** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change Alliance for Education Name change 91-1508191 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 509 Olive Way 500 206-343-0449 City or town, state or province, country, and ZIP or foreign postal code 7 389 528. G Gross receipts \$ Amende Seattle, WA 98101-1726 H(a) Is this a group return Applica-tion F Name and address of principal officer: Lisa Chick for subordinates? Yes X No pending same as C above H(b) Are all subordinates included? I Tax-exempt status:

▼ 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions J Website: www.AllianceforEd.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: To support excellence in Governance education by advancing educational justice and racial equity for if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 14 5 Activities Total number of volunteers (estimate if necessary) 76 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 4,288,756, 5,919,399. 9 251,596. 460,979. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 476,429 10 169,867. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -171,103 -61,538. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,845,678 6,488,707. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,274,345 3,559,101. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1 361 628. 1,591,305. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,104,422, 946,745. 4,740,395. 6,097,151. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 105,283, 391,556. Revenue less expenses. Subtract line 18 from line 12 20% **Beginning of Current Year** End of Year Assets 20 Total assets (Part X, line 16) 13,250,014. 15,628,906. 21 Total liabilities (Part X, line 26) 849,413. 1,981,892. Net 12,400,601. 13,647,014. Net assets or fund balances. Subtract line 21 from line 20 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 Sign Lisa Chick, President & CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid Sara Elizabeth Jones Hyre Sara Elizabeth Jones Hyre 11/12/21 P00235495 self-employed Firm's name Clark Nuber, PS Preparer 91-1194016 Firm's EIN Firm's address > 10900 NE 4th Street, Suite 1400 Use Only Phone no.425-454-4919 Bellevue, WA 98004

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

	1990 (2020) Alliance for Education	91-1508191	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	Our mission is to support excellence in education by advancing		
	educational justice and racial equity for students in Seattle Public		
	Schools.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	□ Ve	s X No
	If "Yes," describe these new services on Schedule O.		3110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ve	s X No
3	If "Yes," describe these changes on Schedule O.	1 es	5 <u></u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	possured by expenses	
7			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	ariu
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 422,762. including grants of \$ 201,281.) (Revenue		9,345.
4a	(Code:) (Expenses \$422,762. including grants of \$201,281.) (Revenue Affiliated school activities:	÷\$	9,343.
	Alliliated school activities:		
	To 2000 the 311		
	In 2020 the Alliance provided fiscal support services for volunteer led		
	support groups raising funds to benefit schools and engaged those		
	groups in supporting schools with more limited access to resources.		
	During the year, the Alliance disbursed over \$420,000 for instructional		
	support, scholarships, awards, materials, trainings, extracurricular		
	programs, and other school-related activities through our fiscal		
	sponsorship programs.		
4b	(Code:) (Expenses \$ 4 , 641 , 685including grants of \$ 3 , 357 , 820) (Revenue	e \$4!	51,634.
	Educational Investments:		
	The Alliance brings together the philanthropic community and Seattle		
	Public School (SPS) leadership to define and support strategic		
	investments in SPS with a focus on increasing equity. In 2020, the		
	Alliance's strategic work included:		
	The Seattle Teacher Residency (STR): We continue to successfully		
	recruit, train, and support a diverse pipeline of high-quality teachers		
	trained specifically to teach in Seattle's highest need schools. STR's		
	mission is to accelerate student achievement through the preparation.		
	support, and retention of exceptional teachers who reflect the rich		
4c	·	- A	
40	(Code:) (Expenses \$		
			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,064,447.	,	
<u> </u>	1 U 11-2 - 11-2		

Form 990 (2020) Alliance for Education Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	_	77	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		v	
	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		v	
	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,		v	
	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	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza	2	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -r a		<u> </u>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	
			ΩΩΩ	

Form 990 (2020) Alliance for Education
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? If "Yes," complete			
	Schedule J	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 "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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
	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 lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-00		х
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_		38	х	
Par				
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			$\Omega\Omega\Omega$	

Form 990 (2020) Alliance for Education

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2 a 1	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			-
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				х
		:4	<u>6a</u>		^
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		C I		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	x	
	If ID/co. II aliable a conscionation with the places of the value of the conscionation and include		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	10		
Ū	to file Form 8282?	o required	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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		
9	Sponsoring organizations maintaining donor advised funds.				_
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	ı i			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:	L., I			
	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	441-			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10/12	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		- 2
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
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.				
				<u> </u>	(0000

Form 990 (2020)
Alliance for Education
Pag
Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b below 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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			-
	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			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		Х
	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?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WA			
18	Section 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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Lisa Chick - 206-343-0449			
	509 Olive Way, No. 500, Seattle, WA 98101-1726			

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check the box in heldren the organization		T								(C)
(A)	(B)				C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation from related	amount of other
	week (list any	tor						from the	organizations	compensation
	hours for	direc				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	ndividual trustee or director	Institutional trustee	Je	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) Chick, Lisa	40.00									
President & CEO				Х				213,925.	0.	26,276.
(2) Christian, Roxanne	40.00									
Chief Advancment Officer						Х		128,750.	0.	17,088.
(3) Ward, Amy	40.00									
CFO		1		х				124,978.	0.	17,948.
(4) Cobell, Petaki	40.00									
Director, RNNF		1				Х		123,100.	0.	19,176.
(5) Bier, Marisa	40.00									
Director, STR		1				Х		123,237.	0.	18,008.
(6) Williams MPA, Sherry Elane	4.00									
Board Chair		х		х				0.	0.	0.
(7) Powell, Darrell	2.00									
Treasurer		х		х				0.	0.	0.
(8) Paddock, Matthew	2.00									
Secretary thru 2/6		Х		Х				0.	0.	0.
(9) Yates, Sarah B.	2.00									
Secretary		Х		Х				0.	0.	0.
(10) Allen, Jaime Drozd	0.50									
Director		Х						0.	0.	0.
(11) Bridge, Jonathan J.	2.00									
Director		Х						0.	0.	0.
(12) Broom, Jane	2.00									
Director		Х						0.	0.	0.
(13) Chapman, Fay	1.00									
Director		Х						0.	0.	0.
(14) Cohen, Erle	1.00									
Director		Х						0.	0.	0.
(15) Dailey, Mathew	0.50									
Director		Х		L		$oxed{oxed}$	L	0.	0.	0.
(16) Eng, Alicia	0.50									
Director from 2/6		Х						0.	0.	0.
(17) Fosado, Grace	0.50	↓ ¯								
Director		Х						0.	0.	0.
										Form 990 (2020

Part VII Section A. Officers, Directors, Trus	(B)		,		C)	J		(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable		F	timat	red
Name and the	hours per					than o		compensation	compensation	ո		nount	
	week					or/trus		from	from related	-		other	
	(list any	ctor						the	organizations	;	com	pens	ation
	hours for	r dire				peq		organization	(W-2/1099-MIS	C)	f	rom th	ne
	related	stee o	rustee			ensa		(W-2/1099-MISC)			org	janiza	tion
	organizations	al trus	nal tr		loyee	comp						d rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				org	anizat	ions
(18) Foster, Andrea	0.50	흐	Ë	-0¢	Xe	± 5	요						
Director	0.30	x						0.		0.			0.
(19) Frank, Lynnette	3.00	 						· ·		••			<u> </u>
Director		х						0.		0.			0.
(20) Hoff, Brad	1.00												
Director		х						0.		0.			0.
(21) Lange, Sheila Edwards	0.50												
Director		Х						0.		0.			0.
(22) Leader, Bruce			_										
Director	0.50	Х				_		0.		0.			0.
(23) Merriweather, Michelle Director	0.50	x						0.		0.			0
(24) Miles, Nathaniel "Nate"	0.50	^						0.		٠.			0.
Director	0.50	x						0.		0.			0.
(25) Stephens, Rebecca	0.50	T											
Director from 2/6		х						0.		0.			0.
(26) Tuan, Mia	0.50												
Director		Х						0.		0.			0.
1b Subtotal								713,990.		0.	·		
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	713,990.		0.		98	,496.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization												Yes	5 No
3 Did the organization list any former officer	director trust	00 l	·01 ·	mnl	0.40	0 Or	hia	host componented ampl	ovoc on			163	140
line 1a? If "Yes," complete Schedule J for s		-	•	•	•		_	•	Oyee On		3		x
4 For any individual listed on line 1a, is the si									ne organization				
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ıch <u>ı</u>	<u>oers</u>	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co		-							•	ensat	tion fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NΟ	NE					(B) Description of s	ervices	С)) ompe	C) nsatio	on
							\dashv						
							_						
							\dashv						
Total number of independent contractors (\$100,000 of compensation from the organ	_	ot lir	nited	d to		se lis 0	ted	above) who received mo	ore than				
TOO,OOO OF COMPENSATION FROM THE ORGAN	ZaliUli -					-							

Form 990 Alliance for									91-15081	
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl			C) ition that		ly)		(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Zapolsky, David	0.50									
Director		Х						0.	0.	0
							\vdash			
		_	\vdash	_			\vdash			
		L		L			L			
otal to Part VII, Section A, line 1c										

Form 990 (2020) Alliance for Part VIII Statement of Revenue

		Check if Schedule O c	ontains a	response	or note to any line	in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a	355,041.				
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
<u>2</u> 8	С	Fundraising events		1c	271,431.				
ifts		Related organizations		1d					
s, e		Government grants (contri		1e					
Sign		All other contributions, gifts, g	-						
he di		similar amounts not included		1f	5,292,927.				
Ē	g			1g \$	220,023.				
Sel	h	Total. Add lines 1a-1f				5,919,399.			
					Business Code				
o	2 a	Residency Program Sv	vcs		611710	460,979.	460,979.		
Program Service Revenue	b								
Sel	С								
an e	d								
Pg	е								
٦ <u>.</u>	f	All other program service r	revenue						
	g	Total. Add lines 2a-2f				460,979.			
	3	Investment income (includ							
		other similar amounts)			>	156,580.			156,580.
	4	Income from investment of							
	5	Royalties			▶				
				i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a 8	329,461.					
	b	Less: cost or other basis							
e l		and sales expenses	7b 8	316,174.					
e l	С		7c	13,287.					
Be	d	Net gain or (loss)		<u></u>		13,287.			13,287.
ther Revenue	8 a	Gross income from fundraisin	ng events (r	not					
₹		including \$2	71,431.	of					
		contributions reported on I	line 1c). S	ee					
		Part IV, line 18		8a	19,900.				
	b	Less: direct expenses		8b	84,647.				
		Net income or (loss) from f				-64,747.			-64,747.
	9 a	Gross income from gaming							
		Part IV, line 19							
		Net income or (loss) from g							
	10 a	Gross sales of inventory, le							
		and allowances							
		Less: cost of goods sold							
\rightarrow	С	Net income or (loss) from s	sales of in	ventory					
<u>s</u>		aria p			Business Code	0.050			0.050
Miscellaneous Revenue		Stipend Repayment Cost Recovery Fee			611710 900099	2,853.			2,853. 356.
llan Gen	b				300033	356.			350.
e Be Be	С								
Ξ̈́		All other revenue				3,209.			
		Total. Add lines 11a-11d				6,488,707.	460,979.	0.	108,329.
	12	Total revenue. See instruction	110			-,, 101.	1 100,0,0,		100,020.

Part IX Statement of Functional Expens	es			
Section 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	mplete column (A).	
Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	2 547 117	2 547 117		

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		evherises	general expenses	expenses
'	and demonstration recommends. Can Dant IV line 04	2,547,117.	2,547,117.		
2	Grants and other assistance to domestic	2,317,117.	2,317,117.		
	individuals. See Part IV, line 22	1,011,984.	1,011,984.		
3	Grants and other assistance to foreign	1,011,501.	1,011,301.		
3	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,				
J	trustees, and key employees	383,127.	219,756.	85,400.	77,971.
6	Compensation not included above to disqualified	,	,	,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	914,498.	521,920.	203,472.	189,106.
8	Pension plan accruals and contributions (include	,	,	,	· · · · · ·
	section 401(k) and 403(b) employer contributions)	56,538.	33,672.	12,779.	10,087.
9	Other employee benefits	137,177.	81,697.	31,005.	24,475.
10	Payroll taxes	99,965.	57,176.	21,551.	21,238.
11	Fees for services (nonemployees):				·
а	Management				
b	Legal				
С	Accounting	37,250.		37,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	64,102.		64,102.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	343,441.	267,940.	74,013.	1,488.
12	Advertising and promotion	1,183.	655.	274.	254.
13	Office expenses	22,825.	12,628.	1,463.	8,734.
14	Information technology	53,974.	30,151.	12,388.	11,435.
15	Royalties				
16	Occupancy	126,488.	65,955.	31,642.	28,891.
17	Travel	6,577.	6,476.	333.	-232.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 222	2 224	100	
19	Conferences, conventions, and meetings	2,220.	2,094.	108.	18.
20	Interest	114.	114.		
21	Payments to affiliates	16,377.	10,218.	1,707.	4,452.
22	Depreciation, depletion, and amortization	15,622.	8,082.	3,383.	4,452.
23	Insurance Other evenues Itemize evenues not sovered	13,022.	0,002.	3,303.	4,137.
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 0.)				
а	Appreciation	76,339.	71,984.	3,717.	638.
b	Student Supplies	55,678.	55,678.		
С	Dues & Licenses	32,773.	20,542.	7,988.	4,243.
d	Business and Excise Tax	32,500.	16,832.	7,044.	8,624.
е	All other expenses	59,282.	21,776.	1,706.	35,800.
25	Total functional expenses. Add lines 1 through 24e	6,097,151.	5,064,447.	601,325.	431,379.
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)				- 000 (aaaa)

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Form 990 (2020) Part X Balance Sheet

1 4		Check if Schedule O contains a response or	note to any	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,947,472.	1	3,333,987.
	2	Savings and temporary cash investments			3,695,723.	2	2,653,318.
	3	Pledges and grants receivable, net			72,014.	3	284,606.
	4	Accounts receivable, net			28.	4	55.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri		6			
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			49,603.	9	33,272.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	182,070.			
	b	Less: accumulated depreciation	10b	163,478.	31,301.	10c	18,592.
	11	Investments - publicly traded securities			7,434,924.	11	9,286,127.
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	18,949.	15	18,949.		
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	13,250,014.	16	15,628,906.
	17	Accounts payable and accrued expenses		234,353.	17	281,166.	
	18	Grants payable	226,615.	18	1,215,173.		
	19	Deferred revenue	36,924.	19	21,270.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D	348,842.	21	464,283.
S G	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of		22			
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24)	. Complete Part X	0.650		0
		of Schedule D			2,679.		0.
	26	Total liabilities. Add lines 17 through 25			849,413.	26	1,981,892.
S		Organizations that follow FASB ASC 958,	check here				
၁င		and complete lines 27, 28, 32, and 33.			770 070		1 162 606
alaı	27	Net assets without donor restrictions	778,878.	27	1,163,686.		
ä	28	Net assets with donor restrictions			11,621,723.	28	12,483,328.
Ĕ		Organizations that do not follow FASB AS					
P		and complete lines 29 through 33.					
şţ	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			12,400,601.	31	13 647 014
ž	32	Total net assets or fund balances				32	13,647,014.
	33	Total liabilities and net assets/fund balances			13,250,014.	33	15,628,906.

Form **990** (2020)

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Pa	TEXT Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	488,	707.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	097,	151.
3	Revenue less expenses. Subtract line 2 from line 1	3		391,	556.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	400,	601.
5	Net unrealized gains (losses) on investments	5		854,	857.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	647,	014.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization Alliance for Education 91-1508191 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	2,992,355.	2,578,873.	5,737,510.	4,303,996.	5,919,399.	21,532,133.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,992,355.	2,578,873.	5,737,510.	4,303,996.	5,919,399.	21,532,133.
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)						8,242,229.
6	Public support. Subtract line 5 from line 4.						13,289,904.
	etion B. Total Support						20,200,001.
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2,992,355.	2,578,873.	5,737,510.	4,303,996.	5,919,399.	21,532,133.
	***************************************	2,332,333.	2,370,073.	3,737,310.	1,303,330.	3,313,333.	21,332,133.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	177,519.	167,318.	215,815.	261,082.	156,580.	978,314.
_	and income from similar sources	177,319.	107,310.	213,013.	201,002.	130,380.	370,314.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		+				
10	Other income. Do not include gain						
	or loss from the sale of capital		0.045	11 600	0.050	2 000	21 004
	assets (Explain in Part VI.)		8,245.	11,690.	8,850.	3,209.	31,994.
11	Total support. Add lines 7 through 10						22,542,441.
12	Gross receipts from related activities,					12	1,424,664.
13	First 5 years. If the Form 990 is for the	· ·		•		. , . ,	. \Box
<u></u>	organization, check this box and stor						<u> </u>
	ction C. Computation of Publi		-				F0.06
14	Public support percentage for 2020 (I					14	58.96 %
15	Public support percentage from 2019					15	63.10 %
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
_	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				•	VI how the organiza	ation
	meets the facts-and-circumstances te	•	•	,			
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qual	ifies as a publicly s	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	16b, 17a, or 17b,	check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020 Alliance for Education 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 usalify under the tests listed below please complete Part II \

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization'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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
_							>
	ction C. Computation of Publi					T T	
	Public support percentage for 2020 (I					15	<u>%</u>
	Public support percentage from 2019					16	%
_	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 3 and 33 and 33 and 34 support tests - 2020. If the					18 33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	=	-	•			>
k	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 19b, check th	iis box and see ins	structions	P

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Ves	NI-
	Yes	INO
1		
2		
За		-
- Sa		
3b		
3c		
4a		
4b		
4c		
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5a		
5b		
5c		_
6		-
6		- 0
7		
8		
9a		
Ju		
9b		
9с		
40		
10a		
10b		
agn or ag	0-F7	2020

Pai	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		Vaa	NI-
4	More a majority of the avagaization's divestors by twisters during the toy year also a majority of the divestors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	aon B. 7th Type in Supporting Significations		Vaa	Na.
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.		\	
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction		No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income (A) Prior Year (B) Current (optional						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	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-functionall	y integra	ted Type III supporting orga	nization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Stipend Repayment
2017 Amount: \$ 8,245.
2018 Amount: \$ 11,690.
2019 Amount: \$ 8,850.
2020 Amount: \$ 2,853.
Cost Recovery Fees
2020 Amount: \$ 356.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Alliance for Education

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Special Rules

or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i>

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ **>** \$_

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization	Employer identification number
Alliance for Education	91_1508191

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	1,458,141.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	792,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	702,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 305,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	Humo, dudi ess, and Eif T T	\$_	270,564.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	Traine, addices, and Ell TT	\$_	160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Alliance for Education	91-1508191

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7	Hume, address, and Zir + +	\$_	156,402.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$ <u>.</u>	150,308.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$.	150,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 10	Name, address, and ZIP + 4	\$_	Total contributions 149,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$ ₋	124,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$ ₋		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Alliance for Education

91-1508191

Part II	Noticasti Property (see instructions). Use duplicate copies of Part II if a	aditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Publicly Traded Securities		
		\$\$	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

ame or or	ganization			Employer identification num
lliance Part III	for Education	ione to organizatione described i	section 501/	91-1508191 c)(7), (8), or (10) that total more than \$1,000 for the
aitiii	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line	entry. For ora	anizations
	Completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	space is needed.	or less for the	year. (Enter this into, once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_		(e) Transfer of	gift	
_	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
_	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_		(e) Transfer of	gift	
_	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
1				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Alliance for Education

Employer identification number

91-1508191

Pa			Is or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		8
2	Aggregate value of contributions to (during year)		775,000.
3	Aggregate value of grants from (during year)		651,940.
4	Aggregate value at end of year		825,040.
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	·
_	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	· · ·	-
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conser	vation easements during the year
_	> \$		7. (L.) (D.) (D.)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that describes the
Pai	organization's accounting for conservation easements. Till Organizations Maintaining Collections of	Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958		t and balance sheet works
	of art, historical treasures, or other similar assets held for publ	,	
	service, provide in Part XIII the text of the footnote to its finance	, ,	•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		. .
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS		5 /1
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	ued)			
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that	make sigi	nificant us	se of its	•				
	collection items (check all that apply):											
а	Public exhibition	d	Loan or excl	hange progra	m							
b	Scholarly research	е	Other									
С												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or othe	r similar a	ssets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organization	n answered "`	Yes" on F	orm 990,	Part IV, I	ine 9, or				
	reported an amount on Form 990, Part	X, line 21.										
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other ass	ets not in	cluded		_	_	_		
	on Form 990, Part X?						<u> </u>	Yes	X	No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:									
								Amount				
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	stodial accou	ınt liability	y?	🗓 Х	Yes	L	_ No		
	If "Yes," explain the arrangement in Part XIII.								Х			
Par	T V Endowment Funds. Complete if											
	_	(a) Current year	(b) Prior year	(c) Two years								
1a	Beginning of year balance	7,408,429.	6,471,459.	7,117	. 	6,99	8,535.	7,		899.		
b										600.		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships								334,	500.		
е	Other expenditures for facilities	E2 424	E4 0E4		601	_	1 000		60			
	and programs	73,434.	71,951.		,601.		1,022.			577.		
f	Administrative expenses	61,243.	60,631.		,798.		8,521.			644.		
g	End of year balance	7,888,350.	7,408,429.	-	,459.	/,11	7,935.	٥,	998,	535.		
2	Provide the estimated percentage of the curre) held as:								
а	Board designated or quasi-endowment	.0000	_%									
b	Permanent endowment ► 1.9900 Term endowment ► 98.0100 9	%										
С	Term endowment ▶ 98.0100 9 The percentages on lines 2a, 2b, and 2c shou	-										
2-		•	tion that are hald an	d administar	ad for the	orasni-st	ion					
Sa	Are there endowment funds not in the posses	ision of the organiza	tion that are neid an	ia aaministere	ed for the	organizat	.1011	Г	Vac	No		
	by:							3a(i)	Yes	No X		
	(i) Unrelated organizations							3a(ii)	\dashv	X		
h	(ii) Related organizations	ione lietod ae roquir	nd on Schodulo D2					3b	\dashv			
4	Describe in Part XIII the intended uses of the							30				
_	t VI Land, Buildings, and Equipme		vinent idrids.									
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990.	Part X. lir	ne 10.						
	Description of property	(a) Cost or of				cumulated	1	(d) Book	valu			
	Becompactive property	basis (investm	1 , ,		. ,	reciation		(4) 200.	· vaia	J		
1a	Land	<u> </u>					- 1					
	Buildings											
	Leasehold improvements			22,931.		21,0	36.		1,	895.		
	Equipment			109,259.		101,4			_	786.		
e	Other			49,880.		40,9	69.			911.		
Total	l. Add lines 1a through 1e. <i>(Column (d) must ed</i>		K. column (B). line 1(Oc.)			▶			592.		
				-								

Complete if the organization answere			
(a) Description of security or category (including name of	security) (b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)	40.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part VIII Investments - Program Rela			
		11 0 5 000 B 1 V II 10	
Complete if the organization answere (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)	- 		
(2)	- 		
(3)			
(4)			
(5)	- 		
(6)			
(7)			
(8)			
Table (Oal (b) reset asset Faura 2000 Part V. and (B) line	10\		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets.	e 13.) >		
Complete if the organization answere	ed "Yes" on Form 990 Part IV line	11d See Form 990 Part X line 15	
Complete if the organization anomore	(a) Description	114. 200 1 3111 300, 1 4117, 1110 10.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, co	ol (P) lino 15)	•	
Part X Other Liabilities.	<u>л. (Б) ште тэ.)</u>		
Complete if the organization answere	ed "Yes" on Form 990. Part IV. line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liabili		, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, co	ol (B) line 25)	b	
2. Liability for uncertain tax positions. In Part XIII.			nat reports the
organization's liability for uncertain tax position			

Pai	TXI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line		evenue per Ref	turn.	
1	T			1	7,279,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				.,,
a	Net unrealized gains (losses) on investments	2a	854,857.		
b	Donated services and use of facilities		, -		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-2,473.		
e	Add lines 2a through 2d		•	2e	852,384.
3	Subtract line 2e from line 1			3	6,427,078.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,629.		
b	Other (Describe in Part XIII.)		,		
	A 1.11: A 1.41			4c	61,629.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,488,707.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per R		,,=,,,
	Complete if the organization answered "Yes" on Form 990, Part IV, line		• •		
1	Total expenses and losses per audited financial statements			1	6,033,049.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				777777
a	Donated services and use of facilities	2a		1.7	
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,033,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, , .
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,629.	847	
b	Other (Describe in Part XIII.)		2.473.		
	Add lines 4a and 4b		,	4c	64,102.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	6,097,151.
	rt XIII Supplemental Information.	,			, ,
lines Part	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any IV, line 2b: ance for Education acts as a fiscal agent for the operation.	additional informat		, Fait A, III	16 Z, F alt Al,
	grams of other organizations. Funds received for these pro				
set	aside in the Alliance's books and records for those organi	zations.			
Part	: V, line 4:				
The	Alliance has several endowments, each with specific purpos	ses. The John			
Star	ford Fund is intended for general support of the mission of	of the			
Alli	ance. The remaining endowment funds are intended to suppor	rt awards to			
prin	cipals, teachers, students or to provide general support f	for specific			
	ools or school programs in the Seattle school district.				
	programs and the bounded bounder distilled,				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2020

Name of the organization						Employer ide	ntification number		
Alliance fo	or Education					91-150819	1		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization rais a	e Solicitat	tion of tion of	non-g gover	overnment grants					
d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or Yes	. □ No		
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	viduals or entities (fundraisers) pursua				ne fur				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			.:						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from re	gistration		
-	_								

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

1 6	art I	of fundraising events. Complete if the offundraising event contributions and groups.	-			
			(a) Event #1	(b) Event #2	(c) Other events	1
			2020 Black and	2020 AFE Community	None	(d) Total events
			Orange Gala	- Luncheon		(add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	260,208.	31,123.		291,331.
	2	Less: Contributions	240,308.	31,123.		271,431.
	3	Gross income (line 1 minus line 2)	19,900.			19,900.
	4	Cash prizes				
v	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages	9,028.			9,028.
□	8	Entartainment	1,500.			1,500.
	9	Entertainment Other direct expenses	69,881.	4,238.		74,119.
	10		2		•	84,647.
		Net income summary. Subtract line 10 from I	. ,			-64,747.
Pa	irt l	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve.						
	1	Gross revenue				
	,	Cash prizes				
sesus	_	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities: _			
		he organization licensed to conduct gaming a				Yes No
k) If "	No," explain:				
	_					
10a	— We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
		Yes," explain:				
	_					

11 Does the organization conduct gaming activities with nomembers? 12 list the organization a grantor, beneficiary or trustee of a fust, or a member of a partnership or other entity formed to administer charitable gaming? 13a 3y 15b 3y 15b 3y 15c 3the programation of partnership or other entity formed to administer charitable gaming? 15a 3y 15b 3y 15c 3y	<u>S</u> ch	edule G (Form 990 or 990-EZ) 2020 Alliance for Education 91	1-15081	91	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?				Yes	
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 96 13b 96 14b 96 14b 96 15b 96 15b					
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 96 13b 96 14b 96 14b 96 15b 96 15b		to administer charitable gaming?	\square	Yes	☐ No
b An outside facility	13				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	а	The organization's facility	13a		%
Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			13b		%
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶		Address			
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	b	of "Yes." enter the amount of gaming revenue received by the organization > \$			
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	_				
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	c				
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Name			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16				
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	10	Gaming manager mormation.			
Description of services provided ▶ Director/officer		Name			
Director/officer		Gaming manager compensation \$			
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Description of services provided ▶			
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	47	Manufacture d'at the d'anne			
retain the state gaming license?		•			
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 	-			Yes	□ No
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	b				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		·			
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
		15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	Alliance for Education	91-1508191	Page 4
Part IV	Supplemental Infor	mation _(continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization Alliance for	Education						Employer identification number 91-1508191
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assi: Describe in Part IV the organization's pro-	stance?						
Part II Grants and Other Assistance to					anization answered "	res" on Form 990, Part	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Seattle Public Schools 2445 3rd Avenue South Seattle, WA 98134	91-6001541	Government	2,085,561.	0.			These funds supported District-wide initiatives and individual school programs.
University of Washington 129 Schmitz Hall, Box 355870 Seattle, WA 98195	91-6001537	Government	402,357.	0.			Support for the Seattle Teacher Residency program.
Magnolia Elementary PTA 2814 28th Ave W Seattle, WA 98199	84-1756051	501(c)(3)	57,000.	0.			Support for Magnolia Elementary PTA
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	i dalala					3.

Schedule I (Form 990) 2020 Alliance for Education 91-1508191

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Friends of Seattle World School Alumni Scholarship	42	0.	40,318.	Book	Scholarship
Nico Luiggi Scholarship	6	0.	9,150.	Book	Scholarship
Ballard HS - J. Amorratanasuchad Scholarship	2	0.	13,500.	Book	Scholarship
Friends of Seattle World School Alumni Scholarship	25	0.	13,015.	Book	Books/Laptops/Food/Supplies
			,		
Ballard HS - J. Amorratanasuchad Scholarship	1	8,500.	0.		

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

Part I, Line 2:

Seattle Public Schools (SPS) was the recipient of 79% of all grant funds

awarded in 2020 (\$2.086M). Approximately 2% of all grants were made

directly to affiliated school groups in support of individual schools

(\$57K). 15% of total grants were made to other organizations (\$405K). The

remaining 3% of grant funds were awarded to organizations and to

individuals as scholarships and fellowships (\$84K).

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Schedule I (Form 990) Alliance for Education 91-1508191 Page 2

Schedule (Form 990)	-				ray
Part III Continuation of Grants and Other Assistance to Dome	stic Individuals	Schedule I (Form 99	90), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
tudent Assistance - In-Kind	951.	0.	28,927.	Book	In-kind direct contributions of supplies, clothing, food, furniture and health.
tudent Assistance - Monetary	8,398.	608,412.	0.		
tudent Assistance - Rent	825.	0.	282,993.	Book	Rental assistance including utilities and temporary hotel stays.
tudent Assistance - Supplies	885.	0.	7,169.	Book	School related supplies for use in the classroom including sheet music, library books, tablets, etc.
			,		,

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.

Attach to Form 990.

Attach to Form 990.

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

2020

Open to Public Inspection

Name of the organization

Department of the Treasury

Alliance for Education

Employer identification number 91-1508191

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant 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 follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

Alliance for Education 91-1508191

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.

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		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)(0)	reported as deferred on prior Form 990
(1) Chick, Lisa	(i)	191,565.	19,080.	3,280.	13,409.	12,867.	240,201.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020	Alliance for Education	91-1508191	Page 3
Part III Supplemental Information	ion		
Provide the information, explanati	on, 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	1.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Alliance for Education Employer identification number 91-1508191

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi		nto.
		applicable		Form 990, Part VIII, line 1g	noncash contributi	on amour	IIS
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	7	177,544.	Fair Market Value		
10	Securities - Closely held stock			,			
11	Securities - Partnership, LLC, or						
••	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
.0							
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19							
20	Food inventory						
21	Drugs and medical supplies						
22	Taxidermy Historical artifacts						
23							
24	Scientific specimens Archeological artifacts						
2 4 25	Other (Auction Items)	X	14	42 479	Cost/Selling Price		
	V		17	12,175.	cost, serring frie		
26	Other ()						
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	zotion during	the tax year for a	antributions			
29	for which the organization completed Form 82					(0
	for which the organization completed Form 62	oo, Fait V, L	onee Acknowledg	ement 29		Yes	1
200	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part Llines 1 throug	ib 20 that it	Tes	NO
Sua	must hold for at least three years from the date						
						30a	x
L	exempt purposes for the entire holding period?	·			·····	30a	
	If "Yes," describe the arrangement in Part II.	ooliev that re	auiros tho roviow	of any ponetandard contribut	ions?	31 X	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
s∠a						200	x
L						32a	Α
	If "Yes," describe in Part II.	aluma (a) fa	o tuno of accessive	, for which column (-) is -!	also d		
33	If the organization didn't report an amount in c	olullili (C) f0i	a type of property	nor which column (a) is ched	Jikeu,		
	describe in Part II.						

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SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Alliance for Education

Employer identification number 91-1508191

Form 990, Part I, Line 1, Description of Organization Mission:
students in Seattle Public Schools.
Form 990, Part I, Line 6, Volunteers:
STR - Selection Day and File Review (45)
Board of Directors (23)
Ex Officio Board Member (1)
STR Alumni Board (8)
Form 990, Part III, Line 4b, Program Service Accomplishments:
diversity in Seattle Public Schools. We seek to reduce the achievement
gap for students from historically underperforming schools and increase
opportunities for them to succeed in school, career, and life. Some
highlights of our successes in 2020 include:
- Teachers Trained: In 2020, there were 130 STR-trained teachers in
more than 25 high-need public schools in Seattle. An additional 28
Cohort 8 residents started the program in 2020 which included 14-months
of graduate-level coursework and in-classroom apprenticeships.
- Students Served: More than 2000 students in over 25 Title I schools
benefitted from teachers trained with critical social-emotional and
cultural competencies through the STR program in 2020.
- Diversity: 55% of current STR residents are teachers of color
compared to 20% of other Seattle Public School teachers in a district
where 54% of students are students of color.

Name of the organization Alliance for Education	Employer identification number 91-1508191
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basic needs of Seattle Public School students, to ensure that students	
can come to school and focus on learning. The Alliance disburses funds	
to all the 104 Seattle Public Schools, in amounts reflective of the	
percentage of students in each school receiving free and reduced lunch.	
Funds can be requested by any school community member and are approved	
by the school principal. The funds can be spent on addressing the basic	
needs of students, such as clothing, adequate food, shelter, and	
necessary school supplies. In 2020 over \$875,000 was disbursed to meet	
the basic needs of students.	
Other Investments: The Alliance raises dollars to support initiatives	
that advance racial equity and educational excellence in Seattle Public	
Schools. In 2020, the Alliance also provided more than \$750,000 in	
funding to support Seattle Public School's Office of African American	
Male Achievement. The Alliance's Education Equity fund also provided	
over \$315,000 to address remote learning needs for SPS students during	
the pandemic.	
Form 990, Part VI, Section A, line 2:	
Lynnette Frank and Jonathan Bridge have a business relationship.	
Form 990, Part VI, Section B, line 11b:	
· · · · · · · · · · · · · · · · · · ·	
Clark Nuber, an independent accounting firm, prepares the Form 990. The	_
Executive Committee reviews and approves the corporation's annual Form 990	
and it is forwarded it to the Board for information before filing.	
Form 990, Part VI, Section B, Line 12c:	
Board members review and affirm the conflict of interest policy on an	- 1 - 1 - 0 (F

Name of the organization Alliance for Education	Employer identification number 91-1508191
annual basis. Each member is required to disclose any actual or possible	
conflict of interest and to present all material facts to the board or	
Executive Committee. After such a disclosure, the interested person shall	
leave the board or executive committee meeting. The remaining members shall	
discuss and vote whether a conflict of interest exists. If a conflict is	
determined to exist, the interested person may make a presentation at the	
board or Executive Committee meeting, but shall leave the meeting during	
the discussion of, and the vote on, the transaction or arrangement	
involving the conflict of interest. The chairperson of the board or	
Executive Committee shall, if appropriate, appoint a disinterested person	
or committee to investigate alternatives to the proposed transaction or	
arrangement and after exercising due diligence, a determination shall be	
made by a majority vote of the disinterested directors on whether the	
transaction or arrangement is in the best interests of the alliance.	
Meeting minutes will record the names of persons who made disclosures or	
who were found to have actual or possible conflicts of interest, the nature	
of the financial interest, any action taken to determine the presence of a	
conflict of interest and the board or Executive Committee's decisions.	
Form 990, Part VI, Section B, Line 15:	
CEO/President: The Executive Committee of the Board of Directors is	
responsible for establishing goals and objectives relevant to the	
CEO/President's compensation and performance each year and for evaluating	
the CEO/President's performance annually in light of these goals and	
objectives. The Executive Committee utilizes the expertise of the Seattle	
Metropolitan Chamber of Commerce when determining compensation.	
Compensation reviews are done on an annual basis with the last review in	
December 2020.	

Name of the organization Alliance for Education	Employer identification number 91-1508191
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The CFO: The CEO/President is responsible for establishing goals and	
objectives relevant to compensation and performance for this position.	
Performance and compensation are reviewed annually. The CEO/President	
utilizes the expertise of the the Seattle Metropolitan Chamber of Commerce	
when determining compensation for these positions. The last review was	
conducted in December of 2020.	
Form 990, Part VI, Section C, Line 19:	
Audited financial statements, annual reports and Form 990s for at least the	
past three years are made available on the organization's website. They are	
also available by request. Governing documents and conflict of interest	
policies are available upon request.	