EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if C Name of organization D Employer identification number Address THE EDUCATIONAL ALLIANCE, INC Name change 13-5562210 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 197 EAST BROADWAY 212-780-2300 56,204,852. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10002 H(a) Is this a group return Applica-tion F Name and address of principal officer: ANYA HOERBURGER Yes X No for subordinates? pending SAME AS C ABOVE Yes No H(b) Are all subordinates included? I Tax-exempt status: [X] 501(c)(3) [] 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.EDALLIANCE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 1889 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE EDUCATIONAL ALLIANCE CHANGES 1 Activities & Governance LIVES FOR THE BETTER AND ENRICHES THE COMMUNITIES OF DOWNTOWN 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 27 Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a) 946 5 490 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 29,612,310. 33,636,247. Contributions and grants (Part VIII, line 1h) 14,096,114. 8,057,994. Program service revenue (Part VIII, line 2g) 9 1,290,930. 744,212. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 124,973. 203,903. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 39,086,207. 48,680,476. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 292,462. 737,806. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 26,172,509. 29,643,187. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 11,022,995. 15,183,741. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,487,966. 45,564,734. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,115,742. 1,598,241. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 42,882,667. 44,753,122. 20 Total assets (Part X, line 16) 29,524,632. 27,052,587. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances, Subtract line 21 from line 20 15,228,490. 15,830,080. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1 h h mature of officer Uate Sign ANYA HOERBURGER, INTERIM PRESIDENT & CEO Here Type or print name and title Print/Type preparer's name Preparer's signature MAGDALENA CZERNIAWSK 05/12/23 self-amolioved P00535099 Paid MAGDALENA CZERNIAWSKI Firm's name CBIZ MARKS PANETH LLC Firm's EIN - 87-3707167 Preparer Use Only Firm's address ▶ 685 THIRD AVENUE NEW YORK, NY 10017 Phone no. 212-503-8800

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

Part III	Sta	tement	of Pr	ogram	Service	Accom	olishments

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE EDUCATIONAL ALLIANCE CURRENTLY SERVES 50,000 NEW YORKERS ANNUALLY
	VIA 38 PROGRAMS INCLUDING PRESCHOOLS, CAMPS, AFTER SCHOOL PROGRAMS,
	SENIOR CENTERS, HEALTH & WELLNESS PROGRAMS, ARTS & CULTURE CLASSES,
	COUNSELING SERVICES, AND ADDICTION RECOVERY PROGRAMS. ALL PROGRAMS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program 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, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 12,824,601. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$1Z,824,601. including grants of \$) (Revenue \$) MANNY CANTOR CENTER: EDUCATIONAL ALLIANCE'S FLAGSHIP COMMUNITY CENTER
	HAS SERVED THE LOWER EAST SIDE COMMUNITY FOR MORE THAN 130 YEARS. MCC
	OFFERS AWARD-WINNING SERVICES AND EXCITING EVENTS FOR PEOPLE OF ALL
	AGES CENTERED ON THE VALUES OF DIVERSITY AND INCLUSION. ITS PROGRAMS
	INCLUDE A GROUNDBREAKING EARLY CHILDHOOD CENTER, FITNESS CENTER, OLDER
	ADULT CENTER, ART SCHOOL, TEEN CENTER, CIVIC ENGAGEMENT PROGRAMS, AND A
	ONE-OF-A-KIND FAMILY RESOURCE CENTER.
	11 000 210 727 000 14 000 114
4b	(Code:) (Expenses \$11,068,312. including grants of \$737,806.) (Revenue \$14,096,114.)
	THE 14TH STREET Y: THIS EDUCATIONAL ALLIANCE HUB IS THE ONLY JEWISH COMMUNITY CENTER FROM 14TH STREET AND SOUTH. THE 14Y PROVIDES THE EAST
	VILLAGE WITH A RANGE OF DYNAMIC PROGRAMS, INCLUDING A PRESCHOOL AND A
	PARENTING CENTER, ART CLASSES, FITNESS CLASSES, AFTER SCHOOL PROGRAMS,
	SUMMER DAY CAMPS, SPORTS LEAGUES, THEATER PRODUCTIONS, AND A VARIETY OF
	JEWISH LIFE AND LEARNING PROGRAMS. THE SIROVICH CENTER IS A 14Y
	SATELLITE LOCATION THAT OFFERS AGING NEW YORKERS VIBRANT PROGRAMS AND
	CRITICAL SOCIAL SERVICES, AND HOUSES PROJECT ORE, WHICH PROVIDES
	ADDITIONAL SUPPORTS TO AT-RISK OLDER ADULT POPULATIONS
	0 524 241
4c	(Code:) (Expenses \$9,534,241. including grants of \$) (Revenue \$) BEHAVIORAL HEALTH SERVICES: ADDICTION SERVICES: ADDICTION SERVICES AT
	EDUCATIONAL ALLIANCE'S CENTER FOR RECOVERY AND WELLNESS PROVIDE A
	HOLISTIC, STRENGTHS-BASED APPROACH TO RECOVERY AND WELLNESS THAT
	RESPONDS TO THE DISTINCT NEEDS OF EACH INDIVIDUAL. PROGRAMS INCLUDE
	RESIDENTIAL AND OUTPATIENT ADDICTION TREATMENT, RECOVERY SERVICES, AND
	PREVENTION EDUCATION. CULTURALLY-COMPETENT, EVIDENCE-BASED PROGRAMS AND
	SERVICES STRENGTHEN INDIVIDUALS AND COMMUNITIES, ENHANCE RESILIENCY,
	AND FOSTER LASTING RECOVERY. CRW OFFERS ADDITIONAL COMMUNITY
	PROGRAMMING SUCH AS A FREE COMMUNITY FOOD PROGRAM, RESTART ACADEMY HIGH
	SCHOOL, AND EMPLOYMENT AND HOUSING SERVICES.
4d	Other program services (Describe on Schedule O.)
4.5	(Expenses \$ 4,272,935 ⋅ including grants of \$) (Revenue \$) Total program service expenses ► 37,700,089 ⋅
40	Total program service expenses ► 37,700,089.

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Form 990 (2021) THE EDUCATIONAL ALLIANCE, INC 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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>- 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democracy government on that by, column by y, into it: II fes, complete ochequie I, Parts I and II			

Form 990 (2021) THE EDUCATIONAL ALLIANCE, INC 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							
	Schedule J	23	Х					
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
		24a		x				
	Schedule K. If "No," go to line 25a							
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	,							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
u		28a		x				
h	"Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200						
C	, ·	28c		X				
00	"Yes," complete Schedule L, Part IV	29	Х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x				
•	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l				
	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							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	, , , , , , , , , , , , , , , , , , ,							
	Note: All Form 990 filers are required to complete Schedule O							
Par		38	X					
	Check if Schedule O contains a response or note to any line in this Part V							
	, , , , , , , , , , , , , , , , , , , ,		Yes	No				
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 172			"				
	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in 10t applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
U	(mark lie s) with a large to a site of the same of	1c	Х					
	(gambling) winnings to prize winners?	IU		L				

Form 990 (2021) THE EDUCATIONAL ALLIANCE, INC

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	Х						
	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?	За		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					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ь—					
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?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,					
_	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
e	, , , , , , , , , , , , , , , , , , ,								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711							
0		8							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	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.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand Did the examination receive any payments for indeer temping equipes during the tay year?	44-		Х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
IJ		15		X					
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ė					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.								

Form 990 (2021) THE EDUCATIONAL ALLIANCE, INC 13-5562210 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7				
	more members of the governing body?	7a		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7				
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	37					
	The governing body?	8a 8b	X					
b	, , , , , , , , , , , , , , , , , , , ,							
9	, , , , , , , , , , , , , , , , , , , ,							
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· ·					
40		40	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х					
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b. Describe on Schedule O the process, if any used by the organization to review this Form 990.							
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b	Х					
С		12c	x					
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	17						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a	х					
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	,,						
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MARK A. ENSELMAN, CFO - 212-780-2300							
	197 EAST BROADWAY NEW YORK NY 10002							

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.

INC

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is both an		n an	compensation	compensation	amount of
	week	_	officer and a d		Irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	st co oyee	-e	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ALAN VAN CAPELLE	40.00									
PRESIDENT/CEO	2.10			X				395,441.	0.	30,590.
(2) ANYA HOERBURGER	40.00									
INTERIM CEO	1.00					Х		237,973.	0.	22,351.
(3) DONNA LAWRENCE	40.00									
EVP	1.00					Х		192,088.	0.	39,766.
(4) MARK ENSELMAN	40.00									
CFO/CHIEF ADMINISTRATIVE O	2.10			X				212,199.	0.	6,540.
(5) BRACKET JORDAN	40.00									
14TH ST Y EXECUTIVE DIRECTOR						X		200,358.	0.	7,105.
(6) JILL OLONOFF	40.00									
CONTROLLER	1.00					X		174,810.	0.	23,662.
(7) DESRAVINES JEAN	40.00									
CHIEF PEOPLE & EQUITY OFFICER	1.00					Х		188,619.	0.	5,654.
(8) ADAM TISHMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(9) BETH A RUSTIN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) CAROL SCHWARTZ	2.00									
TRUSTEE		Х						0.	0.	0.
(11) CLYDE R. BROWNSTONE	2.00									
TRUSTEE		Х						0.	0.	0.
(12) DANIEL K. CANTOR	2.00									
TRUSTEE		Х						0.	0.	0.
(13) DARCY BRADBURY	6.00									
TREASURER	1.00	Х		X				0.	0.	0.
(14) DAVID BARON	2.00									
TRUSTEE		Х						0.	0.	0.
(15) DAVID LEVI	2.00									
TRUSTEE	1	Х						0.	0.	0.
(16) FABIENNE SILVERMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(17) FREDERICK K. MAREK	2.00	1								_
TRUSTEE		Х						0.	0.	0.
										Earm 990 (2021)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			(C)				(D)	(E)	(F)		
Name and title	Average hours per week	box	not c , unle cer ar	ss per	more rson is	than o	n an	Reportable compensation from	Reportable compensation from related	an	timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensatom the anization relate anization anization anization anization de la completa del completa de la completa de la completa del completa de la completa della completa de la completa della completa della completa	e ion ed
(18) GAIL M. LISS	2.00											
TRUSTEE		Х						0.	0.			0.
(19) HOWARD ZIMMERMAN	2.00											
TRUSTEE		Х						0.	0.			0.
(20) IRVING SITNICK	2.00											
TRUSTEE		Х						0.	0.			0.
(21) JAMES F. CRYSTAL	2.00											
TRUSTEE		Х						0.	0.			0.
(22) JANNA FISHMAN STERN	2.00											
TRUSTEE		Х						0.	0.			0.
(23) JENNY MORGENTHAU	2.00											
TRUSTEE		Х						0.	0.			0.
(24) JOHN GALLAGHER	2.00											
TRUSTEE		Х						0.	0.			0.
(25) JOSEPH CELLURA	2.00											
TRUSTEE		Х						0.	0.			0.
(26) JOSEPH GLATT	2.00											
TRUSTEE		Х						0.	0.			0.
1b Subtotal								1,601,488.	0.	13	5,66	58.
c Total from continuation sheets to Part \	II, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)								1,601,488.	0.	13	5,66	<u> 58.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												30
											Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	сеу е	empl	oye	e, or	high	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	er compensation from t	ne organization			
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." co	rendered to the organization? If "Yes," complete Schedule J for such person											X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UMVLT LLC		
175 VARICK STREET, NEW YORK, NY 10014	IT SERVICES	554,314.
CBS-CLEANING BUILDING SERVICES		
247 W.35 ST #9R , NEW YORK, NY 10001	JANITORIAL SERVICE	440,884.
EXOS COMMUNITY SERVICES, LLC, 25 HANOVER		
ROAD, BLDG A, FLORHAM PARK, NJ 07932	FITNESS CONSULTANT	298,987.
JANITORIAL CLEANING SERV NY LLC		
247 W.35 ST #9R , NEW YORK, NY 10001	JANITORIAL SERVICE	281,605.
CBIZ MARKS PANETH LLP		
685 THIRD AVENUE, NEW YORK, NY 10017	ACCOUNTING SERVICES	144,281.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 5		

	OCATIONAL	AL	ТП	MN	CE	,	ΤIJ	iC	13-336	ZZIU
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	ees (continued)	
(A) (B) (C								(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cł	(check all that a					compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	ordir	au			ted e		(W-2/1099-MISC)		organization
	related	stee	truste		e e	ben sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lividu	tituti	Officer	y em	jhest	Former			
	line)	ılı	SE .	#0	Ke	'≟'	Fo			
(27) JOSEPH PERSKY	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(28) JOSHUA VLASTO	2.00								_	_
TRUSTEE		X						0.	0.	0.
(29) LINDA F. LYNN	2.00									
TRUSTEE	1.10	Х						0.	0.	0.
(30) MARK MORRIL	2.00									
SECRETARY		Х	L					0.	0.	0.
(31) MICHAEL LESSER	2.00									
TRUSTEE (OUTGOING)		Х						0.	0.	0.
(32) MICHELLE M. BARONE	2.00									
TRUSTEE	1.10	Х						0.	0.	0.
(33) PATRICIA KENNER	2.00							-	-	
TRUSTEE		Х						0.	0.	0.
(34) RICHARD A CANTOR	2.00								•	
TRUSTEE (OUTGOING)		х						0.	0.	0.
(35) ROBERTA KARP	7.00									
CHAIR	1.00	х		х				0.	0.	0.
(36) RUTH HOROWITZ	2.00							•	•	-
TRUSTEE	2.00	х						0.	0.	0.
(37) SAMUEL W. ROSENBLATT	2.00	21						•	0.	
TRUSTEE	1.10	х						0.	0.	0.
(38) TAMAR REMZ	2.00	27						0.	0.	
ASSOCIATE TRUSTEE	2.00	Х						0.	0.	0.
(39) ZHENG WANG	2.00	Λ						0.	0.	•
TRUSTEE	2.00	Х						0.	0.	0.
TRUSTEE		Λ						0.	0.	0.
				Ш				-		
				Ш						
Total to Part VII, Section A, line 1c										

		Check if Schedule O conta	ains a response (or note to any line	e in this Part VIII			
		Check ii Genedale G conta	airis a response t	or riote to arry link	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
				1 710 402				300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a		1,710,402.				
Gra	b	Membership dues		1 426 200				
ts, An	С	Fundraising events		1,436,300.				
₽₽	d	Related organizations		852,000.				
S. ini	е	Government grants (contributi		25,301,295.				
₽ S	f	All other contributions, gifts, gran						
直		similar amounts not included above	ve 1f	4,336,250.				
a it	g	Noncash contributions included in lines	1a-1f 1g \$	114,167.				
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f			33,636,247.			
				Business Code				
ġ.	2 a	PROGRAM SERVICE FEES		624200	13,985,311.	13985311.		
ξ	b	DEVELOPERS FEE INCOME		624200	110,803.	110,803.		
Se	С		_					
že a	d							
Beg	е							
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f		•	14,096,114.			
	3	Investment income (including			, , -			
	Ū	other similar amounts)			290,503.			290,503.
	4	Income from investment of tax						
	5	Royalties	(i) Real	(ii) Personal				
	_		244 222	(ii) i ersoriai				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c	344,292.		244 222			244 222
		Net rental income or (loss)	I m a		344,292.			344,292.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	7,723,996.					
	b	Less: cost or other basis						
ne		and sales expenses 7b		79,449.				
Revenue	С	Gain or (loss)7c	533,158.	-79,449.				
Be	d	Net gain or (loss)	<u></u>		453,709.	-79,449.		533,158.
ЭĒ	8 a	Gross income from fundraising ev						
₹		including \$1,436	,300. of					
		contributions reported on line	1c). See					
		Part IV, line 18	8a	113,700.				
	b	Less: direct expenses		254,089.				
	С	Net income or (loss) from fund	Iraising events		-140,389.			-140,389.
		Gross income from gaming ac						
		Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	.o u	and allowances						
	h	Less: cost of goods sold						
\dashv	С	Net income or (loss) from sales	S OF HIVEHLORY	Business Code				
S _D	44 -			Dualifeas Code				
Miscellaneous Revenue	11 a							
lan	b							
3e	С							
Σ	d	All other revenue						
	е	Total. Add lines 11a-11d		.	10			
	12	Total revenue See instructions		.	48 680 476.	14016665.	0.	1027564.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

00011	On 50 (C)(5) and 50 (C)(4) organizations must comp				
	Check if Schedule O contains a respor	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
/b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	737,806.	737,806.		
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				
4					
5	Compensation of current officers, directors,	626 060	76 206	E60 E02	
	trustees, and key employees	636,869.	76,286.	560,583.	
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	23,780,868.	19,992,471.	2,994,655.	793,742.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	841,308.	718,823.	88,293.	34,192. 104,107.
9	Other employee benefits	2,561,579.	2,188,642.	268,830.	104,107.
10	Payroll taxes	1,822,563.	1,557,218.	191,273.	74,072.
11	Fees for services (nonemployees):				,
	Management	244,301.	33,573.	210,728.	-
	Legal	166,196.	33,373.	166,196.	
	Accounting	100,190.		100,190.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	60.024		60.024	
f	Investment management fees	68,934.		68,934.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	3,744,551.	2,923,568.	783,950.	37,033.
12	Advertising and promotion	388,179.	120,868.	249,785.	17,526.
13	Office expenses	1,036,894.	789,303.	198,434.	49,157.
14	Information technology				
15	Royalties				
16	Occupancy	3,579,401.	3,386,635.	192,317.	449.
17	Travel	633,647.	576,485.	51,674.	5,488.
18	Payments of travel or entertainment expenses	, ,	,	, ,	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
		153,867.	3,940.	149,927.	
20	Interest	133,007.	3,,,,,,,	147,7410	
21	Payments to affiliates	1,130,490.	1,105,366.	25,124.	
22	Depreciation, depletion, and amortization	376,077.	333,309.	36,566.	6,202.
23	Insurance	3/0,0//.	333,309.	30,300.	0,202.
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.)	1 040 == 1	1 042 274		400
а	SUPPLIES	1,249,574.	1,243,074.	6,061.	439.
b	FOOD	1,044,746.	1,037,174.	1,614.	5,958.
С	CLIENT ASSISTANCE	323,135.	245,635.	77,500.	_
d	BAD DEBT EXPENSE	323,057.	147,613.	105,924.	69,520.
е	All other expenses	720,692.	482,300.	214,200.	24,192.
25	Total functional expenses. Add lines 1 through 24e	45,564,734.	37,700,089.	6,642,568.	1,222,077.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
10001	112-09-21			<u> </u>	Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 3,092,988. 2 Savings and temporary cash investments 363,982. 3 Pledges and grants receivable, net 9,642,634. 4 Accounts receivable, net 1,847,684. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 181,793. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,044,500. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10,864,252. 16,443,050. 11 Investments - publicly traded securities 10,159,530.		
1 Cash - non-interest-bearing 3,092,988. 2 Savings and temporary cash investments 363,982. 3 Pledges and grants receivable, net 9,642,634. 4 Accounts receivable, net 1,847,684. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 181,793. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,044,500. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. b Less: accumulated depreciation 10b 10,864,252. 16,443,050.		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. b Less: accumulated depreciation 10b 10,864,252. 16,443,050.		(B) End of year
2 Savings and temporary cash investments 363,982. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. b Less: accumulated depreciation 10b 10,864,252. 16,443,050.	1	494,062.
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. b Less: accumulated depreciation 1,847,684. 1,847,684. 1,847,684. 1,847,684. 1,847,684. 1,847,684.	2	1,010,920.
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. 10b 10,864,252. 16,443,050.	3	13,383,963.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. 10b 10,864,252. 16,443,050.	4	2,247,287.
controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,044,500. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10,864,252. 16,443,050.		
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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. 10b 10,864,252. 16,443,050.		
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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,950,593. 10b 10,864,252. 16,443,050.	5	
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 181,793. 1044,500.		
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 26,950,593. 10b 10,864,252. 16,443,050.	6	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 26,950,593. 10b 10,864,252. 16,443,050.	7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 26,950,593. 10b 10,864,252. 16,443,050.	8	
basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 26,950,593. 10b 10,864,252. 16,443,050.	9	940,711.
b Less: accumulated depreciation 10b 10,864,252. 16,443,050.		
11 Investments - publicly traded securities 10,159,530.	10c	
	11	7,245,689.
12 Investments - other securities. See Part IV, line 11	12	
13 Investments - program-related. See Part IV, line 11	13	
14 Intangible assets	14	4.72.624
15 Other assets. See Part IV, line 11 1,976,961.	15	1,473,694.
16 Total assets. Add lines 1 through 15 (must equal line 33) 44,753,122.	16	42,882,667.
17 Accounts payable and accrued expenses 5,745,974.	17	6,582,431.
18 Grants payable	18	F 06F 000
19 Deferred revenue 8,951,069.	19	5,865,080.
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
Loans and other payables to any current or former officer, director,		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	00	
controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 1,790,529.	22	1,678,326.
23 Secured mortgages and notes payable to unrelated third parties 1,790,529. 24 Unsecured notes and loans payable to unrelated third parties 500,000.	24	500,000.
25 Other liabilities (including federal income tax, payables to related third	24	300,000.
parties, and other liabilities not included on lines 17-24). Complete Part X		
of Schedule D 12,537,060.	25	12,426,750.
26 Total liabilities. Add lines 17 through 25 29, 524, 632.		27,052,587.
Organizations that follow FASB ASC 958, check here X		
and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions 2,294,584.	27	4,553,605.
28 Net assets with donor restrictions 12,933,906.	28	11,276,475.
Organizations that do not follow FASB ASC 958, check here		
and complete lines 29 through 33.		
δ 29 Capital stock or trust principal, or current funds	29	
30 Paid-in or capital surplus, or land, building, or equipment fund	30	
31 Retained earnings, endowment, accumulated income, or other funds	31	
32 Total net assets or fund balances	32	15,830,080.
33 Total liabilities and net assets/fund balances 44,753,122.	33	42,882,667.

Form **990** (2021)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

<u> Form</u>	1990 (2021) THE EDUCATIONAL ALLIANCE, INC	13-3	00044	<u>T 0</u>	Pag	ge 🛂
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	48,	680),4'	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,	564	1,7	34.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	115	7,7	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,			
5	Net unrealized gains (losses) on investments	5	-2,	514	1,1	52.
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	15,	830	0,0	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?		L	3а	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE EDUCATIONAL ALLIANCE, 13-5562210 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendary year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total filts; grants, contributions, and membership fees received. (Do not include any "unusual grants.") 27907718. 27902999. 29089519. 29612310. 3 3636247. 148148793 27907718. 27902999. 29089519. 29612310. 3 3636247. 148148793 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3 The patient or total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f) 6. Public support. Setwactive 8 from five 4 Section B. Total Support (a) 2019 (d) 2020 (e) 2021 (f) Total 27907718. 27902999. 29089519. 29612310. 3 3636247. 148148793 7. Amounts from line 4 7. Amounts from	Sec	tion A. Public Support						
membership fees received. (00 not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf corresponded on the paid to the organization without charge 4 Total. Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 6 Public support. Setwart we show the 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from include gain or loss from the sale of capital assets (Explain in Part VI) 17 Total support. Add lines 7 through 10 18 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 (c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Percentage of the payment of the paymen	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
2 Tax revenues level for the organization is benefit and either pad 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subsective Services or facilities furnished by a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Public support, Subsective Services (fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 (d) 2020 (e) 2021 (f) Total 2020 (f) Total	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization'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 line 1 through 3 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) 6 Public support. Beavast we show line 4 Section B. Total Support 27907718.27902999.29089519.29612310.33636247.148148793 Tax mounts from line 4 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources 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 assists (Explain in Part VI) 11 Total support. Add line 37 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. 1-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. 1-2020. If the organization of lond to check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. 2020. If the organization of lond to check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. 2020. If the organization of lond to check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. 4 box on line 13 on line 14 line 15 is 10% or more, and if the organizat		membership fees received. (Do not						
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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. 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) 6. Public support. Solvest lines 9 to miles. 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividenders, payments received on securities. 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). 10. Gross receipts from related activities, etc. (see instructions). 11. Total support. Add lines 7 through 10. 12. Gross receipts from related activities, etc. (see instructions). 12. Explain in Part VI). 13. First 5 years. If the Form \$90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 14. Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 15. 33.1/3% support test - 2022. If the organization of din ot check the box on line 13, and line 14 is 33.1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test 2020. If the organization of din ot check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization din ont check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets t	2	Tax revenues levied for the organ-						
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	h		· ·	•				
	J		_					10/0 01
- gameanon roote and radio and another root root. The organization qualified as a publicly supported organization				,				
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	•				•		······································

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)										
Se	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
9	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 on line 10b, whether or not the business is										
	regularly carried on										
12	Other income. Do not include gain										
	or loss from the sale of capital assets (Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,				
	check this box and stop here						>				
Se	ction C. Computation of Publi	c Support Per	centage								
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%				
	Public support percentage from 2020	·				16	%				
Se	ction D. Computation of Inves	tment Income	Percentage								
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%				
18		percentage from 2020 Schedule A, Part III, line 17									
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not				
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>				
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and				
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization					
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 THE EDUCATIONAL ALLIAN			13-5562210 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections 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):			
а	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations _{(continued}	()	
Sec	ion D - Distributions			Curre	nt Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	;	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)	į	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		-	7	
8	Distributions to attentive supported organizations to which	the organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10	0	
		(i)	(ii)	(i	iii)

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

Schedule A (Form 990) 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	OULE A,	PART	· II,	LINE	10,	EXPL	ANAT	ION	FOR	OTHER	2]	INCOME	:		
MISCE	ELLANEO	US IN	COME												
2017	AMOUNT	: \$	81,	694.											
2018	AMOUNT	: \$	89,	671.											
2020	AMOUNT	: \$	36,	203.											
2021	AMOUNT	: \$	0.												
FUNDE	RAISING														
	AMOUNT	; \$	146	,500.											
	AMOUNT			,500.											
	AMOUNT			,700.											
DAY (CAMP														
2020	AMOUNT	: \$	28,	965.											
IT II	NCOME														
2020	AMOUNT	: \$	15,	000.											

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE EDUCATIONAL ALLIANCE, INC **Employer identification number** 13-5562210

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year >	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	▶ \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)((i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9. If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala in furtheran	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9. If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement are statement and the light statement are statement and the light statement are statement and the light statement are statement as exhibition, education, or research in the light statement are statement as a statement as a statement are statement as a statement as a statement are statement as a statement as a statement are statement as a statement are statement as a statement are statement as a statement as a statement are statement as a statement as a statement are statement as a statement as	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and exhibition, education, or research in the statement and statement and statement are statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

Pai	t III	Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, or	Othe	r Simil	ar Asse	ets (conti	nued)	
3	Usin	g the organization's acquisition, accessic	on, and other records	s, check	any of the f	ollowing that	make si	ignifican	t use of it	ts		
		ction items (check all that apply):			•	· ·						
а		Public exhibition	d		Loan or excl	hange prograi	m					
b		Scholarly research	е									
С		Preservation for future generations										
4	Prov	ide a description of the organization's co	llections and explain	how th	ev further th	e organization	n's exer	npt pur	ose in Pa	art XIII.		
5		ng the year, did the organization solicit or										
		sold to raise funds rather than to be ma							[Yes		No
Par	t IV	Escrow and Custodial Arrang									r	
		reported an amount on Form 990, Part			3				,	,		
	Is the	e organization an agent, trustee, custodia	an or other intermedi	iary for o	contributions	s or other asse	ets not i	included	I			
		orm 990, Part X?							[Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the foll	lowing t	able:							
		, .	•	Ü						Amour	nt	
С	Begi	nning balance						1c				
d	-	tions during the year										
е		ibutions during the year										
f		ng balance						1f				
2a		he organization include an amount on Fo					ınt liabil	ity?		Yes		No
		es," explain the arrangement in Part XIII.										
Par	τV	Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part I	IV, line ¹	10.				
			(a) Current year		Prior year	(c) Two years			e years ba	ck (e) Fou	r years	back
1a	Begi	nning of year balance	12,198,861.	11	,714,984.	7,205	,273.	7	,179,94	4. 6	,938,	718.
b		ributions	20,000.		40,000.	6,345	,420.				140,	000.
С		nvestment earnings, gains, and losses	-1,718,464.	2	,850,650.	349	,472.		396,97	3.	471,	431.
d		ts or scholarships										
е		r expenditures for facilities										
	and	programs	818,406.	2	,406,773.	2,185	,181.		371,64	4.	370,	205.
f	Adm	inistrative expenses										
g		of year balance	9,681,991.	12	,198,861.	11,714	,984.	7	,205,27	3. 7	,179,	944.
2	Prov	ide the estimated percentage of the curre	ent year end balance	e (line 1ç	g, column (a)) held as:						
а	Boar	d designated or quasi-endowment 🕨 _	28.6800	_%								
b		nanent endowment 48.9300	%									
С	Term	n endowment > <u>22.3900</u>	%									
	The	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are t	here endowment funds not in the posses	ssion of the organiza	tion tha	t are held an	nd administere	ed for th	e organ	ization			
	by:										Yes	No
	(i) (Jnrelated organizations								3a(i)	Х	
	(ii) F	Related organizations								3a(ii)		X
b	If "Ye	es" on line 3a(ii), are the related organizat	tions listed as require	ed on S	chedule R?					3b		
4		ribe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI	ຼ Land, Buildings, and Equipmo	ent.									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990,	Part X,	line 10.				
		Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumula	ated	(d) Boo	k valu	е
			basis (investm	nent)		(other)	de	preciation	on			
1a	Lanc	l								5,3		
b	Build	lings				7,022.		415,		11,43		
С	Leas	ehold improvements				6,204.		687,		3,18		
d		pment				5,772.	3,	761,	633.		4,1	
е	Othe	r			42	6,218.					6,2	
Total	ι Δ ત Α	lines 1a through 1e (Column (d) must on	aud Farm 000 Dart	V aalum	on (D) line 11	2-1				16.08	6 3	41.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE EDUCATIO	NAL ALLIANCE	, INC 13	3-5562210 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11c Soc Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Dook value	(c) Method of Valuation. Cost of Ch	d of year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GOVERNMENT AGENCIES	692,884.
(3) CAPITAL ADVANCES	11,733,866.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,426,750.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2021 THE EDUCATIONAL ALLIANCE,				5562210 Page 4
Par	TXI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		h Revenue per Re	turn.	
1	Total warmen and a land and a land and a land for a sixth at the same and			1	51,252,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	-2,514,152.		
b	Donated services and use of facilities		4,220,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		934,795.		
е	Add lines 2a through 2d			2e	2,640,643.
3	Subtract line 2e from line 1			3	48,611,542.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,934.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	68,934.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	48,680,476.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem			Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	51,985,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,220,000.		
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	3,103,255.		
е	Add lines 2a through 2d			2e	7,323,255.
3	Subtract line 2e from line 1			3	44,662,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,934.		
b	Other (Describe in Part XIII.)	4b	833,795.		
С	Add lines 4a and 4b			4c	902,729.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	45,564,734.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•	•	l; Part	X, line 2; Part XI,
PAF	RT V, LINE 4:				
THE	ORGANIZATION'S OBJECTIVE IS TO MAINTAIN	ITS E	NDOWMENTS GE	NER	ATED FROM
COI	TRIBUTIONS OVER TIME IN ACCORDANCE WITH T	HE SP	ENDING AND I	NVE	STMENT
POI	ICIES ESTABLISHED BY THE ORGANIZATION. TH	E SPE	NDING POLICY	ː is	ТО
DIS	TRIBUTE AN AMOUNT EQUAL TO THE BOARD APPR	OVED	BUDGET TO SU	JPPO	RT
OPE	RATIONS.				
PAF	RT X, LINE 2:				
- 111	,				

THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSTIONS AS OF JUNE 30, 2022, IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN POSITIONS.

Schedule D (Form 990) 2021 THE EDUCATIONAL ALLIANCE, INC	13-5562210 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ENTITIES' REVENUE	3,478,753.
CONSOLIDATION ELIMINATIONS	-1,710,163.
DISCOUNTS/SCHOLARSHIPS	-737,806.
MISC. EXPENSE NETTED WITH REVENUE	-95,989.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	934,795.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CONSOLIDATION ELIMINATIONS	-1,784,488.
RELATED ENTITIES' EXPENSES	4,887,743.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,103,255.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DISCOUNTS/SCHOLARSHIPS	737,806.
MISC EXP. NETTED WITH REVENUE	95,989.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	833,795.

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number

THE EDU	CATIONAL ALLIANCE	, INC	2		13-5562	210	
Part I Fundraising Activities.	Complete if the organization ans	wered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
required to complete this part	t.						
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
key employees listed in Form 990, Pa	art VII) or entity in connection with	professi	onal fu	undraising services?	Yes	No	
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		suant to	agreer	ments under which tl	ne fundraiser is to be	•	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
otal			•				
3 List all states in which the organizatio or licensing.	on is registered or licensed to solic	it contrib	utions	or has been notified	it is exempt from re	gistration	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
a)			(event type)	(event type)	(total number)	33 (3)/
Revenue	1	Gross receipts	1,550,000.			1,550,000.
	2	Less: Contributions	1,436,300.			1,436,300.
	3	Gross income (line 1 minus line 2)	113,700.			113,700.
	4	Cash prizes				
	5	Noncash prizes				
sesued	6	Rent/facility costs	138,574.			138,574.
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	115,515.			115,515.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	254,089.
_	11					-140,389.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	# N D W . I		I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
	•	aross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No —	No No	No	
	7		n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
		The garming moorne dummary. Oubtract line T	i, coluitiii (u)			1
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а		the organization licensed to conduct gaming a	_			Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No
		, .				

Sch	nedule G (Form 990) 2021 THE EDUCATIONAL ALLIANCE, INC 13-5	<u> </u>	<u>Z I U</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	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
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lin	ies 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	THE	EDUCATIONAL	ALLIANCE,	INC	13-5562210	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	IONAL AL	LIANCE, INC					13-5562210
Part I General Information on Grants and							
1 Does the organization maintain records to							
criteria used to award the grants or assist:							X Yes No
2 Describe in Part IV the organization's proc Part II Grants and Other Assistance to D					anization answered "	Vos" on Form 000 Part IV	/ line 21 for any
recipient that received more than \$5					ariizatiori ariswered	res offrom 990, Fattiv	, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations			le line 1 table				_

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR PROGRAM PARTICIPANTS - CAMPS, PRESCHOOL, SPECIAL NEEDS CLASS.	705	0.	737,806.	FMV	REDUCTION IN FEES FOR EA PROGRAM PARTICIPANTS.
Part IV Supplemental Information. Provide the information re	I quired in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
EDUCATIONAL ALLIANCE ENSURES THAT	THE FUNDS	PROVIDED	FOR THE AS	SISTANCE ARE	
USED FOR THE PURPOSE INTENDED BY M	AKING DIR	ECT PAYMEN	TS ON BEHA	LF OF THE	
OTHER CLIENT/RECIPIENT. OUR SCREEN	ING PROCE	SS ENSURES	THAT ALL	RECIPIENTS	
ALL BELOW THE US GOVERNMENT POVERT					
ARE NYC RESIDENTS, AND ARE CLIENTS	OF EA.				
THE SCHOLARSHIPS ARE GIVEN OUT TO	QUALIFIED	FAMILIES	AS DISCOUN	T ON TUITION	
FEES FOR EA'S OWN PROGRAMS, THEREF	ORE, THE	ORGANIZATI	ON KNOWS T	HE FUNDS ARE	

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE EDUCATIONAL ALLIANCE, INC

 $Employer\ identification\ number \\ 13-5562210$

Da	rt I Questions Regarding Compensation	00221		
1 6	att Questions negarating compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	INO
Ia	Part VII, Section A, line 1a. Complete Part III to provide any or the following to or for a person listed on rolling 390,			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	·		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	`		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 1 504/ VO) 504/ VA) 1504/ VOO) 1 1 1 5 0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
а	The organization?			X
b	Any related organization?	5b		$\overline{}$
_	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:	0-		Х
a	The organization?	6a		-
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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			reported as deferred on prior Form 990
(1) ALAN VAN CAPELLE	(i)	394,885.	0.	556.	12,029.	18,561.	426,031.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANYA HOERBURGER	(i)	237,739.	0.	234.	7,350.	15,001.	260,324.	0.
INTERIM CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DONNA LAWRENCE	(i)	189,802.	0.	2,286.	6,000.	33,766.	231,854.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK ENSELMAN	(i)	209,760.	0.	2,439.	6,300.	240.	218,739.	0.
CFO/CHIEF ADMINISTRATIVE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRACKET JORDAN	(i)	200,358.	0.	0.	6,037.	1,068.	207,463.	0.
14TH ST Y EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JILL OLONOFF	(i)	173,820.	0.	990.	5,250.	18,412.	198,472.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DESRAVINES JEAN	(i)	188,461.	0.	158.	5,654.	0.	194,273.	0.
CHIEF PEOPLE & EQUITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization THE EDUCATIONAL ALLIANCE, INC Employer identification number 13-5562210

Pai	rt I Types of Property		-		•			
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art		itemio contributed	r orm coo, r are vin, into 1g				
2	A							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	9	88,729.	FM7/			
10	Securities - Closely held stock			00,725.	111			
11	Securities - Closely field stock Securities - Partnership, LLC, or							
"								
12								
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	25,438.	FM7/			
20	Drugs and medical supplies		_	23,1301	1111			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation during	the tay year for o	ontributions				
	for which the organization completed Form 82	-	•					
	of which the organization completed form of	00,1 411 1, 1	once / toll lowledg	omone			Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part L lines 1 throug	ıh 28 that it			110
000	must hold for at least three years from the date	-		· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period		ŕ			30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	auires the review	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties							
	contributions?		9	, ,		32a		x
b	If "Yes," describe in Part II.					5_u		
33	If the organization didn't report an amount in c	column (c) foi	a type of property	for which column (a) is che	cked.			
	describe in Part II.		, po o, proport)		-· -			

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

Schedule M (Form 990) 2021

LHA

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE EDUCATIONAL ALLIANCE, INC

Employer identification number 13-5562210

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MANHATTAN. THE ALLIANCE EDUCATES, PROVIDES COMFORT AND SOCIAL SERVICES,

EXPOSES PEOPLE TO THE ARTS, PROMOTES HEALTH AND WELL-BEING, AND BRINGS

PEOPLE OF ALL AGES AND BACKGROUNDS TOGETHER TO LEARN, CREATE, AND PLAY.

PROGRAMS INCLUDED HEAD START, PRESCHOOLS, AFTER-SCHOOL PROGRAMS, TEEN

CENTER, AN ART SCHOOL, FITNESS PROGRAMS, SENIOR CENTERS, ADDICTION

TREATMENT, AND SUMMER CAMPS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FEATURE INTERGENERATIONAL AND CROSS-CULTURAL ACTIVITIES - BRINGING

TOGETHER PEOPLE FROM DIFFRENT BACKGROUNDS AND AGE GROUPS, SO THEY CAN

LEARN FROM AND WITH EACH OTHER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATIONAL ALLIANCE ALSO WORKS WITH YOUTH ACROSS LOWER MANHATTAN

THROUGH ITS COMMUNITY SCHOOLS & YOUTH DEVELOPMENT DEPARTMENT. IN

PARTNERSHIP WITH LOCAL PUBLIC SCHOOLS, HIGH-QUALITY YOUTH DEVELOPMENT

PROGRAMMING IS EMBEDDED IN THE SCHOOL DAY, AFTERSCHOOL PROGRAMS, AND

SUMMER ENRICHMENT OPPORTUNITIES. THE EDGIES TEEN CENTER PROVIDES HIGH

SCHOOL STUDENTS ACCESS TO IMMERSIVE CAREER READINESS PROGRAMS, ACADEMIC

ENRICHMENT, AND COLLEGE PREP. A ROBUST TEAM OF SOCIAL WORKERS ENSURES

YOUNG PEOPLE HAVE ACCESS TO INDIVIDUALIZED CARE AND ATTENTION WHEN

INCLUDING GRANTS OF \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

REVENUE \$ 0.

EXPENSES \$ 4,272,935.

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE EDUCATIONAL ALLIANCE, INC	Employer identification number 13-5562210
FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND BEFO	RE IT IS
FINALIZED (SIGNED), A DRAFT COPY IS CIRCULATED AMONG SENIO	R MANAGEMENT, AND
THE AUDIT COMMITTEE AND THE BOARD FOR REVIEW AND COMMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, BOARD MEMBERS, OFFICERS AND SENIOR MANAGEMENT AR	E REQUIRED TO
SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE. THE QUESTIONN	AIRES ARE THEN
REVIEWED BY THE BOARD SECRETARY AND ANY POTENTIAL CONFLICT	S ARE ADDRESSED.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EDUCATIONAL ALLIANCE'S BOARD EMPLOYS THE USE OF A LEGA	L AND PERSONNEL
COMMITTEE THAT REVIEWS AND RECOMMENDS SALARY GUIDELINES FO	R ALL SENIOR
MANAGEMENT AND KEY EMPLOYEES' SALARIES. THE BOARD OF TRUST	EES APPROVED THE
COMPENSATION FOR THE CEO BASED ON THE RECOMMENDATION OF TH	E LEGAL AND
PERSONNEL COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INE EDUCATIONA	II AUDIANCE, INC				13-3302210
Identification of Disregarded Entities. Comple	te if the organization answered "Yes" o	on Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	Identification of Disregarded Entities. Complet (a) Name, address, and EIN (if applicable)	(a) (b) Name, address, and EIN (if applicable) Primary activity	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ALLIANCE APARTMENTS HOUSING DEVELOPMENT FUND							
CORPORATION - 13-3986558, 197 EAST BROADWAY,					THE EDUCATIONAL		
NEW YORK, NY 10002	AFFORDABLE HOUSING	NEW YORK	501 (C)(3)	LINE 10	ALLIANCE	Х	
ALLIANCE HENRY HOUSING DEVELOPMENT FUND							
CORPORATION - 46-0551180, 197 EAST BROADWAY,					ALLIANCE HOLDINGS		
NEW YORK, NY 10002	AFFORDABLE HOUSING	NEW YORK	501 (C)(3)	LINE 10	INC.		X
ALLIANCE HOLDINGS INC 13-6160838							
197 EAST BROADWAY	1				THE EDUCATIONAL		
NEW YORK, NY 10002	AFFORDABLE HOUSING	NEW YORK	501 (C)(3)	LINE 10	ALLIANCE	Х	
EA FOUNDATION OF NEW YORK, INC 45-5357449							
197 EAST BROADWAY]				THE EDUCATIONAL		
NEW YORK, NY 10002	AFFORDABLE HOUSING	NEW YORK	501 (C)(3)	LINE 12A, I	ALLIANCE	Х	

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

Schedule R (Form 990) 2021

Page 2

Schedule R (Form 990) 2021

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate itions?	Code V-UBI	General of managing partner?	Percentage ownership
179 HENRY OWNER LLC - 45-5387200, 197 EAST BROADWAY, NEW YORK, NY 10002	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		x	N/A	X	N/A

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Giπ, grant, or capital contribution to related organization(s)				ar		
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d	X	
e Loans or loan guarantees by related organization(s)				1e	Х	
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
I Performance of services or membership or fundraising solicitations for related orga				11		X
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati	on(s)			1n	Х	
Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses				1 p		X
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) EA FOUNDATION OF NEW YORK	С	852,000.CA	ASH			
2)						
3)						
4)						
5)						
6)						
32163 11-17-21			Schedule	R (Forr	n 990) 2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Al or Percentage ging ownership
	-									
										-
	_							Ochodolo		

132165 11-17-21 Schedule R (Form 990) 2021