** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public

Α	For the 2	2019 calendar year, or tax year beginning SEP 1, 2019 and ending	AUG 31, 2020	
	Check if	C Name of organization	D Employer identific	cation number
	applicable:		, ,	
	Address change	E3 ALLIANCE		
	Name change	Doing business as	64-09632	35
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
	Final	5930 MIDDLE FISKVILLE RD. 507	512-223-	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,736,178.
	Amended		H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer: SUSAN DAWSON	for subordinates	
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Tayleyen		—	list. (see instructions)
		WWW.E3ALLIANCE.ORG	H(c) Group exemptio	
				State of legal domicile: TX
		Summary	ear or formation. 2000 N	1 State of legal dominione. 121
		riefly describe the organization's mission or most significant activities: TRANSFORI	MING EDUCATION	J SVSTEMS
ė	' 🖺	HROUGH DATA AND COLLABORATION SO ALL STUDENT		V DIDILIND
Governance	1 2			noto.
Jerr 1	2 C			16
9	3 N	· · · · · · · · · · · · · · · · · · ·		15
		umber of independent voting members of the governing body (Part VI, line 1b)		0
Activities &	5 To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		280
Ξ	6 To	otal number of volunteers (estimate if necessary)		0.
Ac	/a (otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b N	et unrelated business taxable income from Form 990-T, line 39		-
ē			Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	1,554,976.	3,297,684.
Jen J	9 Pi	rogram service revenue (Part VIII, line 2g)	1,598,237.	1,423,725.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	14,120.	14,769.
	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,590.	0.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,138,743.	4,736,178.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,986,942.	2,227,821.
Expenses	! 16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)	60,005.	61,887.
Ž.	b To	otal fundraising expenses (Part IX, column (D), line 25) 232,418.	754 444	000 054
ш	1"	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	754,444.	992,954.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,801,391.	3,282,662.
		evenue less expenses. Subtract line 18 from line 12	337,352.	1,453,516.
t Assets or	<u> </u>	•	Beginning of Current Year	End of Year
sset	d 20 To	otal assets (Part X, line 16)	3,532,410.	5,383,776.
Net A		otal liabilities (Part X, line 26)	405,243.	803,093.
		et assets or fund balances. Subtract line 21 from line 20	3,127,167.	4,580,683.
		Signature Block		
		es of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	
		Signature of officer	Doto	
Sig	ın !	•	Date	
He	re 📗	SUSAN DAWSON, PRESIDENT		
		Type or print name and title	I Data I	DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	—	EAN HOLCOMB	07/08/2021 self-employ	
	. ⊢	irm's name MAXWELL LOCKE & RITTER LLP	Firm's EIN ▶	74-2900215
Use	Only F	irm's address 401 CONGRESS AVENUE, SUITE 1100		
_		AUSTIN, TX 78701-9682	Phone no.51	2-370-3200
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>Form</u>	990 (2019) E3 ALLIANCE	64-0963235	Page 2
Beight describe the organization's mission: TRANSFORMING BUCCATION SYSTEMS THROUGH DATA AND COLLABORATION SO AL STUDENTS SUCCEED. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-E27 If 'Yes,' describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. 4 Describe the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, recently, if any, for each program services insported. 4 (cose) (cose 55.5, 47.3. including parts of \$ PROVIDE OBJECTIVE DATA — THE ORGANIZATION SHOWCASES INFORMATION SO OTHERS CAN SEE THE OPPORTUNITY AND REWARD OF CHANGE IN EDUCATION SYSTEMS AND OUTCOMES. 4b (cose) (reposses 669,341. including parts of \$ PROVIDE RESEARCH PROVEN, DATA—DRIVEN SERVICES TO IMPROVE STUDENT OUTCOMES ACROSS THE STATE OF TEXAS INCLUDING PROPESSIONAL LEARNING FOLLOW—UP COACHING FOR LEADERSHIP, FACULTY, AND STAFF AT THE DISTRIAND COUNCOMES. 4c (code) (reposses 1,070,946. including gents of \$ PROVIDE RESEARCH PROVEN, DATA—DRIVEN SERVICES TO IMPROVE STUDENT OUTCOMES ACROSS THE STATE OF TEXAS INCLUDING PROPESSIONAL LEARNING FOLLOW—UP COACHING FOR LEADERSHIP, FACULTY, AND STAFF AT THE DISTRIAND CAMPUS LEVELS.	Pai	t III Statement of Program Service Accomplishments		
TRANSFORMING EDUCATION SYSTEMS THROUGH DATA AND COLLABORATION SO AL STUDENTS SUCCEED. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990 E/2		Check if Schedule O contains a response or note to any line in this Part III		Х
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(Expenses \$ 468,030 • including grants of \$) (Revenue \$ 213,559 •)		Other and many considers (Describe on Calculate C.)		
(Expenses 5 TOO, OSO including grants of 5) (Hevenue \$ 213,335.)	4 0		213 550 \	
4e Total program service expenses ► 2,743,790.		0 = 40 = 00	210,000.)	

Form 990 (2019) 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?	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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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			l
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1 37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١.,		, v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		l 🕶
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^ `
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			T-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2019) E3 ALLIANCE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		7.7	
	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
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-1	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		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		
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 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		Х
27	If "Yes," complete Schedule R, Part V, line 2	36		Α_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-25
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
03300	1 11 20 20		990	(2010)

Form 990 (2019) E3 ALLIANCE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	21						
·	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
	sponsoring organization have excess business holdings at any time during the year?								
9									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	46							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
	14a Did the organization receive any payments for indoor tanning services during the tax year?								
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a 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 in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website ___ Other *(explain on Schedule O)* Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

507,

AUSTIN

78752

CARA CLIFFORD - 512-223-7095

5930 MIDDLE FISKVILLE RD.

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

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

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

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

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

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

(A)	(B)	<u>g</u> u		((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee/	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	idual t	utiona	5	Key employee	est col	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) ALI KHATAW	2.00									
CHAIR		Х		X				0.	0.	0.
(2) AMBER CARDEN	1.00	1								
VICE CHAIR/CHAIR ELECT		Х		Х		<u> </u>		0.	0.	0.
(3) ASHTON CUMBERBATCH	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(4) BOBBY JENKINS	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(5) COLLETTE PIERCE BURNETTE	1.00								•	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(6) DAVID SMITH	1.00	٠,,							0	•
DIRECTOR (7) POWG KILLIAN	1 00	Х				\vdash		0.	0.	0.
(7) DOUG KILLIAN DIRECTOR	1.00	х						0.	0.	0.
(8) EUGENE BOURGEOIS	1.00	^				\vdash		0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(9) GARRETT GROVES	1.00	25						•	.	•
SECRETARY	1100	х		x				0.	0.	0.
(10) JODI DURON	1.00	<u></u>								
DIRECTOR		Х						0.	0.	0.
(11) MIGUEL ROMANO	1.00								-	
DIRECTOR		Х						0.	0.	0.
(12) RICH ELSASSER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) RICHARD RHODES	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SUSAN DAWSON	60.00									
PRESIDENT		Х		Х		_		211,234.	0.	30,959.
(15) TAMARA ATKINSON	1.00	1								_
DIRECTOR		Х				<u> </u>	<u> </u>	0.	0.	0.
(16) TONY BUDET	1.00	l								_
DIRECTOR	+	Х		_		_		0.	0.	0.
(17) CHARLES MARTINEZ	1.00	l								_
DIRECTOR 932007 01-20-20		X						0.	0.	0 • Form 990 (2019)

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Section A. Officers, Directors, Trus		oloy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D) (E)				(F)	
Name and title	Average	(do		Posit heck m			ne	Reportable	Reportable		Est	imate	d
	hours per	box	, unle	ss pers	on is	both	an	compensation	compensation	ո	amo	ount o	of
	week	offi	cer ar	id a dire	ector.	r/trust	ee)	from	from related		c	ther	
	(list any	ector						the	organizations	;	comp	ensat	tion
	hours for	or dir	a.		- 1	ted		organization	(W-2/1099-MIS	C)	fro	m the	Э
	related	stee (ruste			ensa		(W-2/1099-MISC)			_	nizati	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						relate	
	below line)	ividu	titutio	Officer	em l	hest ploye	Former				orgar	nizatio	ons
	line)	lu	lus	#0	X e	Hig em	휸						
(18) MATT POPE	50.00												
CHIEF TRANSFORMATION OFFIC					X			153,033.		0.	18	, 97	73.
(19) KARL NICHOLS	40.00												
VP OF INVESTOR DEVELOPMENT						Х		108,139.		0.	15	, 32	26.
(20) CARA CLIFFORD	40.00												
CHIEF OPERATIONS OFFICER		•				Х		108,339.		0.	8	. 20	08.
					\dashv			200,0000		-		,_,	
					\dashv								
					_								
					ļ								
					\dashv								
								F00 74F		_	72	1.	
1b Subtotal							>	580,745.		0.	/ 3	, 40	56.
c Total from continuation sheets to Part VI	I, Section A					J	>	0.		0.			0.
d Total (add lines 1b and 1c)						J	<u> </u>	580,745.		0.	73	,46	56.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d abo	ove)	who	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													4
											,	Yes	No
3 Did the organization list any former officer,	director, trusto	ee. k	ev e	emplo	vee	e. or	hia	hest compensated empl	ovee on	[
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		_	·	•		3		Х
4 For any individual listed on line 1a, is the su													
	•							•	•		4	х	
and related organizations greater than \$150											4	^	
5 Did any person listed on line 1a receive or a					•			· ·					37
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch p	ersc	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt cor	ntra	ctor	s th	nat received more than \$	100,000 of comp	ensat	tion fror	n	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wit	th o	r wit	hin	the organization's tax ye	ear.				
(A)								(B)			(C))	
Name and business	address	NO	INC	3				Description of s	ervices	С	ompen	satior	ı
							\dashv						
							\dashv						
							_						
		_					_					_	
2 Total number of independent contractors (in	ncludina but n	ot lin	nited	to th	nose	e list	ed	above) who received mo	ore than				
\$100,000 of compensation from the organization					0		-	,					
w 100,000 of compensation from the organia	-ation										- 0	ΩΩ	010

64-0963235

Form 990 (2019) E3 ALLIANCE
Part VIII Statement of Revenue

		Check if Schedule O c	ontains a	response	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
ant	b b			1b	37,500.				
2 5		Fundraising events		1c	31,3331	-			
Æ,		Related organizations		1d		-			
Contributions, Gifts, Grants and Other Similar Amounts						-			
Sir		Government grants (contri		1e		-			
utic er	ī	All other contributions, gifts, (260 194				
章된		similar amounts not included	••••		260,184.	-			
d d	g			1g \$		2 207 604			
O g	h	Total. Add lines 1a-1f				3,297,684.			
		G031003 G0 D0110			Business Code	1 400 705	1 400 705		
Ce	2 a	CONTRACT REVE	NUE		900099	1,423,725.	1,423,725.		
ē Ķ	b								
Scon	С								
ev ev	d								
Program Service Revenue	е								
4	f	All other program service r	evenue						
	g	Total. Add lines 2a-2f			>	1,423,725.			
	3	Investment income (includ	ing divide	ends, intere	st, and				
		other similar amounts)				14,769.			14,769.
	4	Income from investment of							
	5	Royalties							
		•		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b			-			
	c	Rental income or (loss)	6c						
	q	Net rental income or (loss)	001		_				
		Gross amount from sales of	(i) S	Securities	(ii) Other				
	, a	assets other than inventory	7a		(, 5	1			
	h	Less: cost or other basis	7 a			-			
Φ	b		76						
Revenue	_	and sales expenses	7b			-			
eke		Gain or (loss)							
		Net gain or (loss)			D				
ther	8 a	Gross income from fundraisin	•	` . I					
0		including \$							
		contributions reported on							
		Part IV, line 18				-			
		Less: direct expenses							
		Net income or (loss) from f			_				
	9 a	Gross income from gaming	-						
		Part IV, line 19				-			
		Less: direct expenses							
	С	Net income or (loss) from (gaming a	ctivities	_				
	10 a	Gross sales of inventory, le	ess returr	ns					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from s	sales of ir	ventory	>				
,,					Business Code				
ous	11 a								
ane Dire	b								
Miscellaneous Revenue	С								
<u>iš</u> c	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instructio				4,736,178.	1,423,725.	0.	14,769.

Form 990 (2019) E3 ALLIANCE Part IX Statement of Functional Expenses

04	== F01(-\/0) === F01(-\/0) ====================================	lata all a alcumenta. All atta			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	420,596.	277,082.	87,835.	55,679.
6	Compensation not included above to disqualified	,	,	,	,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,807,225.	1,543,253.	171,146.	92,826.
8	Pension plan accruals and contributions (include	_, ,	_, = = = , = = = =		22,0200
3	section 401(k) and 403(b) employer contributions)				
9	· · · · · · · · · · · · · · · · · · ·				
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
	Legal				
_	Accounting				
d	Lobbying	C1 007			C1 007
е	Professional fundraising services. See Part IV, line 17	61,887.			61,887.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	404 500	412 072	E 501	2 006
	column (A) amount, list line 11g expenses on Sch 0.)	424,780.	413,973.	7,581.	3,226.
12	Advertising and promotion	4,640.	3,418.	934.	288.
13	Office expenses	36,524.	26,908.	7,350.	2,266.
14	Information technology	20,001.	14,735.	4,025.	1,241.
15	Royalties				
16	Occupancy	55,975.	42,308.	9,383.	4,284.
17	Travel	46,621.	37,297.	4,662.	4,662.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,368.	25,012.	5,981.	3,375.
20	Interest	203.	149.	41.	13.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,098.	809.	221.	68.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PASSTHROUGHS	335,645.	333,709.	899.	1,037.
b	GIFTS & AWARDS	19,842.	14,618.	3,993.	1,231.
c	MISCELLANEOUS EXPENSES	8,099.	7,021.	825.	253.
d	STAFF DEVELOPMENT	5,158.	3,498.	1,578.	82.
	All other expenses	2,230.	5,150.	=,5,0,	<u></u>
25	Total functional expenses. Add lines 1 through 24e	3,282,662.	2,743,790.	306,454.	232,418.
26	Joint costs. Complete this line only if the organization	-,,	_,,,,,,,,	200,1011	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING SOF 90-2 (ASC 936-720)				000

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Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet	<u> </u>		
		Check if Schedule O contains a response or note to any line in this Part >	(
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,318,364.	1	4,206,358.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	715,590.	3	917,688.
	4	Accounts receivable, net		4	259,730.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		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	
Ŋ	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 depreciation		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)		16	5,383,776.
	17	Accounts payable and accrued expenses	255,243.	17	432,358.
	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%	6		
ä		controlled entity or family member of any of these persons		22	
_	23			23	200 025
	24	Unsecured notes and loans payable to unrelated third parties	150,000.	24	370,735.
	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	002 002
	26	Total liabilities. Add lines 17 through 25	405,243.	26	803,093.
Ø		Organizations that follow FASB ASC 958, check here			
JC	07	and complete lines 27, 28, 32, and 33.	2,637,159.	07	3,246,511.
ala	27	Net assets without donor restrictions		27	1,334,172.
g B	28	Net assets with donor restrictions	490,000	28	1,334,172.
Ë		Organizations that do not follow FASB ASC 958, check here	_		
è		and complete lines 29 through 33.		00	
)ts	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		32	4,580,683.
ž	32	Total lightilities and not assets/fund balances	2 5 2 2 4 4 2	33	5,383,776.
	33	Total liabilities and net assets/fund balances	J,JJ2,41U•	აა	3,303,770.

Form **990** (2019)

Form 990 (2019) 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			736			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	282	, 66	2.	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	153	, 51	.6.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,1	27	,16	7.	
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9					0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		4,5	80	, 68	33.	
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					[X	
					Υ	es	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2	2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			_ 2	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit					
	Act and OMB Circular A-133?			_ 3	Ba		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	tit					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2085758.	1053261.	2517696.	1554976.	3297684.	10509375.
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	2085758.	1053261.	2517696.	1554976.	3297684.	10509375.
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)						3180520.
	Public support. Subtract line 5 from line 4.						7328855.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2085758.	1053261.	2517696.	1554976.	3297684.	10509375.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,423.	4,503.	4,515.	14,120.	14,769.	42,330.
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.)						40554505
11	,						10551705.
12	Gross receipts from related activities,	•	,				,637,582.
13	First five years. If the Form 990 is for						
800	organization, check this box and stop ction C. Computation of Publi	here C Support Per	centage				P
				olumn (f)\		14	69.46 %
14						15	00 1 =
15	Public support percentage from 2018 33 1/3% support test - 2019. If the contract of the contra						
10a							
r	stop here. The organization qualifies 33 1/3% support test - 2018. If the o						
	and stop here. The organization quali						
17=	10% -facts-and-circumstances test				 13 16a or 16b a		
174	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
r	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		• •		•
18	Private foundation. If the organization			•	,		······································

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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	1	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)		Cont			- 504(-)(0)	
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	/ 6
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	20		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
nΩ	90 or 99	n-E7	2010
	J		2013

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
– a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne 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		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
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 1-1/2% 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 .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 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-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	I v Iype III Non-F	-unctionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	Current Year			
1	Amounts paid to support				
2	Amounts paid to perform				
	organizations, in excess				
3	Administrative expenses				
	Amounts paid to acquire				
5	Qualified set-aside amour				
6	Other distributions (descri				
7	,	ns. Add lines 1 through 6.			
8		supported organizations to which th	ne organization is responsive		
	(provide details in Part V	0	J		
9		2019 from Section C, line 6			
	Line 8 amount divided by	·			
			(i)	(ii)	(iii)
Secti	ion E - Distribution Alloca	ations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for	2019 from Section C, line 6			
2	Underdistributions, if any	, for years prior to 2019 (reason-			
	able cause required- expl	ain in Part VI). See instructions.			
3	Excess distributions carry	yover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
	From 2018				
f	Total of lines 3a through	е			
	Applied to underdistribut				
	Applied to 2019 distribut				
	Carryover from 2014 not				
j	Remainder. Subtract lines				
4	Distributions for 2019 fro				
	line 7:	\$			
а	Applied to underdistribut	ions of prior years			
	Applied to 2019 distribute				
	Remainder. Subtract lines				
5		ions for years prior to 2019, if			
	•	d 4a from line 2. For result greater			
	than zero, explain in Part				
6		tions for 2019. Subtract lines 3h			
	•	sult greater than zero, explain in			
	Part VI. See instructions.				
7		rryover to 2020. Add lines 3j			
-	and 4c.	, 1 1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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 Rule. See instructions.					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter h purpose. Don't con	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					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

64-0963235

O	B11M(CD	0 1	0703233
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$910,395.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$00,790.	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
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$974,391.	Person X Payroll

Name of organization

Employer identification number

64-0963235

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional 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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

E3 ALLIANCE 64-0963235

Partii	(see instructions). Use duplicate copies of Part II	i 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
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	(e) Transfer Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift (c) Use o	f gift	(d) Description of how gift is held	
	(e) Tran	sfer of gift		_
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(c) Use of gift

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

required to complete this part.

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization E3 ALLIANCE

Employer identification number 64-0963235

1 Indicate whether the organization ra						
a X Mail solicitations				overnment grants		
b X Internet and email solicitation				nment grants		
c X Phone solicitations	g X Speci	iai fundra	aising	events		
d X In-person solicitations		al (i.a.al)	l:		.	
2 a Did the organization have a written					tees, or X Yes	No
b If "Yes," list the 10 highest paid ind	Part VII) or entity in connection with					
compensated at least \$5,000 by the		suarii io	ayree	ments under which ti	ie iuriuraiser is to be	,
- Compensated at least \$6,000 by the				1	Г	1
(i) Name and address of individual		(iii)	Did raiser	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody ntrol of	from activity	to (or retained by) fundraiser	to (or retained by)
, , , , , , , , , , , , , , , , , , , ,			utions?		listed in col. (i)	organization
SUE ANN WADE-CROUSE - 1333		Yes	No			
SHORE DISTRICT DRIVE, #1550,	GRANTWRITING SUPPORT		Х	0.	61,887.	-61,887.
	+					
	+					
	 					
Total					61,887.	-61,887.
Total 3 List all states in which the organizati	ion is registered or licensed to solici		utions	or has been notified	· · · · · · · · · · · · · · · · · · ·	•
or licensing.	or is registered of liberiaed to soller	CONTIND	ations	or rias been notified	it is exempt from re	gistiation

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.							
		Ţ Ţ	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))			
ne			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
s	5	Noncash prizes							
esued	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
ቯ	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summary. Add lines 4 through			>				
_	11								
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.		(1.) Dull take finatent	T	I (N Takal a sassina (a dal			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				ag., p. 19. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		(2)			
- Re	1	Gross revenue							
ses	2	Cash prizes							
Direct 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	ı 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•				
		Net garning income summary. Subtract line r	monthine 1, column (a)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _						
		he organization licensed to conduct gaming ac		states?		Yes No			
b	If "	No," explain:							
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b f "Yes," explain:								

Sch	nedule G (Form 990 or 990-EZ) 2019 E3 ALLIANCE	64-0963235	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	□ No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	1es	140
	a The organization's facility	13a	%
	b An outside facility		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount	
	of gaming revenue retained by the third party ▶\$		
•	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
- 1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
D	organization's own exempt activities during the tax year \$ \$		
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Part III, lines 9, 9	9b, 10b,
~	NURDIU E C. DADE I LINE OD LIGE OF EEN UIGUEGE DAID BUNDDA	T GED G	
<u>sc</u>	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	LSEKS:	
	TANAME OF THE PART OF THE AND WARE GROUND		
(1	NAME OF FUNDRAISER: SUE ANN WADE-CROUSE		
<u>(</u>]) ADDRESS OF FUNDRAISER:		
<u>13</u>	333 SHORE DISTRICT DRIVE, #1550, AUSTIN, TX 78741		
_			

Schedule C	G (Form 990 or 990-EZ) Supplemental Infor	E3 ALLIANCE		64-0963235	Page 4
Part IV	Supplemental Infor	mation _(continued)			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

E3 ALLIANCE

Employer identification number

64-0963235

Pa	art I Questions Regarding Compensation				
	·			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the	he 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 follows:	ow 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 a	allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regard	ding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to esta	ablish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any bo	xes 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	on A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualifie	ed retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensa	ation arrangement?	4c		X
	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 m	ust 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
			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				
	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				
	initial contract exception described in Regulations section 53.4958		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable pre-				
	Regulations section 53.4958-6(c)?		9		ı

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 E3 ALLIANCE 64-0963235 Page 2

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) SUSAN DAWSON (i	211,234.	0.	0.	0.	30,959.	242,193.	0.
PRESIDENT (iii	0.	0.	0.	0.	0.	0.	0.
(2) MATT POPE (i	153,033.	0.	0.	0.	18,973.	172,006.	0.
CHIEF TRANSFORMATION OFFIC (ii		0.	0.	0.	0.	0.	0.
(i)						
(ii							
(i)						
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(i)							
(i							
(ii							

Schedule J (Form 990) 2019	E3 ALLIANCE	64-0963235	Page 3
Part III Supplemental Informa			
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b	, 7, and 8, and for Part II. Also complete this part for any additional information	on.

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **Open to Public**

Inspection

Name of the organization

E3 ALLIANCE

Employer identification number 64-0963235

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
BEGINNING IN APRIL 2020 AND DUE TO THE PANDEMIC, WE TRANSITIONED TO
PROVIDING OUR SERVICES VIRTUALLY INSTEAD OF IN-PERSON. WE EXPECT THIS
TO BE TEMPORARY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOCUSES COLLABORATION - THE ORGANIZATION CONVENES AND FACILITATES
COLLABORATIONS TO FOCUS ON SPECIFIC IMPROVEMENTS THAT CAN BE MADE IN
OUR EDUCATION SYSTEMS.
EXPENSES \$ 468,030. INCLUDING GRANTS OF \$ 0. REVENUE \$ 213,559.
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 ELECTIONS MEETING
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION CONDUCTS AN EXTERNAL REVIEW OF SIMILAR POSITIONS AS WELL
AS A REVIEW OF COMPARABLE POSITIONS WITHIN A PARTNER ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
OTHER GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE UPON REQUEST AND
ARE ROUTINELY SHARED WITH OTHER STATE P-16 COUNCILS.

Name of the organization E3 ALLIANCE	Employer identification number 64-0963235					
SUB-CONTRACTORS:						
PROGRAM SERVICE EXPENSES	413,973.					
MANAGEMENT AND GENERAL EXPENSES	7,581.					
FUNDRAISING EXPENSES	3,226.					
TOTAL EXPENSES	424,780.					
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	424,780.					
FORM 990, PART XII, LINE 2C						
THE ORGANIZATION'S OVERSIGHT PROCESS AND ITS PROCESS FOR S	ELECTION OF					
AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YE	AR.					
FORM 990, PART VI, SECTION B, LINE 13:						
THE ORGANIZATION DOES NOT HAVE A WRITTEN WHISTLEBLOWER POLICY ON A						
STAND ALONE BASIS, HOWEVER MULTIPLE RETALIATION POLICIES ARE IN EFFECT						
THROUGH ITS HOST AND FOUNDING PARTNER ORGANIZATION, AUSTIN COMMUNITY						
COLLEGE.						
FORM 990, PART VI, SECTION B, LINE 14:						
THE ORGANIZATION DOES NOT HAVE A DOCUMENT RETENTION AND DE	STRUCTION					
POLICY ON A STAND ALONE BASIS, HOWEVER IT IS PROTECTED BY	THE POLICIES					
THROUGH ITS HOST AND FOUNDING PARTNER ORGANIZATION, AUSTIN	COMMUNITY					
COLLEGE.						

Form **8868**

(Rev. January 2020)

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 64-0963235 E3 ALLIANCE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5930 MIDDLE FISKVILLE RD., NO. 507 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 Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CARA CLIFFORD The books are in the care of ► 5930 MIDDLE FISKVILLE RD. # 507 - AUSTIN, TX 78752 Telephone No. ► 512-223-7095 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. I request an automatic 6-month extension of time until JULY 15, 2021 , to file the exempt organization return for

За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ 0.
b	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	\$ 0.
С	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.	3с	\$ 0.

 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ AUG $\overline{\hspace{0.5cm}}$ 31 , $\overline{\hspace{0.5cm}}$ 2020

Initial return

| Final return

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

the organization named above. The extension is for the organization's return for:

If the tax year entered in line 1 is for less than 12 months, check reason:

calendar year or

Change in accounting period

ightharpoonup |X| tax year beginning |SEP|1, |2019|

Form 8868 (Rev. 1-2020)