		
b	A fam	ily member of a person des	cribed on line 11a above?			11b		
С	A 35%	controlled entity of a person describ	ped on line 11a or 11b above? <i>If "</i>	Yes" to line 11a, 11b, or 11c, provide detail in Pa	urt VI.	11c		
Sec	tion E	B. Type I Supporting O	rganizations			1		
							Yes	No
1	or mo officer organ than o were	re supported organizations lars, directors, or trustees at a ization(s) effectively operate one supported organization,	have the power to regularly all times during the tax yea ed, supervised, or controlle describe how the powers t	ficers acting in their official capacity, or appoint or elect at least a majority of ar? If "No," describe in Part VI how the ed the organization's activities. If the of appoint and/or remove officers, direct conditions or restrictions, if any, appoint and or restrictions, if any, appoint and or restrictions, if any, appoint and or restrictions.	of the organization's e supported organization had more ectors, or trustees	1		
2	that o	perated, supervised, or cont	trolled the supporting organ	d organization other than the supporte nization? <i>If "Yes," explain in Part VI h</i> on(s) that operated, supervised, or co	now providing such	2		
Sec	tion C	C. Type II Supporting C)rganizations					
							Yes	No
1	Were a	a majority of the organization's	directors or trustees during	the tax year also a majority of the direct No," describe in Part VI how control o	tors or trustees			
				at controlled or managed the supporte		1		
Sec	tion D). All Type III Supporti	ng Organizations					
							Yes	No
1	organi year,	ization's tax year, (i) a writte (ii) a copy of the Form 990 t	en notice describing the type that was most recently filed	zations, by the last day of the fifth mo pe and amount of support provided du d as of the date of notification, and (ii notification, to the extent not previous	uring the prior tax ii) copies of the	1		
2	organi	ization(s) or (ii) serving on t	the governing body of a sup	s either (i) appointed or elected by the pported organization? <i>If "No," explain</i> g relationship with the supported organ	n in Part VI how	2		
3	voice all tim	in the organization's investr	nent policies and in directi	organization's supported organizations hand the use of the organization's income role the organization's supported or	ne or assets at	3		
Sec	tion E	. Type III Functionally	Integrated Supportin	ng Organizations				
1	Check	the hox next to the method th	at the organization used to	satisfy the Integral Part Test during the ye	rear (see instructions)			
			-		ear (see msuucuons).			
a	<u> </u>	ne organization satisfied the	·					
b		,	• • • • • • • • • • • • • • • • • • • •	organizations. Complete line 3 below.		. ,		,
С	: [Ir	ne organization supported a	governmental entity. Desc	cribe in Part VI how you supported a g	jovernmental entity (see	e instri	uctions	s).
2	Activit	ties Test. Answer lines 2a a	nd 2b below.				Yes	No
а	suppoi organ	rted organization(s) to which thick the contract of the contra	he organization was respons nese activities directly furth	e tax year directly further the exempt live? If "Yes," then in Part VI identify thos hered their exempt purposes, how the organization determined that these act	se supported organization was			
		antially all of its activities.	,	J		2a		
b	more	of the organization's suppor	ted organization(s) would	ivities that, but for the organization's i have been engaged in? <i>If "Yes," expla</i> ganization(s) would have engaged in t	nin in Part VI the			

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

but for the organization's involvement.

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.*

2b

За

Sch	edule A (Form 990) 2022 ED ALLIES		35-25	73057	Page (
Pa	√t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizal	tions	<u>-</u>	
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	Part VI). Se through E.	е
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	: Fair market value of other non-exempt-use assets	1c			
	I 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			Curren	t 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		3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting org	ganization	

BAA Schedule A (Form 990) 2022

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)						
Sec	Section D - Distributions							
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 Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details							
	in Part VI). See instructions.	8						
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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	·	2022	 2021	-	2020	 2019	 2018	
PROGRAM REVENUE OTHER REVENUE FISCAL AGENT FEE	;	\$ 450. 1,490.	\$ 100. 687.	\$	4,454. 13,434.	\$ 101.		
	TOTAL	\$ 1,940.	\$ 787.	\$	17,888.	\$ 101.	\$	0.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

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

	xy Tax) (See separate instruc Section 501(c)(4) (5) or (6) o	itions), then organizations: Complete Part III.		,	,
	of organization	ngamzations. Complete Fart III.		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 on of "political campaign activities."	ampaign activities in	Part IV.	
		xpenditures. See instructions campaign activities. See instructions			
		rganization is exempt under section			
1		cise tax incurred by the organization under		\$	0.
2		cise tax incurred by organization managers			
3	· ·	a section 4955 tax, did it file Form 4720 for	•		
					Yes No
	If "Yes," describe in Part IV.				
		rganization is exempt under section			
	-	pended by the filing organization for section	•		
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion \$	I
3	Total exempt function expendine 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	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all sectived that were promptly and directly deal action committee (PAC). If additional spa	mount paid from the fivered to a separate po	filing organization's fun plitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2022

Schedule **C** (Form 990) 2022 ED ALLIES 35-2573057 Page **2**

Par	t II-A	Complete if section 501		n is exempt under se	ction 501(c)(3) an	d filed Form 5768 (el	ection under	
Α	Check	if the fili	ng organization belon	gs to an affiliated group (and	list in Part IV each affil	iated group member's name	θ,	
				d share of excess lobbying				
В	Check	if the fili	ng organization check	ed box A and "limited contro	I" provisions apply.			
		(The tern	Limits on Lobby n "expenditures" me	/ing Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a			•	ıblic opinion (grassroots lol				
b				legislative body (direct lobb				
C		, , ,	•	and 1b)				
d			•	 nes 1c and 1d)				
e				•				
t _				nount from the following tal				
			lumn (a) or (b) is:	The lobbying nontaxable	amount is:			
-	Not over			20% of the amount on line 1e.				
-		0,000 but not over \$		\$100,000 plus 15% of the excess				
_		00,000 but not over	. , ,	\$175,000 plus 10% of the excess				
	Over \$17	600,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess (\$1,000,000.	over \$1,500,000.			
q			amount (enter 25%					
9 h			•	s, enter -0				
i		· ·		s, enter -0				
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?							
		(Sor		4-Year Averaging Period lat made a section 501(h) elelow. See the separate inst	ection do not have to			
			Lobi	oying Expenditures During	4-Year Averaging Pe	riod		
Cale		ar (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a	Lobbyir amoun	ng nontaxable t						
b	amount	ng ceiling t (150% of line umn (e))						
С	Total lo	bbying litures						
d	Grassro amount	oots nontaxable						
е	amount	oots ceiling t (150% of line umn (e))						
f	Grassro expend	oots lobbying itures						
BAA						Schedu	lle C (Form 990) 2022	

Schedule C (Form 990) 2022 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(b))

	(election under Section 50 I(II)).						
_		(a	1)		(b))	
esc desc	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
	Volunteers?		Χ				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ					
	Media advertisements?		Х				
	Mailings to members, legislators, or the public?		Χ				
_	Publications, or published or broadcast statements?		Χ				
f		7.7	Χ	<u> </u>			
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	Χ	7.7	<u> </u>			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities? Total. Add lines 1c through 1i		Χ				
J	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		37				0.
	If "Yes," enter the amount of any tax incurred under section 4912		Χ				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	'aVE\	٥٢				
r ai	section 501(c)(6).	(c)(ɔ)	, or				
				F		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			_	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			_	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p				3	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
Pai	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."	c)(5) Part	, or s III-A,	ectio line :	n 50´ 3, is	l(c)	
1	Dues, assessments and similar amounts from members.		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	Carryover from last year.		2b				
С	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures part 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) 2022

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

ED	ALLIES	35-2573057	
Par			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Funds and other a	accounts
1	Total number at end of year	(-,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in don-	nor advised funds	
J	are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p impermissible private benefit?	s can be used only purpose conferring Yes	No No
Par			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		on of a historically important	
	Protection of natural habitat Preservation	on of a certified historic struc	ture
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement of	n the
	last day of the tax year.	Held at the End o	f the Tay Veer
_	a Total number of conservation easements.		Title Tax Tear
	a Total number of conservation easements.		
	Number of conservation easements on a certified historic structure included in (a)	2c	
C	I Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	. 2 d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	* * [*]	
·	tax year	o organization daring the	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of violations,	
_	and enforcement of the conservation easements it holds?		No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during th	e year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations.	ation easements during the ver	ar
		G ,	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	tion 170(h)(4)(B)(i)	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and einclude, if applicable, the text of the footnote to the organization's financial statements that describes the control of	expense statement and bala escribes the organization's a	ance sheet, and ccounting for
Par	conservation easements. Till Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or Other Similar Assets	j.
1 -	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stat	atomont and balance sheets	vorke of ort
1 6	historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII the text of the footnote to its financial statements that describes these items.	n furtherance of public service	e, provide in
t	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	rance of public service, provide	e the
	(i) Revenue included on Form 990, Part VIII, line 1.	\$	
	(ii) Assets included in Form 990, Part X	\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	\$	

Part III	Organizations Main	taining Collecti	ons of Art, His	storicai ire	easures, o	r Other Similar As	ssets	(contii	пиеа)
3 Using items	the organization's acquisition (check all that apply):	, accession, and oth	er records, check a	ny of the follo	owing that mak	te significant use of its	collectio	n	
a P	ublic exhibition		d Loan	or exchange	program				
	cholarly research		e Other						
	reservation for future gener								
4 Provid Part X	e a description of the organiz	ration's collections ar	nd explain how they	y further the o	rganization's e	exempt purpose in			
to be	g the year, did the organiza sold to raise funds rather th	nan to be maintaine	ed as part of the o	rganization's	s collection?.		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangemer orm 990, Part X, line	i ts. Complete if the 21.	ne organizatio	on answered "	Yes" on Form 990, Par	t IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian or c	ther intermediary	for contribut	ions or other	assets not included		г	٦
	rm 990, Part X?						Yes		No
b II res	s," explain the arrangement in	i Part XIII and compi	ete the following ta	ible:			Amoun	+	
c Regin	ning balance						Amoun	ι	
-	ons during the year								
	outions during the year								
	g balance					1f			
	e organization include an a						Yes		No
	s," explain the arrangemen							_	┦。
	-, -							_	_
Part V	Endowment Funds.	Complete if the org	anization answere	d "Yes" on Fo	orm 990, Part	IV, line 10.			
		(a) Current year	(b) Prior yea	r (c) T	wo years back	(d) Three years back	(e)	Four year	s back
1 a Begin	ning of year balance								
b Contri	butions								
	vestment earnings, gains,								
d Grants	s or scholarships								
e Other and p	expenditures for facilities rograms								
f Admir	nistrative expenses								
g End o	f year balance								
2 Provid	de the estimated percentage	e of the current yea	ır end balance (lir	ne 1g, colum	n (a)) held as	s:			
a Board	designated or quasi-endov		%						
b Perma	anent endowment	%							
c Term	endowment	 %							
The pe	ercentages on lines 2a, 2b, a	nd 2c should equal 1	00%.						
3a Are the	ere endowment funds not in t	the possession of the	organization that	are held and a	administered for	or the	-		
organ	ization by:							Yes	No
• • •	nrelated organizations						3a(i)		ļ
• • •	elated organizations						3a(ii)		<u> </u>
	s" on line 3a(ii), are the rel	-			e R?		. 3b]
4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Part VI	Land, Buildings, an								
	Complete if the organizati	on answered "Yes"	on Form 990, Part	IV, line 11a.	See Form 990	, Part X, line 10.			
	Description of property		est or other basis	(b) Cost	or other	(c) Accumulated	(d)	3ook va	alue
1 a l and			investment)	basis (ouler)	depreciation			
	ngs			1 (16 626	11 004		0.4	022
	hold improvements				06,626. 39,462.	11,804. 70,787.			<u>, 822.</u>
	ment	<u> </u>		13	07,404.	10,181.		ממ	<u>,675.</u>
				1	5,663.	4,236.		11	,427.
	ines 1a through 1e. (Colum		orm 990, Part X.						, 427. , 924.

BAA Schedule D (Form 990) 2022

Part VII		Other Securities.	F 000 D IV I'	N/A	
(a) Doscrit		rganization answered Yes on gory (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
			(b) book value	(C) Method of Valuation. Cost of end	-01-year market value
` '		ts			
(3) Other	nord equity interest				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Column		90, Part X, column (B) line 12.)			
Part VIII	Investments -	 Program Related. 	= 000 P + W +!	N/A	
				11c. See Form 990, Part X, line 13.	.d .f
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
	(b) must equal Form 99	90, Part X, column (B) line 13.)			
Part IX	Other Assets		N/A		
	Complete if the or	rganization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	1 400
(1)		(a) De	scription		(b) Book value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
	uman (b) musat assus	I Form 990, Part X, column (i	D) line 15)		
Part X	Other Liabiliti		B) IIIIe 15.)		
Part A	Complete if the o	rganization answered "Yes" or	Form 990. Part IV. line	11e or 11f. See Form 990, Part X, line	25.
1.			iption of liability		(b) Book value
(1) Federa	al income taxes				
	RRED LEASE				19,267.
	ERED RENT, I	NET CURRENT POSITION	ON		27,951.
	E LIABILITY				100,947.
(5)					
(6) (7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column	(b) must equal Form 99	90, Part X, column (B) line 25.)			148,165.
2. Liability for	uncertain tax positions.	In Part XIII, provide the text of the fo	otnote to the organization's fi	nancial statements that reports the organization	's liability for uncertain
tax positions ur	der FASB ASC 740. Che	eck here if the text of the footnote has	s been provided in Part XIII		EE PART XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	keturn. N/A	
Complete if the organization answered "Yes" on Form 990, 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		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
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		
b Other (Describe in Part XIII.)		
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	
Total revenue. Add lines 3 and 4c. (This must equal Form 550, Fart I, line 12.).	3	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
·		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 2 Audited Financial Statements With Expenses per Audited Financial Statements With Ex	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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.	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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:	r Return. N/A	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 2a b Prior year adjustments 2b 2c	r Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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.) 4 b Other (Describe in Part XIII.)	r Return. N/A 1 2e 3	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 2a b Prior year adjustments 2b 2c	r Return. N/A 1 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

Part XIII Supplemental Information.

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

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS

ARE TAX DEDUCTIBLE. IN COMPLIANCE WITH ITS EXEMPT STATUS, THE ORGANIZATION ANNUALLY

FILES A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990.

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ED ALLIES

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

| Employer identification number

35-2573057

Par	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of tVII, Section A, line 1a. Complete Part III to provide any relevant	he following to or for a person listed on Form 990, Part ant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described a	low a written policy regarding payment or above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re		2		
3	Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but ex	xes for methods used by a related organization to			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, sorganization or a related organization:	Section A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment?		4a		Х
	 Participate in or receive payment from a supplemental nonque Participate in or receive payment from an equity-based compe 	•	4b 4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applic	-	40		Х
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did th contingent on the revenues of:	e organization pay or accrue any compensation			
а	The organization?		5a		Х
b	Any related organization?		5b		Χ
	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 th contingent on the net earnings of:	e organization pay or accrue any compensation			
	The organization?		6a		Χ
b	Any related organization?		6b		X
_					
7	For persons listed on Form 990, Part VII, Section A, line 1a, c payments not described on lines 5 and 6? If "Yes," describe in	did the organization provide any nonfixed n Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section [f "Yes," describe in Part III.	on 53.4958-4(a)(3)?	8		Х
•	If IIVaall and line O wild the appearing the state of the	and the second s			
9	If "Yes" on line 8, did the organization also follow the rebuttable pr section 53.4958-6(c)?	esumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title (Bass compensation (ii) Bans & near the near t			(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits (E) Total of columns(B)(i)-(D) (F) Compensation in column (B)		
Compensation Comp	(A) Name and Title		(i) Base	(ii) Bonus &	(iii) Other	(C) Retirement	benefits	columns(B)(i)-(D)	in column (B) reported as
JOSHUA CROSSON 0 144,963, 0, 0, 0, 140,963, 0, 1 EXECUTIVE DIRECTOR 0 0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,			compensation	incentive compensation	reportable compensation	deferred			deferred on prior Form 990
1 EXECUTIVE DIRECTOR						,			
ANDREA ROETHKE					0.				
2 MANAGING DIRECTOR (i) (i) (i) (ii) (ii) (iii) (ii									
10						+			
3 (i) (i) (ii)			0.	0.	0.	0.	0.	0.	0.
Column C									
Columbia									
5 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (
Column C									
6 (i) (ii) (ii) (iii) (i									
6 (i) (i) (ii) (ii) (iii) (iii									
7 (ii) 8 (ii) 9 (ii) 10 (ii) 11 (ii) 12 (ii) 13 (ii) 14 (ii) 15 (ii) 16 (ii) 1 (iii)									
7 (i) (i) (ii) (ii) (ii) (ii) (ii) (ii)									
8 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (
9 (i) (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
9 (i) (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
10 (i) (ii) 11 (iii) 12 (iii) 13 (ii) 14 (ii) 15 (ii) 16 (ii) 16 (iii) 17 (iii) 18 (iii) 19 (iiii) 19 (iiii) 19 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
10 (i) (i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii									
11 (i) (ii) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii									
11 (i) (i) (ii) (ii) (ii) (ii) (ii) (ii)									
(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)									
12 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (
13 (i) (ii) (ii) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiiiiii						 			
13 (ii) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiiiiiii									
14 (i) (ii) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiiiii) (iiiiiiii									
14 (ii) (i) (ii) 15 (ii) (ii) (iii)									
15 (i) (ii) (ii) (iii)									
16 (i)									
16 (ii) ——————————————————————————————————									
								L	
		(ii)							

BAA TEEA4102L 07/25/22 Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 ED ALLIES 35-2573057 Page **3**

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) 2022

SCHEDULE 0 (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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ED ALLIES

Employer identification number 35-2573057

FORM 990. PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

EDALLIES PARTNERS WITH SCHOOLS, FAMILIES, AND COMMUNITIES TO ENSURE THAT EVERY YOUNG MINNESOTAN HAS ACCESS TO A RIGOROUS AND ENGAGING EDUCATION. WE ADVANCE POLICIES THAT PUT UNDERSERVED STUDENTS FIRST, REMOVE BARRIERS FACING SUCCESSFUL SCHOOLS AND PROGRAMS, AND FOSTER AN INCLUSIVE CONVERSATION ABOUT WHAT'S POSSIBLE FOR STUDENTS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

EDALLIES PARTNERS WITH SCHOOLS, FAMILIES, AND COMMUNITIES TO ENSURE THAT EVERY YOUNG MINNESOTAN HAS ACCESS TO A RIGOROUS AND ENGAGING EDUCATION. WE ADVANCE POLICIES THAT PUT UNDERSERVED STUDENTS FIRST, REMOVE BARRIERS FACING SUCCESSFUL SCHOOLS AND PROGRAMS, AND FOSTER AN INCLUSIVE CONVERSATION ABOUT WHAT'S POSSIBLE FOR STUDENTS.

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

EDALLIES USES THREE STRATEGIES TO ADVANCE AN EQUITABLE EDUCATION FOR STUDENTS ACROSS MINNESOTA, WITH A FOCUS ON STUDENTS WHO HAVE BEEN HISTORICALLY UNDERSERVED. 1. RESEARCH AND ANALYSIS: EDALLIES CONDUCTS RESEARCH TO BETTER UNDERSTAND THE OPPORTUNITIES AND BARRIERS FACING MINNESOTA STUDENTS AND SCHOOLS, INCLUDING OUALITATIVE RESEARCH ON PROMISING PRACTICES IN THAT MOVE THE NEEDLE FOR STUDENT OUTCOMES, ANALYSIS OF MINNESOTA?S EDUCATION LANDSCAPE, AND PRESENTATION OF DATA TO MAKE IT MORE ACCESSIBLE AND INFORM POLICY DECISIONS. 2. OUTREACH AND ENGAGEMENT: EDALLIES WORKS TO CHANGE THE NARRATIVE ABOUT WHAT'S POSSIBLE FOR MINNESOTA STUDENTS, ELEVATING THE VOICES AND PERSPECTIVES OF STUDENTS, EDUCATORS, AND FAMILIES MOST IMPACTED BY MINNESOTA?S EDUCATION INEQUITIES. 3. POLICY CHANGE: EDALLIES WORKS WITH STUDENTS, FAMILIES, EDUCATORS, AND COMMUNITY LEADERS TO DESIGN, ADVOCATE FOR, AND IMPLEMENT EOUITABLE POLICIES THAT CENTER ON THE NEEDS OF STUDENTS. EDALLIES' ACCOMPLISHMENTS FOR THE YEAR INCLUDE ADVOCATING FOR A STRONG, STUDENT-CENTERED FRAMEWORK FOR TEACHER PREPARATION IN THE STATE, ELEVATING THE STORIES OF STUDENTS

ED ALLIES

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

SCHOOL MEALS AND REDUCE SCHOOL DISCIPLINE DISPARITIES, ADVANCING ACCESS TO RIGOROUS ACADEMICS, ESPECIALLY IN SCIENCE, MATH, AND LITERACY, DEFENDING WELCOMING AND CULTURALLY-RELEVANT SCHOOL CLIMATES, 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 COMMITTEE WILL RECEIVE AND REVIEW THE FORM 990 AND RECOMMEND BOARD APPROVAL. THE BOARD WILL REVIEW AND APPROVE 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

EDALLIES, IN SUCH A MATTER THAT A CONFLICT BETWEEN THE INTERESTS OF EDALLIES AND

THEIR INTERESTS ARISES, BUT IS NOT DISCLOSED. IF SUCH A CONFLICT ARISES, THE MEMBER

WITH THE CONFLICT IS EXPECTED TO DISCLOSE IN WRITING THE EXISTENCE OF THE CONFLICT

TO THE BOARD CHAIR AS SOON AS THAT MEMBER IS AWARE OF THE CONFLICT. THE BOARD CHAIR

WILL PRESENT THE CONFLICT TO THE BOARD, WHICH WILL DETERMINE THE APPROPRIATE METHOD

FOR MANAGING THE CONFLICT. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE

DOCUMENTED, REVIEWED, AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION FROM COMPARABLE NON-PROFITS OF LIKE SIZE AND GEOGRAPHIC LOCATION, COMPILED BASED ON DATA FROM RECENT SALARY SURVEYS, IS REVIEWED BY THE BOARD PRIOR TO DETERMINING THE COMPENSATION OF OFFICERS, IF AND AS NEEDED, AND THE EXECUTIVE DIRECTOR, ANNUALLY. COMPENSATION BEST PRACTICE IS TO REMAIN WITHIN 20 PERCENT OF THE OPERATING BUDGET. THE EXECUTIVE COMMITTEE REVIEWS THE DATA AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THE BOARD APPROVES THE COMPENSATION AND DOCUMENTS IN THE MEETING MINUTES. THE MOST RECENT COMPENSATION REVIEW TOOK PLACE

Name of the organization	Employer identification number
Name of the organization	Employer identification flumber
ED ALLTES	35-2573057

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON IN 2022 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 AUDITED 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) 2022