** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	pprox 2022 calendar year, or tax year beginning $$ SEP $$ $$ 1 $$ $$ $$ $$ $$ $$ 2 $$ $$ $$ $$ $$ and endin	ng Al	UG 31, 1	2023	
B c	heck if	C Name of organization		D Employer	identific	ation number
X	Addres	E3 ALLIANCE				
	Name change	Doing business as		64-0	96323	35
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 80 Number and street (or P.O. box if mail is not delivered to street address) 80 Number and street (or P.O. box if mail is not delivered to street address) 80 Number and street (or P.O. box if mail is not delivered to street address) 80 Number and street (or P.O. box if mail is not delivered to street address)		E Telephone 512-		
	termin ated			G Gross receipts		3,102,020.
	Ameno return	AUSTIN, TX 78752-4390		H(a) Is this a	group re	turn
	Application	F Name and address of principal officer: RICHARD TAGLE		for subo	rdinates'	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subd	ordinates inc	cluded? Yes No
<u> 1 1</u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," a	attach a	list. See instructions
	Vebsit			H(c) Group e		
			_ Year o	of formation: 2	006 м	State of legal domicile: $\mathbf{T}\mathbf{X}$
Pa	art I	Summary				
e		Briefly describe the organization's mission or most significant activities: $\overline{ ext{TRANSFO}}$				I SYSTEMS
Governance	l	Check this box if the organization discontinued its operations or disposed of				oto.
/err	-	Number of voting members of the governing body (Part VI, line 1a)			1 1	ets. 15
Ĝ	I	Number of independent voting members of the governing body (Part VI, line 1b)				14
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)				0
ij		Total number of volunteers (estimate if necessary)			···	280
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Year		Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		2,529,	484.	1,574,073.
Š	9	Program service revenue (Part VIII, line 2g)		1,458,	852.	1,430,336.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,	297.	49,415.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,	876.	-5,508.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,019,	509.	3,048,316.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,780,		3,558,547.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		60,	601.	68,002.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 291,746.		1 545	0.4.6	000 200
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,545,	$\overline{}$	908,390.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,385, -366,		4,534,939.
		Revenue less expenses. Subtract line 18 from line 12	Pon	inning of Curre		-1,486,623. End of Year
Net Assets or		Tatal assate (Dart V. Bras 4C)	Deg	6,404,		4,919,689.
Sse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,235,		1,236,836.
Vet /	22	Net assets or fund balances. Subtract line 21 from line 20		5,168,		3,682,853.
Pa	rt II	Signature Block	· I	3/100/	0001	3700270331
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the b	est of my	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro				,
Sigi	n	Signature of officer		Date		
Her	е	RICHARD TAGLE, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	F	eb 12, 2024	Check if	PTIN
Paid		SEAN HOLCOMB			self-employe	
	arer	Firm's name MAXWELL LOCKE & RITTER LLP		Firm's	EIN 74	4-2900215
Use	Only	Firm's address 401 CONGRESS AVENUE, SUITE 1100			-4	270 2002
_		AUSTIN, TX 78701-9682		Phone	no.512	2-370-3200
May	the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No

Form	1 990 (2022) E3 ALLIANCE	64-0963235	Page 2
Pa	rt III Statement of Program Service Accomplishments		77
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		<u> </u>
	TRANSFORMING EDUCATION SYSTEMS THROUGH DATA AND COLLABO STUDENTS SUCCEED.	DRATION SO ALL	
	STODENTS SUCCEED.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
•	If "Yes," describe these new services on Schedule O.	-0	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	S? Tes	A NO
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	* *	d
	revenue, if any, for each program service reported. (Code:) (Expenses \$) (R	evenue \$ 286,0)67. \
40		FORMATION SO	,
		EDUCATION	
	SYSTEMS AND OUTCOMES.		
4b	(Code:) (Expenses \$ 887,805. including grants of \$) (REPROVIDE RESEARCH-PROVEN, DATA-DRIVEN SERVICES TO IMPROVEN)	evenue \$ 357,5	584 <u>.</u>)
	OUTCOMES ACROSS THE STATE OF TEXAS INCLUDING PROFESSION		1D
	FOLLOW-UP COACHING FOR LEADERSHIP, FACULTY, AND STAFF A	AT THE DISTRICT	1 -
	AND CAMPUS LEVELS.		
4c	(Code:) (Expenses \$1,514,517. including grants of \$) (R	evenue \$ 572,1	134. N
	THE ORGANIZATION IS THE CATALYST FOR THE BLUEPRINT FOR	EDUCATIONAL	,
	CHANGE, A STRATEGIC PLAN PROVIDING A CLEAR SET OF GOALS IMPROVEMENT TO DRIVE THE ECONOMIC SUCCESS OF CENTRAL TR		1
	IMPROVEMENT TO DRIVE THE ECONOMIC SUCCESS OF CENTRAL TO	AAA •	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 532,683. including grants of \$ 0.) (Revenue \$	214,551.)	
4e	Total program service expenses 3,645,250.	,	20
		Form 95	90 (2022)

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Form 990 (2022) E3 ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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_		<u> X</u>
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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	•	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	٠		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		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
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Part IV	Checklist of Red	uired Schedules	(continued)
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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		X
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		-25
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩.
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		 -
0.	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 on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	rt V	Statements Regarding Other IRS Filings and Tax Compliance (continued)	04 0703	233	Р	age •
ı u		Continued)			V	NI-
20	Ento	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		Yes	No
Zd		for the calendar year ending with or within the year covered by this return	2a 0			
b		least one is reported on line 2a, did the organization file all required federal employment tax retur		2b		
3a		h		3a		Х
b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a		0.5		
		icial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b		es," enter the name of the foreign country				
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did th				
				6a		Х
b	If "Ye	es," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were	not tax deductible?		6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).				
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	vices provided to the payor?	7a	Х	
b	If "Ye	es," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did t	he organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file	e Form 8282?		7c		X
d	If "Ye	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did t	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did t	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the	e organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	-	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	I by the			
	-	soring organization have excess business holdings at any time during the year?		8		
9	-	nsoring organizations maintaining donor advised funds.				
a				9a		
b				9b		
10		ion 501(c)(7) organizations. Enter:	140-1			
a		tion fees and capital contributions included on Part VIII, line 12	10a	-		
b		is receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11		ion 501(c)(12) organizations. Enter:	11a			
a h		s income from members or shareholders s income from other sources. (Do not net amounts due or paid to other sources against	1 I a	-		
D		unts due or received from them.)	11b			
12a		ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13		ion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		s: See the instructions for additional information the organization must report on Schedule O.				
b		r the amount of reserves the organization is required to maintain by the states in which the				
	orgar	nization is licensed to issue qualified health plans	13b			
С		r the amount of reserves on hand	13c			
14a				14a		Х
b	If "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	exce	ss parachute payment(s) during the year?		15		Х
		es," see the instructions and file Form 4720, Schedule N.				
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Ye	es," complete Form 4720, Schedule O.				
17	Sect	ion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

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If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 15			
	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 1b 14			
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			
Ū	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a		7.		Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				Х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a_	X	
D	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the constitution have been been been been as of the been	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b	-22	
С		40.	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	45-	X	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		
D	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	401		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed NONE 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	onlyd	availal	
10		Offiny)	avallal	JIE
	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)			
10	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	sial.	
19		ııı ıano	ııaı	
00	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 CARA CLIFFORD - 512-223-7241			
	5930 MIDDLE FISKVILLE RD. # 414, AUSTIN, TX 78752			
	2000 WINDER LINKATOR KD. # AIA, WOSIIN, IV 10179			

Form **990** (2022)

Form 990 (2022) E3 ALLIANCE 64-0963235 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSAN P. DAWSON PRESIDENT & EXECUTIVE DIRE	40.00	х		Х				236,021.	0.	34,257.
(2) JENNIFER C. SAENZ	40.00							250,021.	0.	J=, ZJ / •
SR DIRECTOR OF STRATEGIC I	40.00	1			Х			157,336.	0.	27,511.
(3) KARL M. NICHOLS	40.00				23			137,330.	•	27,311.
VP OF INVESTOR DEVELOPMENT	10.00	1				x		122,542.	0.	16,054.
(4) LARA FOSS	40.00							122/3121		20,0021
DIRECTOR OF COMMUNICATIONS		1				x		120,376.	0.	16,950.
(5) LORI DAVIS	40.00							,	-	,
CHIEF TRANSFORMATION OFFIC		1				x		117,970.	0.	16,984.
(6) CARA CLIFFORD	40.00									•
CHIEF FINANCIAL OFFICER						Х		119,818.	0.	9,755.
(7) LAURA KOENIG	40.00									
SR DIRECTOR COMMUNITY SOLUTIONS						Х		108,945.	0.	15,330.
(8) ALI KHATAW	2.00									
DIRECTOR		Х						0.	0.	0.
(9) AMBER CARDEN	1.00	<u> </u>								
BOARD CHAIR		Х		Х				0.	0.	0.
(10) ASHTON CUMBERBATCH	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BOBBY JENKINS	1.00]							_	_
DIRECTOR		Х						0.	0.	0.
(12) CHARLES MARTINEZ	1.00	ļ								
VICE CHAIR	1	Х		X				0.	0.	0.
(13) DAVID SMITH	1.00	ļ							•	•
DIRECTOR	1 00	Х	_			_		0.	0.	0.
(14) LONNIE LIMON	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) GENE BOURGEOIS	1.00	·							0	0
DIRECTOR (16) DAULTNE DOW	1.00	Х	_		_			0.	0.	0.
(16) PAULINE DOW DIRECTOR	1.00	х						0.	0.	0
(17) RAYMUND PAREDES	1.00	^	\vdash		\vdash	\vdash	_		U •	0.
DIRECTOR	1.00	х						0.	0.	0.
232007 12-13-22	1	Λ			<u> </u>			1 0.	0.	Form 990 (2022)

232007 12-13-22 Form **990** (2022)

64-0963235 E3 ALLIANCE Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

Position

(E)

(D)

(F)

(B)

Average

Name and title	Average hours per week Average Hours per hours person is both an officer and a director/trustee)							Reportable Reportable compensation compensation					
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer by	Key employee	Highest compensated suntylar		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC))/ 	com fro orga	other pensa om th anizat d relat inizati	ation le tion ted
(18) MARK ESTRADA	1.00												
DIRECTOR	1 00	Х				_		0.		0.			0.
(19) TAMARA ATKINSON	1.00	.,								,			^
DIRECTOR	1 00	Х				_		0.		0.			0.
(20) MONIQUE UMPHREY	1.00	. ,		٦,						,			^
SECRETARY TOWN DEED A DAY TOWN OF THE PARTY	1 00	Х	_	Х		┝		0.		0.			0.
(21) CELINA ESTRADA - THOMAS	1.00	. ,								,			^
DIRECTOR		X						0.		0.			0.
		-											
4h Culatatal								983,008.		0.	13/	5 8	41.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.	13	<i>3</i> , 0	0.
								983,008.		0.	136	5 8	$\frac{0.}{41.}$
d Total (add lines 1b and 1c)								•		• 1	13	<i>,</i> 0	<u> </u>
compensation from the organization	ot illilited to th	030	11310	u ai	JO V C	<i>,</i>)	010	cerved more man proo,	ooo of reportable				7
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		[4	X	$ldsymbol{ld}}}}}}}}}$
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ıch j	pers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	addraga	37/	`	,				(B) Description of s	uon ilooo	C	(C omper		n
Name and business	address	NC	ONE	5				Description of s	lei vices		ompei	ISALIO	···
2 Total number of independent contractors (i	ŭ	ot lin	nited	d to	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation				()					(990	(2022)
											rorm ₹	2 3U (2022)

(A)

64-0963235 Page **9**

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0		. Fadavatad assumations do					000110110 0 12 0 11
nts Ints		Federated campaigns 1a	27 500				
Gra Jou		Membership dues 1b	37,500.				
S, (Fundraising events1c	5,320.				
Contributions, Gifts, Grants and Other Similar Amounts	C	Related organizations 1d					
i, imi	e	Government grants (contributions)					
ion	f	All other contributions, gifts, grants, and					
bul		similar amounts not included above \dots 1f $ 1,$	<u>531,253.</u>				
E C	ç	Noncash contributions included in lines 1a-1f 1g \$					
Co	ŀ	Total. Add lines 1a-1f		1,574,073.			
			Business Code				
•	2 :	CONTRACT REVENUE	611710	1,430,336.	1.430.336.		
Š	- t						
šer							
m S							
gra Re	(
Program Service Revenue	•						
ъ.		All other program service revenue		1 420 226			
	9	Total. Add lines 2a-2f		1,430,336.			
	3	Investment income (including dividends, interest	st, and	40.44-			40 44 =
		other similar amounts)		49,415.			49,415.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	()				
		Less: cost or other basis					
ø.							
ŭ.		and sales expenses					
eve		Gain or (loss)					
ther Revenue		Net gain or (loss)					
the l	8 8	Gross income from fundraising events (not					
Ò		including \$ 5 , 320 . of					
		contributions reported on line 1c). See	40 406				
			48,196.				
	k	Less: direct expenses 8b	53,704.				
	C	Net income or (loss) from fundraising events		-5,508.			-5,508.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		The time of the control of the contr	Business Code				
ns	11 a						
Miscellaneous Revenue							
llar	k						
Sce							
Ξ̈́	(All other revenue					
		Total. Add lines 11a-11d		2 040 216	1 420 226	^	42 007
	12	Total revenue. See instructions		3,048,316.	μ,430,336.	0.	43,907.

232009 12-13-22

Form **990** (2022)

Form 990 (2022) E3 ALLIANCE Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(0)	X
	not include amounts reported on lines 6b, 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 and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	475,003.	310,937.	99,809.	64,257.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			251 211	
7	Other salaries and wages	3,083,544.	2,605,096.	351,011.	127,437.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,789.	273.	1,490.	26. 54.
С	Accounting	3,700.	564.	3,082.	54.
d	Lobbying				
е	y ,	68,002.			68,002.
f	Investment management fees				
g	,	252 222	264 425	4 40-	
	column (A), amount, list line 11g expenses on Sch 0.)	268,990.	264,495.	4,495.	
12	Advertising and promotion	39,129.	5,966.	32,597.	566.
13	Office expenses	19,852.	3,027.	16,538.	287.
14	Information technology	70,263.	58,360.	4,933.	6,970.
15	Royalties	7 104	Г 20С	1 104	C7.4
16	Occupancy	7,194.	5,396.	1,124.	674.
17	Travel	120,244.	96,196.	12,024.	12,024.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E0 077	41 502	4,677.	1 600
19	Conferences, conventions, and meetings	50,877.	41,592.	4,0//•	4,608.
20	Interest Payments to offiliates				
21	Payments to affiliates Depreciation, depletion, and amortization				
22		1,385.	211.	1,154.	20.
23 24	Insurance Other expenses. Itemize expenses not covered	1,303.	2110	1,154.	40•
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) OTHER EXPENSES	185,667.	122,337.	62,249.	1,081.
a b	PASSTHROUGHS	111,598.	105,154.	1,777.	4,667.
C	GIFTS & AWARDS	24,440.	22,814.	874.	752.
d	STAFF DEVELOPMENT	3,262.	2,832.	109.	321.
	All other expenses	0,202.	2,002.	2001	221.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,534,939.	3,645,250.	597,943.	291,746.
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)				
					Earm 990 (2022)

16390209 798893 01579

64-0963235 Page **11** Form 990 (2022)

Part X | Balance Sheet E3 ALLIANCE

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,785,164.	1	4,542,785.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	518,355.	3	250,204.
	4	Accounts receivable, net		4	126,700.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ς.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,404,557 .	16	4,919,689.
	17	Accounts payable and accrued expenses	1,235,859.	17	1,236,836.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,235,859.	26	1,236,836.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	2,345,235.
Ва	28	Net assets with donor restrictions	1,446,209.	28	1,337,618.
pur		Organizations that do not follow FASB ASC 958, check here			
r F		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne.	32	Total net assets or fund balances	5,168,698.	32	3,682,853.
	33	Total liabilities and net assets/fund balances	6,404,557.	33	4,919,689.

Form **990** (2022)

Form 990 (2022) E3 ALLIANCE 64-0963235 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2				39.
3	Revenue less expenses. Subtract line 2 from line 1				5,6	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	<u> 168</u>	3,6	98.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			7	78.
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	3,	682	2,8	53.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	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?		L	2b	X	
	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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	`		F	orm	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization E3 ALLIANCE 64-0963235 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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 on 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1554976.	3297684.	3763916.	2529494.	1574073.	12720143.
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	1554976.	3297684.	3763916.	2529494.	1574073.	12720143.
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)						4621032.
	Public support. Subtract line 5 from line 4.						8099111.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1554976.	3297684.	3763916.	2529494.	1574073.	12720143.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,120.	14,769.	12,453.	15,297.	49,415.	106,054.
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						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12826197.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 6	<u>,978,530.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	63.15 %
	Public support percentage from 2021					15	64.51 <u>%</u>
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			Ш
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 bus-						
	iness 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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2022

E3 ALLIANCE

Part IV | Supporting Organizations

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

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
2h		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
00		
9c		
10a		
10b		
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Га	Gontinued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	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	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	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		
	or ito supported organizations: [[-] fes. describe Fait VI the fole biaved by the organization in this regard.	UU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
с	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-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	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	S	3				
4	Amounts paid to acquire exempt-use assets	<u> </u>		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.	SVIGO GOLANS III		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.	io organization to responsive		8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
10	Line o amount divided by line o amount	(i)	(ii)	10	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
С	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
•	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
Ū	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3							
'	•							
	and 4c. Breakdown of line 7:							
8								
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
<u>e</u>	Excess from 2022							

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

E3	E3 ALLIANCE 64-0963235					
Organization type (check o	ne):					
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					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'					
Special Rules						
sections 509(a)(1) a contributor, during	X 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), 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during literary, or education	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.					
year, contributions is checked, enter h purpose. Don't cor	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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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).						

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

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
			(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
2		- - \$ 122,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$ <u>300,0</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		- - \$ <u>226,8</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
6		- - \$\$_46,0	Person X Payroll

noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

E3	ALLIANCE	64-0963235
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$37,653.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$69,769.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	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 Oncash 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.)

Page 3

Name of organization Employer identification number

E3 ALLIANCE

64-0963235

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Name of organization **Employer identification number** E3 ALLIANCE 64-0963235 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

 Tax) (See separate instructions), then

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

 Name of organization

 Employer identification number

	E3 ALLI				64-0963235
Part I-A	Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 org	ganization.
2 Political	a description of the organiz campaign activity expendit er hours for political campai			\$	
3 Voluntee	r flours for political campai	gri activities			
Part I-B	Complete if the org	anization is exempt under	r section 501(c)(3)		
1 Enter the	e amount of any excise tax	incurred by the organization unde	r section 4955	\$	
		incurred by organization managers			
3 If the org	ganization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
					Yes No
	describe in Part IV.	anization is exempt under	rection FO1/a)	voont coation E01(a)	1/2)
Part I-C	<u> </u>	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	• •
	* *	l by the filing organization for sectization's funds contributed to othe	•	***************************************	
	0 0		· ·		
		. Add lines 1 and 2. Enter here and		Ψ	
				\$	
		1120-POL for this year?			
		ployer identification number (EIN)			
made pa	yments. For each organiza	tion listed, enter the amount paid	from the filing organiza	tion's funds. Also enter the	amount of political
	·	omptly and directly delivered to a		•	e segregated fund or a
political	action committee (PAC). If a	additional space is needed, provid	e information in Part IV	'. T	Τ
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

		LIANCE		963235 Page 2			
Part I	I-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under			
A Che	ck if the filing organization belong expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated is lobbying expenditures). sed box A and "limited control" provisions apply.	group member's name	, address, EIN,			
<u> </u>	Limits on Lobb	oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a To	otal lobbying expenditures to influence publ	lic opinion (grassroots lobbying)	911.				
b To	otal lobbying expenditures to influence a lec	gislative body (direct lobbying)	7,188.				
c To	otal lobbying expenditures (add lines 1a and	d 1b)	8,099.				
			4,526,840.				
e To	otal exempt purpose expenditures (add line		4,534,939.				
		unt from the following table in both columns.	376,747.				
If ·	the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
N	ot over \$500,000	20% of the amount on line 1e.					
0	ver \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
0	ver \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
0	ver \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
0	ver \$17,000,000	\$1,000,000.					
	rassroots nontaxable amount (enter 25% of	line 1f)	94,187.				
h Su	ubtract line 1g from line 1a. If zero or less, e	enter -0-	0.				
i Su	ubtract line 1f from line 1c. If zero or less, e	nter -0-	0.				
j If	there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720					
re	porting section 4911 tax for this year?			Yes No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
	Lobi	oying Expenditures During 4-Year Averaging Period					
		· · · · · · · · · · · · · · · · · · ·					

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount		344,431.	369,292.	376,747.	1,090,470.				
b Lobbying ceiling amount (150% of line 2a, column(e))					1,635,705.				
c Total lobbying expenditures		4,389.	4,977.	8,099.	17,465.				
d Grassroots nontaxable amount		86,108.	92,323.	94,187.	272,618.				
e Grassroots ceiling amount (150% of line 2d, column (e))					408,927.				
f Grassroots lobbying expenditures		1,395.	4,279.	911.	6,585.				

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 E3 ALLIANCE 64-09632 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	unt
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 	Yes	No	Amo	unt
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	າ 501(c)(ຢ	ō), or sec	tion	
501(c)(6).			Yes	No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 	prior year 1 501(c)(2 3 5), or sec	tion	
answered "Yes."				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?	al	2a 2b 2c 3		
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: DESCRIPTION OF ACTIVITIES: MET WITH STAFF AND LEGISLAT PRIORITIES IN UPCOMING SESSION. WORKED WITH OTHER COLL ORGANIZATIONS TO DISCUSS PRIORITIES THROUGHOUT THE YEA POLICY BRIEFS HIGHLIGHTING SPECIFIC DATA TO THE PUBLIC	ORS TO	D DISC E IMPA	USS CT	
COMMITTEES.		Calaada	le C (Form	000/ 0000

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 Inspection

Name of the organization

E3 ALLIANCE

Employer identification number 64-0963235

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
	Signification anomored 155 on 1511 cos, 1 aren, ins	(a) Donor advis	ed funds	(b) Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	nferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a l	nistorically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	a conservati	on 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 included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				luring 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, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	ts of section 170(h)(4	1)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense sta	tement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	s that descr	ibes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and	balance sh	eet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furth	erance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ance sheet v	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthera	ance of pub	lic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	i
	(m)				
2	If the organization received or held works of art, historical treat	sures, or other similar	assets for financial ga	ain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	i
	Assets included in Form 990, Part X)
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

232051 09-01-22

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther S	imilar <i>i</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that ma	ake signi	ificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further	the organization's	exempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of the	ne organization's c	ollection?			\square	Yes		No
Par	t IV Escrow and Custodial Arrang							ine 9, or		
	reported an amount on Form 990, Par		J			ŕ	,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributio	ns or other assets	not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,	·	J					Amount	:	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?		Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			-		ĺ
Par										-
		(a) Current year	(b) Prior year	(c) Two years b		Three yea	ırs back	(e) Four	years t	oack
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a. column (a)) held as:						
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
С		 * %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administered	for the					
	organization by:	•							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R'	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or o	ther (b) Co	st or other	(c) Accı	umulated		(d) Book	value	
		basis (investr	nent) basi	s (other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line	10c)						0.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) ortal. (Column (b) must equal Form 990, Part X, col. (B) line	Description 15.)		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)		(b) Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 15.)		
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description 15.)		
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)		
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)		
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)		
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)		

Schedule D (Form 990) 2022

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pai	t XI	Reconciliation of Revenue per Audited Financial Stater		evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			2 112 050
1					1	3,113,950.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а		nrealized gains (losses) on investments		11 020		
b		ed services and use of facilities		11,930.		
С		reries of prior year grants		F2 704		
d		(Describe in Part XIII.)	2d	53,704.		CF C24
е		nes 2a through 2d			2e	65,634. 3,048,316.
3		act line 2e from line 1			3	3,048,316.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)			_	0
_C		nes 4a and 4b			4c	3,048,316.
5 Dai	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State	monte With	Evnances per E	5	3,048,316.
Га	LAII			Expenses per r	eturi	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1				1 600 572
1		expenses and losses per audited financial statements			1	4,600,573.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	11 020		
a		ed services and use of facilities		11,930.		
b		/ear adjustments				
С.		losses		53,704.		
d		(Describe in Part XIII.)	-	-		CE C24
		nes 2a through 2d			2e	65,634. 4,534,939.
3		act line 2e from line 1			3	4,534,939.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)			4-	0
		nes 4a and 4b			4c	4,534,939.
5 Pai		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			5	4,334,333.
			art IV lines 1h a	nd Oh: Dart V. lina 4	. Dort \	/ line Or Dort VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			, Part /	K, IIIIe Z, Part XI,
III IES	Zu and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional informa	ation.		
DΔI	кт х	I, LINE 2D - OTHER ADJUSTMENTS:				
	11 21	I, LINE 25 CHIER IDOUGHENIO.				
SPI	CTA	L EVENT EXPENSE				53,704.
						3377010
PAF	ят х	II, LINE 2D - OTHER ADJUSTMENTS:				
SPI	CIA	L EVENT EXPENSE				53,704.
						007.020

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

E3 ALLI	ANCE				64-0963	235
Part I Fundraising Activities required to complete this pa	- Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
Indicate whether the organization rai a	sed funds through any of the following with a solicity of the solicity of the following with a solicity of the	ation of ation of al fundra al (includ profession	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SUE ANN WADE-CROUSE - 1333		Yes	No			
SHORE DISTRICT DRIVE, #1550,	GRANTWRITING SUPPORT		X	0.	68,002.	-68,002.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit		 utions	or has been notified	68,002.	-68,002.
or noononing.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

	eau I rt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.	ne organization answered		t IV, line 18, or reported	
		3	(a) Event #1 GEEKS IN BOOTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	53,516.			53,516.
	2	Less: Contributions	5,320.			5,320.
	3	Gross income (line 1 minus line 2)	48,196.			48,196.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages	38,267.			38,267.
Ö	8	Entertainment	3,000.			3,000.
	9	Other direct expenses				12,437.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			53,704.
		Net income summary. Subtract line 10 from li				-5,508.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve	1	Gross revenue				
es	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)			
•	Г					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	year?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 E3 ALLIANCE 64-	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
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	☐ No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount 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 convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3 :	
	, , , , , , , , , , , , , , , , , , , ,		
) NAME OF FUNDRAISER: SUE ANN WADE-CROUSE		
_			
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>13</u>	33 SHORE DISTRICT DRIVE, #1550, AUSTIN, TX 78741		

Schedule G	(Form 990) E3 ALLIANCE	64-0963235 Page 4
Part IV	(Form 990) E3 ALLIANCE Supplemental Information (continued)	
	. ,	
-		
-		

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

E3 ALLIANCE

Employer identification number 64-0963235

Pa	art I Questions Regarding Compensation			
			Yes	No
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		
2	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		
3	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			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
_	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2022

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

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

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUSAN P. DAWSON	(i)	236,021.	0.	0.	0.	34,257.	270,278.	0.
PRESIDENT & EXECUTIVE DIRE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER C. SAENZ	(i)	157,336.	0.	0.	0.	27,511.	184,847.	0.
SR DIRECTOR OF STRATEGIC I	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

E3 ALLIANCE

Employer identification number 64-0963235

E3 ALLIANCE	64-0963235
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
FOCUSES COLLABORATION - THE ORGANIZATION CONVENES AND FACILI	TATES
COLLABORATIONS TO FOCUS ON SPECIFIC IMPROVEMENTS THAT CAN BE	MADE IN
OUR EDUCATION SYSTEMS.	
EXPENSES \$ 532,683. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2	14,551.
FORM 990, PART VI, SECTION B, LINE 11B:	
REVIEWED BY SECRETARY & TREASURER, BOARD CHAIR, FULL BOARD	
FORM 990, PART VI, SECTION B, LINE 12C:	
REVIEWED AND UPDATED ANNUALLY BEFORE OFFICIAL BOARD ELECTION	S MEETING
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION CONDUCTS AN EXTERNAL REVIEW OF SIMILAR POSI	TIONS AS WELL
AS A REVIEW OF COMPARABLE POSITIONS WITHIN A PARTNER ORGANIZ	ATION.
FORM 990, PART VI, SECTION C, LINE 19:	
OTHER GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE UP	ON REQUEST AND
ARE ROUTINELY SHARED WITH OTHER STATE P-16 COUNCILS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	144,652.
MANAGEMENT AND GENERAL EXPENSES	2,458.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	147,110.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization E 3 ALLIANCE	Employer identification number 64-0963235
SUB-CONTRACTORS:	
PROGRAM SERVICE EXPENSES	119,843.
MANAGEMENT AND GENERAL EXPENSES	2,037.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	121,880.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	268,990.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S OVERSIGHT PROCESS AND ITS PROCESS FOR	SELECTION OF
AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX Y	EAR.
FORM 990, PART VI, SECTION B, LINE 13:	
THE ORGANIZATION DOES NOT HAVE A WRITTEN WHISTLEBLOWER PO	LICY ON A
STAND ALONE BASIS, HOWEVER MULTIPLE RETALIATION POLICIES	ARE IN EFFECT
THROUGH ITS HOST AND FOUNDING PARTNER ORGANIZATION, AUSTI	N COMMUNITY
COLLEGE.	
FORM 990, PART VI, SECTION B, LINE 14:	
THE ORGANIZATION DOES NOT HAVE A DOCUMENT RETENTION AND D	ESTRUCTION
POLICY ON A STAND ALONE BASIS, HOWEVER IT IS PROTECTED BY	THE POLICIES
THROUGH ITS HOST AND FOUNDING PARTNER ORGANIZATION, AUSTI	N COMMUNITY
COLLEGE.	

01579__1

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print E3 ALLIANCE 64-0963235 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5930 MIDDLE FISKVILLE RD., 414 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78752-4390 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CARA CLIFFORD • The books are in the care of ▶ 5930 MIDDLE FISKVILLE RD. # 414 - AUSTIN, TX 78752 Telephone No. ▶ 512-223-7241 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. JULY 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning <u>SEP 1</u>, 2022 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ AUG $\hspace{0.5cm}$ 31 , $\hspace{0.5cm}$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)