# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

$\overline{A}$	For the	2022 calenda	ar year, or tax year beginning 01/01/2022 and ending	12/	/31/20	22				
B Check if applicable:			C Name of organization	•		entification number				
	Address c	change	LOCAL PUBLIC SECTOR ALLIANCE		87-4631279					
	Name cha	ange	E Telep	E Telephone number						
~	Initial retu			301-606-5920						
H	Final retur Amended	rn/terminated	F Grou	Group Exemption						
П		on pending	Num	ber	•					
G		ting Method:	✓ Cash Accrual Other (specify):	Check [	if the	e organization is <b>not</b>				
		•	entralization.net			ach Schedule B				
			ck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 99	90).					
			✓ Corporation ☐ Trust ☐ Association ☐ Other:							
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets						
(Pa	art II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		. \$	71,000				
E	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions					
		Check if	the organization used Schedule O to respond to any question in this Part	I						
	1		ons, gifts, grants, and similar amounts received		1	70,000				
	2		ervice revenue including government fees and contracts	1	2	1,000				
	3	•	ip dues and assessments		3	0				
	4	Investment			4	0				
	5a	Gross amo	unt from sale of assets other than inventory   5a	o		·				
	b		or other basis and sales expenses	0						
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5с	0				
	6	•	d fundraising events:	İ						
	а	_	ross income from gaming (attach Schedule G if greater than							
ne		\$15,000) .		o						
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribution	ons						
š			aising events reported on line 1) (attach Schedule G if the							
_	'	sum of suc	h gross income and contributions exceeds \$15,000)   6b	0						
	С	Less: direc	t expenses from gaming and fundraising events 6c	0						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract						
		line 6c) .		[	6d	0				
	7a	Gross sale	s of inventory, less returns and allowances	0						
	b	Less: cost	of goods sold	0						
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7с	0				
	8		nue (describe in Schedule O)	[	8	0				
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	71,000				
	10	Grants and	similar amounts paid (list in Schedule O)		10	1,005				
	11	Benefits pa	aid to or for members	[	11	0				
S	12	Salaries, o	ther compensation, and employee benefits	[	12	0				
ū	13	Profession	al fees and other payments to independent contractors	[	13	8,219				
Expenses	14	Occupancy	y, rent, utilities, and maintenance	[	14	0				
ũ	15	Printing, po	ublications, postage, and shipping	[	15	0				
	16	Other expenses (describe in Schedule O) .See Schedule O, Statement 1				6,139				
_	17		enses. Add lines 10 through 16		17	15,363				
S	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18	55,637				
set	19	Net assets								
Net Assets		-	r figure reported on prior year's return)		19	0				
ē	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20	0				
Z	21		or fund balances at end of year. Combine lines 18 through 20		21	55,637				

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments . . . 0 22 55,637 0 23 23 Land and buildings . . . . . . . . . . . . . . . . 0 Other assets (describe in Schedule O) . . . . . . . . . 24 0 24 0 0 25 25 55.637 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 0 27 55.637 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Knowledge Development - LPSA engages in the general development of general and specific knowledge products related to decentralization and localization, such as primers, methodologies, country assessment, (Continued on Schedule O, Statement 3) (Grants \$ 0) If this amount includes foreign grants, check here . . . 28a 155 29 Knowledge Sharing - LPSA engages in the sharing of knowledge and information related to decentralization and localization, including through blog posts on our website (Decentralization.Net); our electronic (Continued on Schedule O, Statement 4) (Grants \$ 0) If this amount includes foreign grants, check here . . . . . 29a 12,808 Convening, outreach, and field-building - LPSA engages in activities designed to bring global stakeholders together around the topics of decentralization and localization, including outreach to researchers and (Continued on Schedule O, Statement 5) (Grants \$ 1,005) If this amount includes foreign grants, check here . . . . 30a 1,605 0) If this amount includes foreign grants, check here . . . . (Grants \$ 31a 0 14,568 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . . . . . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (Forms W-2/1099-MISC/ (a) Name and title benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Lewis Boex 8.00 0 0 0 **Executive Director, Treasurer Charles Cadwell** 0 1.00 0 n Director, Secretary Astrid R N Haas 1.00 0 0 0 Director **Paul Smoke** 1.00 0 0 0 **Director** Rose Vincent 1.00 0 0 0 Director

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>V</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>&gt;</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>V</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	40c reimbursed by the organization $\dots \dots			
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed:  VA  The experimentary is a second file of the copy of			
42a		301-60		
b	Located at: C/O Lewis Boex 13512 Portage PI, Centreville, VA 20120 ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Nο
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	446		. 1
^	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	746		
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>/</b>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-	EZ (2022)						Pa	age -
							Yes	No
	Did the organization engage, directly or in							
	o candidates for public office? If "Yes," o		, Part I			. 46		<i>\</i>
Part V	Section 501(c)(3) Organizations All section 501(c)(3) organization		etione 47–49h and	I 52 and cou	nnlata th	a tahlas f	or line	26
	50 and 51.	3 mast answer que	3110113 47 400 4110	1 02, 4114 001	ripicte tri	C tables i	01 11110	,3
	Check if the organization used Sci	nedule O to respond	to any question in	this Part VI				
	Chock ii the organization acca co	ioddio o to roopond	to any quodion in	tino i ait vi			Yes	No
<b>47</b> D	Did the organization engage in lobbying	activities or have a s	section 501(h) electi	on in effect o	lurina the	tax		
	rear? If "Yes," complete Schedule C, Par					. 47		~
<b>48</b> Is	s the organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete	Schedule E		. 48		~
	Did the organization make any transfers t					. 49a		~
<b>b</b> I1	f "Yes," was the related organization a se	ection 527 organizatio	n?			. 49b		
	Complete this table for the organization's							d key
е	employees) who each received more than	\$100,000 of comper	nsation from the orga	anization. If th	ere is non	e, enter "N	one."	
		(b) Average	(c) Reportable compensation	(d) Health contributions		(e) Estimate	d amou	nt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC			other com		
		devoted to position	1099-NEC)	compen	sation			
None								
	otal number of other employees paid ov							
	Complete this table for the organization of the compensation from the organization of the compensation of the organization of the orga			t contractors	who each	n received	more	thar
Ψ	5100,000 of compensation from the organ	iization. Ii there is no	Tie, efficie Norie.					
	(a) Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c)	) Compensation	on	
None								
			1					
d T	otal number of other independent contra	actors each receiving	over \$100 000					
	Did the organization complete Schedu	•		anizations m	ust attack			
	completed Schedule A					· V Yes		lo
Under pen	alties of perjury, I declare that I have examined this	return, including accompan	ving schedules and staten	nents. and to the	best of mv kr			
	ct, and complete. Declaration of preparer (other than						,	
Sign	Signature of officer			Date				
Here	Lewis Boex, Executive Director, Treas	surer						
	Type or print name and title	Ta	Γ_		_			
Paid	Print/Type preparer's name	Preparer's signature	-	Date	Check	if PTIN		
Prepai					self-emplo		209554	6
Use O		d Suito 600 Dooton V	A 20100		's EIN	81-493 571 206		
May the	Firm's address   12110 Sunset Hills R IRS discuss this return with the prepare	d Suite 600, Reston, V. r shown above? See i		Phoi	ne no.	571-306-		lo
ividy tile	aloodoo tino rotarri with the prepare	5.15 WII 456 VC : 056 I						

#### **SCHEDULE A** (Form 990)

**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. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization LOCAL PUBLIC SECTOR ALLIANCE 87-4631279 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 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 university: An organization that normally receives (1) more than 331/3% 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 33½% 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). 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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) d 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 III, 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). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 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) . . . . **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 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.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . % Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not 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, 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 b 10%-facts-and-circumstances test - 2021. If 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

Schedule A (Form 990) 2022 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.)

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")					70,000	70,000
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					1,000	1,000
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	<b>Total.</b> Add lines 1 through 5	0	0	0	0	71,000	71,000
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					10,000	10,000
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					55,000	55,000
с 8	Add lines 7a and 7b	0	0	0	0	65,000	65,000
Ü	line 6.)						6,000
Secti	on B. Total Support						0,000
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	71,000	71,000
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.)	0	0	0	0	71,000	71,000
14	<b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>	-				ar as a sectior	
Secti	on C. Computation of Public Suppor	rt Percentage	•				
15	Public support percentage for 2022 (line		•			15	%
16	Public support percentage from 2021 Sci					16	<u>%</u>
	on D. Computation of Investment In				(0)	1	
17	Investment income percentage for 2022 (			-		17	<u>%</u>
18	Investment income percentage from 202					18	% and line
19a	331/3% support tests—2022. If the organ 17 is not more than 331/3%, check this box						
b	33 <sup>1</sup> /3% support tests—2021. If the organiz	_	=	-		_	_
b	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		_

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

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

#### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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.	9с		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 **Section 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 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a 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

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
LOCAL BURLIC SECTOR ALLIANCE	
LOCAL PUBLIC SECTOR ALLIANCE	87-4631279

Schedule O, Statement 1

#### LOCAL PUBLIC SECTOR ALLIANCE

Form: **Form 990-EZ (2022)** EIN: **87-4631279** 

Page: 1

Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
Computer and internet services	5,218
Advertising and marketing	600
Licenses and fees	135
Office expenses	186
Total:	6.139

Schedule O, Statement 2

LOCAL PUBLIC SECTOR ALLIANCE

Form: Form 990-EZ (2022) EIN: 87-4631279

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

The Local Public Sector Alliance seeks to elevate the debate on public sector decentralization and localization, maintains a website, hosts webinars, prepares and supports research and learning, supports reforms, and offers online courses.

Schedule O, Statement 3 LOCAL PUBLIC SECTOR ALLIANCE

Form: Form 990-EZ (2022)

Page: 2

EIN: 87-4631279

Part III, Line 28

### First Program Service Accomplishments Description

#### Description

and other knowledge products. LPSA prepared and launched LPSA Decentralization Primer (accessed by 369); prepared and launched its LoGICA framework (accessed by 575). Launched efforts to study the state of local governance in a dozen countries in Africa and Asia.

Schedule O, Statement 4 LOCAL PUBLIC SECTOR ALLIANCE

Form: Form 990-EZ (2022) EIN: 87-4631279

Page: 2 Part III, Line 29

#### **Second Program Service Accomplishments Description**

#### Description

newsletter; webinars; and online courses. LPSA posted 120 blog posts in 2022; its website (Decentralization. Net) served 26,000 global users; and issued 12 newsletters and announcements. LPSA webinars shared knowledge with 473 attendees and 1,868 YouTube views. First online course launched.

Schedule O, Statement 5

LOCAL PUBLIC SECTOR ALLIANCE

Form: Form 990-EZ (2022)

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Part III, Line 30

**Third Program Service Accomplishments Description** 

#### Description

academics and support to its regional and thematic Expert Working Groups. LPSA formalized its membership policy and achieved 1,071 members / subscribers in its first year. The Alliance started the process of forming regional Expert Working Groups (in Africa, Asia and ECA region) in order to serve the globally diverse Community of Practice in an inclusive and responsive manner.