Form 8879-TE

IRS E-file Signature Authorization

for a Tax Exempt Entity
for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning, 2024, and ending, 20

2024

FIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer Alliance Center for Education Inc 56-0543244 Name and title of officer or person subject to tax Jared Keaton **CEO** Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here 9a Form 5330 check here 10a Form 8038-CP check here ... **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am a person subject to tax with respect to (name I am an officer of the above entity or and that I have examined a copy of the of entity) , (EIN) 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Anderson Smith & Wike PLLC I authorize _ ____ to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

Signature of officer or person subject to tax

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69230450401

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Mark Vincent Quinn ERO's signature _

05/21/25

05/21/25

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2024 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2024 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Alliance Center for Education Inc Address change Doing business as 56-0543244 Name change Number and street (or P.O. box if mail is not delivered to street address) 700 Parkwood Avenue 704-371-7447 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Charlotte NC 28205 10,992,194 **G** Gross receipts\$ Amended return Name and address of principal officer: Yes **H(a)** Is this a group return for subordinates? Application pending Jared Keaton 700 Parkwood Ave H(b) Are all subordinates included? Charlotte NC 28205 If "No." attach a list. See instructions **X** 501(c)(3) 501(c) (4947(a)(1) or Tax-exempt status) (insert no.) HTTP://WWW.ac4ed.ORG Website: H(c) Group exemption number L Year of formation: 1965 Association Form of organization: X Corporation Trust M State of legal domicile: NC Part I Summarv 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 132 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 10,369,414 10,805,087 Revenue 106,929 9 Program service revenue (Part VIII, line 2g) 75,134 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 153<u>,603</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,992,194 10,629,946 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,934,101 7,224,091 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,814,589 3,232,096 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,748,690 10,456,187 -118,744536,007 19 Revenue less expenses. Subtract line 18 from line 12 Or Soc Beginning of Current Year End of Year 4,759,546 4,978,136 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,707,468 1,390,051 22 Net assets or fund balances. Subtract line 21 from line 20 3,052,078 3,588,085 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign **CEO** Here Jared Keaton Type or print name and title Preparer's name PTIN Preparer's signature X if Paid Mark Vincent Quinn 05/21/25 self-employed Mark Vincent Quinn P00882071 **Preparer** Anderson Smith & Wike PLLC Firm's name Firm's EIN **Use Only** 4636 Greenhaven Lane 704-661-0795 Gastonia, NC 28056

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

X Yes

	990 (2024) Alliance Center for Education Inc 56-0543244	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		
	See Schedule O	
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	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 revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 8,503,864 including grants of \$ 9,277,003) (Revenue \$	1
	See Schedule O	,
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4b	(Code:) (Expenses \$ 295,306 including grants of \$ 295,306) (Revenue \$)
	See Schedule O	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
ľ	N/A	
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4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 180,653 including grants of \$ 1,038,598) (Revenue \$)
4e	Total program service expenses 8,979,823	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	X	77
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. 3		
•	election in effect during the tay year? If "Vee" complete School de C. Dort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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	10		
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	. '''		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	•		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the appropriation resistain on office appropriate or another systems of the United Chates?	44-		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 174		
~	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			٦,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1,2		
20-	If "Yes," complete Schedule G, Part III	. 19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		x
	g			

	Contract of the part of the pa		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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		250		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 "Ves." complete Schedule I. Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
22	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
0.7	an IV and Dark V line 4	34		х
35a	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		
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	reportable garring (garribing) winnings to prize winners:	1c		L

Form 990 (2024) Alliance Center for Education Inc 56-0543244 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 132 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? 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? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 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 b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 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 15 excess parachute payment(s) during the year? Х If "Yes," see instructions and file Form 4720, Schedule N. 16 X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities 17

that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

If "Yes," complete Form 6069.

BETHLEHEM 05/21/2025 11:30 AM Form 990 (2024) Alliance Center for Education Inc 56-0543244 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 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. Enter the number of voting members included on line 1a, above, who are independent 16 1b 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? X 2 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed **NC** 17

organization's exempt status with respect to such arrangements?

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
 - (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- X Own website Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

Brian Luckadoo Charlotte

700 Parkwood Avenue

Form 990 (2024) Alliance Center for Education Inc 56-0543244 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (B) Related or exempt (D) Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d **e** Government grants (contributions) 10,610,907 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 194,180 g Noncash contributions included in lines 1a-1f 10,805,087 h Total. Add lines 1a-1f Business Code 611710 51,551 51,551 Other Program Service Revenue 611710 23,583 23,583 Fundraising f All other program service revenue 75,134 **g Total.** Add lines 2a–2f 3 Investment income (including dividends, interest, and other similar amounts) 111,973 111,973 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets other than inventory Revenue **b** Less: cost or other basis and sales exps. 7с **c** Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d .

10,992,194

187,107

Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo	_		nplete column (A).	
D	<u>'</u>	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
1			expenses	general expenses	expenses
•					
2	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	6,123,649	5,219,656	903,993	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,100,442	936,533	163,909	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
_	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13		4,787	2,857	1,930	
14	Office expenses	17707	2,037	1,550	
15	Information technology				
	Royalties				
16 17	Occupancy	56,180	50,718	5,462	
17	Travel	30,100	30,710	5,402	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	/1 OFO		41 250	
20	Interest	41,259		41,259	
21	Payments to affiliates	106 600	40 000	E7 201	
22	Depreciation, depletion, and amortization	106,628	49,237	57,391	
23	Insurance	111,847	93,235	18,612	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	602 255	660 -0-	40.000	
а	Facilities	683,357	669,535	13,822	
b	Contractual Services	587,616	483,786	103,830	
С	Supplies	477,155	399,075	78,080	
d	Repairs and Maintenance	463,346	462,424	922	
е	All other expenses	699,921	612,767	87,154	
25	Total functional expenses. Add lines 1 through 24e	10,456,187	8,979,823	1,476,364	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or not	e to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			3,210,444	1	1,987,670
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			373,567	3	169,144
4	Accounts receivable, net			54,129	4	37,118
5	Loans and other receivables from any current or former	er officer,	director,			
	trustee, key employee, creator or founder, substantial					
	controlled entity or family member of any of these pers	sons			5	
6	Loans and other receivables from other disqualified pe					
	under section 4958(f)(1)), and persons described in se	ection 495	58(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	4,122,702			
l b	Less: accumulated depreciation	10b	1,474,130	877,060	10c	2,648,572
11	Investments—publicly traded securities			145,813	11	122,619
12	Investments—other securities. See Part IV, line 11			•	12	•
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			98,533	15	13,013
16	Total assets. Add lines 1 through 15 (must equal line		4,759,546	16	4,978,136	
17	Accounts payable and accrued expenses	849,396	17	594,626		
18	Grants payable	,	18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV	of Sched	ule D		21	
22	Loans and other payables to any current or former offi					
	trustee, key employee, creator or founder, substantial					
	controlled entity or family member of any of these pers				22	
23	Secured mortgages and notes payable to unrelated th			858,072	23	795,425
24	Unsecured notes and loans payable to unrelated third			000,072	24	770,110
25	Other liabilities (including federal income tax, payables					
	parties, and other liabilities not included on lines 17-24					
	of Schedule D). Compic	no i un x		25	
26	Total liabilities. Add lines 17 through 25			1,707,468	26	1,390,051
	Organizations that follow FASB ASC 958, check h					_,_,_,
	and complete lines 27, 28, 32, and 33.	.0.0				
27	N			2,761,751	27	3,478,466
28	Not accets with depar restrictions			290,327	28	109,619
	Organizations that do not follow FASB ASC 958, o					
	and complete lines 29 through 33.		. —			
29	Constant at all an investment and an accomment from the				29	
30	Paid-in or capital surplus, or land, building, or equipme				30	
31	Retained earnings, endowment, accumulated income,				31	
32	T . I			3,052,078	32	3,588,085
33	Total liabilities and net assets/fund balances			4,759,546	33	4,978,136

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10		6,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			6,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	, 05	2,0	<u> 78</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	, 58	8,0	85
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		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 Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		····			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	x	

Form **990** (2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

Alliance Center for Education Inc 56-0543244

Pa	art I	l Reas	on for Public Charity	Status. (All organization	s must	comple	ete this part.) See instruc	ctions.				
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)												
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	П	A school des	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	П		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	П	•	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,									
	ш	city, and state:										
5	\Box	•		of a college or university owned								
•	ш	-	(b)(1)(A)(iv). (Complete Part	=	o. opo.a.	ou 2, a g	,					
6				overnmental unit described in s	ection 1	70(b)(1)(A)(v).					
7	x			substantial part of its support fro			, , ,	:				
		-	section 170(b)(1)(A)(vi). (C		9		ann an mann and gamenan planns					
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)							
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)((ix) opera	ted in co	njunction with a land-grant colle	ege				
	_	or university	_	of agriculture (see instructions). I			-					
40	\Box	university:										
10	Ш	-) more than 33 1/3% of its support functions, subject to certain e				SS				
				nd unrelated business taxable in								
			•	0, 1975. See section 509(a)(2)	,		,					
11		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	section 5	09(a)(4).					
12	П	An organization	on organized and operated of	exclusively for the benefit of, to p	perform th	ne functio	ns of, or to carry out the purpo	ses of				
		one or more	publicly supported organization	ions described in section 509(a	a)(1) or se	ection 50	9(a)(2). See section 509(a)(3). Check				
		the box on lin	nes 12a through 12d that des	scribes the type of supporting or	rganizatio	n and cor	nplete lines 12e, 12f, and 12g.					
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	ipported of	organization(s), typically by givi	ng				
			• ,,	ver to regularly appoint or elect a		of the di	rectors or trustees of the					
				omplete Part IV, Sections A a								
	b			pervised or controlled in connec			. , , ,					
			•	ting organization vested in the s	same pers	ons that	control or manage the support	ed				
	_		•	Part IV, Sections A and C.	al :							
	С			supporting organization operated structions). You must complete				vitn,				
	d			d. A supporting organization ope				• •				
				e organization generally must sa	-			ess				
		_ `	,	nust complete Part IV, Section								
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III					
	f		nber of supported organizati		ung organ	iizatiori.						
	g		11	ne supported organization(s).								
		ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
(•,		ganization	(1) =111	(described on lines 1–10	1 ' '	ur governing	support (see	other support (see				
				above (see instructions))	docur	ment?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	<u> </u>											

Schedule A (Form 990) 2024

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	4	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,490,509	9,775,771	9,483,636	10,369,414	10,805	,087	49,924,417				
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 5	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 2% of the amount shown on line 11, column (f)	9,490,509	9,775,771	9,483,636	10,369,414	10,805	,087	49,924,417				
6	Public support. Subtract line 5 from line 4							49,924,417				
	tion B. Total Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	4	(f) Total				
7	Amounts from line 4	9,490,509	9,775,771	9,483,636	10,369,414	10,805	,087	49,924,417				
8	Gross income from interest, dividends, payments received on securities loans, rents, 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 assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10							49,924,417				
12	Gross receipts from related activities, etc.	(see instructions)					12	1,014,638				
13	First 5 years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	h, or fifth tax year a	as a section 501(c	:)(3)						
	organization, check this box and stop her	e										
Sec	tion C. Computation of Public S	Support Percer	ntage									
14	Public support percentage for 2024 (line 6	, column (f), divided	d by line 11, colun	nn (f))			14	100.00%				
15	Public support percentage from 2023 Sche	edule A, Part II, line	e 14				15	100.00%				
16a	33 1/3% support test — 2024. If the orga	anization did not ch	eck the box on line	e 13, and line 14 is	s 33 1/3% or more	, check this		_				
	box and stop here. The organization qual							X				
b	33 1/3% support test — 2023. If the orga											
	this box and $\ensuremath{\mathbf{stop}}$ here. The organization	qualifies as a publi	icly supported orga	anization				L				
17a	10%-facts-and-circumstances test — 2											
	10% or more, and if the organization mee		•									
	Part VI how the organization meets the fa organization			·								
b	10%-facts-and-circumstances test — 2	2023. If the organiza	ation did not 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, check this box and stop here. Explain											
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported											
	organization							L				
18	Private foundation. If the organization di	d not check a box of	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee						
	instructions							L				

Page 3

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

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

Sec	tion A. Public Support	quality under	110 10010 110100	bolow, ploace	oumplote i al	·,	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(1)	(1)	(1)		()
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Sec	line 6.) tion B. Total Support						<u> </u>
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(u) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here						
Sec	tion C. Computation of Public S	upport Perce	ntage				
15	Public support percentage for 2024 (line 8,			mn (f))		15	%
16	Public support percentage from 2023 Sche						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2024 (li			3, column (f))		17	%
18	Investment income percentage from 2023		III II: 47			40	%
19a	33 1/3% support tests — 2024. If the org	janization did not o					
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a publ	licly supported org	anization	Ц
b	33 1/3% support tests — 2023. If the org						
	line 18 is not more than 33 1/3%, check th	-	•	•		•	Ц
20	Private foundation If the organization did	t not check a hov	on line 14 10a o	r 10h chack this h	ny and saa instruc	tions	1 1

Supporting Organizations

(Complete only if you checked a box on 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

- 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.
 - 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- 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.
- 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.
- 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.
 - 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
		162	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	30		
	6		
	,		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	40'		
Scho	10b	(Form (990) 2024
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	ATTAICE CEITET TOT ENGECTOTI THE 50-034324	<u> </u>		rage J
Par	t IV Supporting Organizations (continued)			1
			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	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
		\Box	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	ion 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	_		
3				
	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			
Soct	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
	· · · · · · · · · · · · · · · · · · ·			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity (see instru	uctions.).	
		ĺ	Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to each of its supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Alliance Center for Education Inc 56-0543244 Schedule A (Form 990) 2024 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 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 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities **b** Average monthly cash balances 1b 1c **c** Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 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 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. **3** Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year

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

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

emergency temporary reduction (see instructions).

(see instructions).

Schedule A (Form 990) 2024

Schedu	t V Type III Non-Functionally Integrated 509(a)(3				244 Page
Sect	ion D – Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt purport	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of sup	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required—provide de	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 organizations	zation is responsive			
	(provide details in Part VI). See instructions.	,		8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
	From 2020				
	From 2021				
	From 2022			-	
	From 2023			_	
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2024 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
	Excess from 2021				
С	Excess from 2022				

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

Schedule A (Fori			LOT Education		Page 8
Part VI	III, line 12; Part IV, So	ection A, lines 1, 2, 3b,	3c, 4b, 4c, 5a, 6, 9a, 9b, 9	II, line 10; Part II, line 17a or 17 c, 11a, 11b, and 11c; Part IV, Sond 3; Part IV, Section E, lines 1c	ection
	3a, and 3b; Part V, lir	ne 1; Part V, Section B,	line 1e; Part V, Section D,	lines 5, 6, and 8; and Part V, nformation. (See instructions.)	
	, , ,	•			
•					
•		• • • • • • • • • • • • • • • • • • • •			
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		• • • • • • • • • • • • • • • • • • • •			
•					
•					

SCHEDULE D (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer	identification number
Δ	lliance Center for Education Inc		56-0	543244
	organizations Maintaining Donor Advised For Complete if the organization answered "Yes" or	unds or Other Similar Funds or		
	Complete if the organization answered fes of	(a) Donor advised funds	-	b) Funds and other accounts
4	Total number at and of year	.,	(1	Funds and other accounts
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that			
3	funds are the organization's property, subject to the organization's exc			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in			les No
Ū	only for charitable purposes and not for the benefit of the donor or dor			
	conferring impermissible private benefit?			☐ Yes ☐ No
Pa	art II Conservation Easements			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	k all that apply).		
	Preservation of land for public use (for example, recreation or edu	ication) Preservation of a historically	important	land area
	Protection of natural habitat	Preservation of a certified his	storic stru	cture
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	luded on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after	July 25, 2006, and not		
			2d	
3	Number of conservation easements modified, transferred, released, e.	xtinguished, or terminated by		
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo			п., п.,
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing		
_				
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	_		¢.
•	conservation easements during the year	h		\$
ð	Does each conservation easement reported on line 2d above satisfy t			☐ Yes ☐ No
9	(i) and section 170(h)(4)(B)(ii)?	ponts in its revenue and expense statemen		
9	sheet, and include, if applicable, the text of the footnote to the organization	•		ance
	organization's accounting for conservation easements.	ation o interior statements that describes	110	
Pa	urt III Organizations Maintaining Collections of Art	t, Historical Treasures, or Other	r Simila	ar Assets
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balance	e sheet v	vorks
	of art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance	of public	
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these items.		
b	7 1			
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	public se	ervice,
	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			Φ.
2	If the organization received or held works of art, historical treasures, o		vide the	
	following amounts required to be reported under FASB ASC 958 relati	=		•
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Sche	dule D (Form 990) (Rev. 12-2024) Alli	<u>ance Center</u>	for Educa	tion Inc	<u> 56-0</u>	543244		Pag	<u>е 2</u>
Pa	rt III Organizations Maintainir	ng Collections of	Art, Historical	Treasures, or	Other Si	milar Asse	ets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records,	check any of the fo	llowing that make	significant us	se of its			
а	Public exhibition	d∏∟	oan or exchange pro	ogram					
b	Scholarly research	<u> </u>	Other	•					
c	Preservation for future generations								
4	Provide a description of the organization's	collections and explain	how they further the	organization's exe	mpt purpose	in Part			
•	XIII.					iii i ait			
5	During the year, did the organization solicit								
Pa	assets to be sold to raise funds rather than art IV Escrow and Custodial A		art of the organizatio	n's collection?			Ye	s	No
	Complete if the organization 990, Part X, line 21.		on Form 990, F	Part IV, line 9,	or reporte	d an amou	nt on Fo	orm	
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions of	or other assets not	:				
							Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II and complete the following	owing table.						_
							Amount		_
С	Beginning balance					1c			_
	Additions during the year					1d			_
	Distributions during the year					1e			_
f	Ending balance					1f		$\overline{}$	_
	Did the organization include an amount on							· —	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the exp	planation has been p	rovided in Part XII	l				
Pa	ert V Endowment Funds			N 10 / 12 40					
	Complete if the organization						T		
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Th	ree years back	(e) Four	years ba	ck
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
	Permanent endowment %								
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.							
3a	Are there endowment funds not in the poss	session of the organizat	ion that are held and	l administered for t	:he		_		
	organization by:							Yes I	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Deleted assessmentioned						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of t								
Pa	rt VI Land, Buildings, and Eq	uipment							
	Complete if the organization	-	on Form 990, F	Part IV, line 11a	a. See Fo	rm 990, Pa	ırt X, line	e 10.	
	Description of property	(a) Cost or other ba	asis (b) Cost or	other basis	(c) Accumulate	ed	(d) Book	value	
		(investment)	(oth	er)	depreciation				
1a	Land								
b	Buildings		3,2	55,559	714	,842	2,54	0,7	L7
С	Leasehold improvements						-		
	Equipment		8	30,437	726	,952	10	3,48	35
	Other			36,706		,336		4,3	
	I. Add lines 1a through 1e. (Column (d) musi						2,64		

Part VII	Investments – Other Securities Complete if the organization answered "Yes" or	n Form 990, Part IV.	line 11b. See Form 990.	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation:
1) Financial	derivatives			
•	eld equity interests			
N Other				
(Δ)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related	- F 000 P(I)/	" 44- O F 000	D1 V . I' 40
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(4)			Cost of end-of-year	manet value
(1) (2)				
(2) (3)				
(3) (4)				
(4) (5)				
(6)				
(0) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	•		
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I) (Fig. 200 B) (V II) (Fig. 1/B))			
Part X	n (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities			
rail A	Complete if the organization answered "Yes" or	Form 000 Part I\/	line 11e or 11f See Form	000 Part V
	line 25.	i Foiiii 990, Fait IV,	ille TTe OF TTI. See FOIT	1 990, Fait A,
	(a) Description of liability			(b) Book value
	income taxes			(2) Dook value
(1) Tedelal (2)	moone taxoo			
(3)				
(3) (4)				
(*) (5)				
(6)				
(0) (7)				
(8)				
(9)				
\-/				
otal. (Colum	n (b) must equal Form 990, Part X, line 25, col. (B))			

	edule D (Form 990) (Rev. 12-2024)Alliance Center for Education of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	ents W	ith Revenue per		
1	Total revenue, gains, and other support per audited financial statements			1	13,311,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				13,311,413
a		2a			
b		2b		-	
C	Recoveries of prior year grants	2c			
d			2,319,251	-	
e	(= 0.000 (= 0	Zu		2e	2,319,251
3				3	10,992,194
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 I I			10/332/131
+ a		4a			
a b		4a 4b			
C				10	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	10,992,194
	art XII Reconciliation of Expenses per Audited Financial Stater				
1 6	Complete if the organization answered "Yes" on Form 990,			i itet	uiii
1	Total amounts and leaves one sufficient formula laterages.			1	12,775,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	12,773,430
		2a			
a		2a 2b		-	
b	* * * * * * * * * * * * * * * * * * * *			-	
C		2c	2 210 251	_	
d	Guier (2000), 2000		2,319,251	_	2 210 251
e				2e	2,319,251
3	Subtract line 2e from line 1	·r·····1··		3	10,456,187
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
		1			
b	Other (Describe in Part XIII.)	4b			
С	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	10 456 107
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	10,456,187
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information			5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	, lines 1b	and 2b; Part V, line 4;	5	
c 5 Pa Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	ine
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	ine
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Included n-Kind Support	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	her 2,319,251
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Included	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	her 2,319,251
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Included n-Kind Support art XII, Line 2d - Expense Amounts Included	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	her 2,319,251 other
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Included n-Kind Support art XII, Line 2d - Expense Amounts Included	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	her 2,319,251 other
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Included n-Kind Support art XII, Line 2d - Expense Amounts Included	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	her 2,319,251 other
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Included n-Kind Support art XII, Line 2d - Expense Amounts Included	, lines 1b any additi	and 2b; Part V, line 4; onal information.	5 Part X,	her 2,319,251 other
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Schedule D (Fo	orm 990) (Rev. 12-2	2024)Allianc	e Center	for	Education	Inc	56-0543244	Page 5
Part XIII	Supplemental	I Information	(continued)				56-0543244	

SCHEDULE O (Form 990)

(Rev. December 2024)

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-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Alliance Center for Education Inc

Employer identification number

56-0543244

Form 990 - Organization's Mission

Our mission is to provide high-quality education and support for children in need through partnership with their families.

Our vision is to positively affect the future of children at risk by

improving economic mobility through education. We firmly believe that education is a powerful catalyst for breaking the cycle of poverty. By investing in family engagement and offering holistic support, we are paving the way for a brighter future, where every child has the opportunity to reach their full potential. Together, we are building a bridge to success, one family at a time.

Our programs are a beacon of hope, offered to eligible children and families at no cost. To ensure targeted impact, we employ a meticulous recruitment, selection, and enrollment process, reaching the populations in greatest need of our services.

Upon enrollment, each family receives personalized support from our dedicated team members. Together, they set ambitious student and family goals, and we leave no stone unturned in connecting them with vital resources to eilinate barriers that may hinder a solid educational

What sets us apart is our profound focus on engaging families and our comprehensive suite of resources that go beyond traditional education and enrichment services. Regardless of the program in which they are enrolled, all our families benefit from the these transformative services.

Form 990, Part III, Line 4a - First Accomplishment The Alliance Center for Education, AC4Ed, is driven by a vision-ensure that a family's income does not dictate a child's future. Our mission is to provide high-quiality education and support children in need through partnership with their families. Our Early Childhood program, modeled after the highly efeective Head Start approach, provides a comprehensive range of services, from education to home visitation for expectant mothers and children aged birth to 5. Our holistic approach fosters early learning and development, health, and family well-being, paving the the way for a brighter future. Through strategic partnerships and commitment, we have witnessed transformative outcomes in the lives of countless children and families. The early childhood education programs are funded by federal grants from Head Start, Early Head Start and municipal grants from Meck Pre-K and NC Pre-K.

Form 990, Part III, Line 4b - Second Accomplishment At the Alliance Center for Education, we offer a dynamic continuum of services to support children's transition from pre-Kndergarten to their K-12 school years. Our Out of School Time (OST) program is available throughout the academic year and summer camp, providing engaging and enriching experiences beyond regular school hours. Our Kindergarten-5th grade OST program fosters a love for learning in children by exploring various subjects, including math, art, science, music, and nutrition, through fun learn-at-play activities in the afternoon. Our dedicated OST educational professionals also provide homework help and tutoring to keep schoolwork on track. We ensure students have opportunities for physical

SCHEDULE O (Form 990)

(Rev. December 2024)

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-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	
	Employer identification number
Alliance Center for Education Inc	56-0543244
fitness activities, special events, arts and crafts, an encouraging their continued participation year after ye our 6th grade-12th OST- AC4Ed Teen Leadership Cooperatidesigned as a social learning environment to equip study teens with critical thinking skills that will serve the Apart from tutoring and homework assistance, our OST exprofessionals mentor AC4Ed students in personal developeducation, goal-setting, time management, financial playarious career opportunities, and considering college of create a balanced educational experience, we incoporate field trips, special events and exploration in arts, must sciences. We are proud to support these programs through	ear. Additionally, ve program is lents entering their m for a lifetime. lucational ment, character anning, understanding ptions and tours. To e guest speakers, sic, and nutrition
corporate grants, along with fundraising activities.	
Form 990, Part III, Line 4d - All Other Accomplishments With an unwavering commitment spanning over 80 years, A intergal part of Charlotte's most under-resourced commun Charlotte's landscape has evolved, so has Ac4Ed, adapting growth and collaborations to continue our vital mission children and families who need us most.	.C4Ed has been an .nities. As .ng through strategic
Form 990, Part VI, Line 8b - Documentation by Committee Committees do not have authority to act for the Board.	e Explanation
Form 990, Part VI, Line 11b - Organization's Process to The form is reviewed by the CEO and CFO, and the Financial the Board of Directors.	Review Form 990 ce committee of
Form 990, Part VI, Line 15a - Compensation Process for The Executive Committee of the Board of Directors conductive of the Executive Director and makes determination compensation given to the Executive Director	cts and annual
Form 990, Part VI, Line 19 - Governing Documents Disclo	osure Explanation request.
Form 990, Part XI, Line 9 - Other Changes in Net Assets	Explanation
In-Kind Support	\$ 2,319,251
In-Kind Support	\$ -2,319,251