| Form  | 990           |
|-------|---------------|
| (Rev. | January 2020) |

## **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. d the lat 990 for in oti

201 **Open to Public** 

9

OMB No. 1545-0047

|                         | artment of mal Revenu          | the Treasury<br>ue Service   | Go to www.irs.gov/For   | and the second state with the second second in the second |                   | (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b |                         | Inspection               |
|-------------------------|--------------------------------|--|---|---|-------------------|--|-------------------------|--------------------------|
| А                       | And in the owner of the owner. | and a state of the | endar year, or tax year beginning   | 7/1/2019  | , and ei          |  | /2020                   |                          |
|                         |                                | applicable:  |   | or Excellence Foundation                                  |                   | D Employer                                     | identification          | n number                 |
|                         | Address                        | change   | Doing business as   |   | I                 |  |                         |                          |
|                         | Name ch                        | ange   | Number and street (or P.O. box if mail is not on<br>11001 East Alameda Avenue | envered to street address)                                | Room/suite<br>A   | 20-3336437<br>E Telephone                      | number                  |                          |
|                         | Initial retu                   | Im   | City or town  | State   | ZIP code          |  |                         |                          |
|                         |                                |  | Aurora  | CO  | 80012             | <u>(303) 360-00</u>                            | 052                     |                          |
|                         | Final return                   | n/terminated   | Foreign country name Foreign p  | province/state/county                                     | Foreign postal    | code   |                         |                          |
|                         | Amendeo                        | d return   |   |   |                   | G Gross rece                                   | ipts \$                 | 1,380,503                |
|                         | Applicatio                     | on pending   | F Name and address of principal officer:                                      |   |                   | H(a) Is this a group return for                | r subordinates?         | Yes X No                 |
|                         |                                |  | Angelina Velez-Reyes 11001 East Ala   | ameda Avenue, Aurora,                                     | CO 80012          | H(b) Are all subordinates                      | s included?             | Yes No                   |
| 1                       | Tax-exe                        | mpt status:  | X 501(c)(3) 501(c) ( )  | (insert no.) 4947(a)(1)                                   | or 527            | If "No," attach a list                         | . (see instruc          | tions)                   |
| J                       | Website                        | : ► www  | w.lotusschool.org   |   |                   | H(c) Group exemption n                         | umber 🕨                 |                          |
| ĸ                       |                                | organization   |   | ion Other ►   | L Yea             | r of formation: 2005                           |                         | f legal domicile: CO     |
| CONTRACTOR N            | Part I                         | -  | mmary   |   |                   | 2005   |                         |                          |
|                         | 1                              | all and a second s   | escribe the organization's mission or n                                       | nost significant activities                               | s: Provi          | de facilities for Lotu                         | s School f              | or                       |
| Se                      | 1.                             | -  | nce, a $501(c)(3)$ school.  |   |                   |  |                         |                          |
| Activities & Governance |                                |  |   |   |                   |  |                         |                          |
| veri                    | 2                              | Check th   | nis box ▶  if the organization disc   | ontinued its operations                                   | or disposed       | of more than 25% of                            | of its net as           | sets                     |
| ŝ                       | 3                              |  | of voting members of the governing b  |   |                   | 1  | 3                       | 3                        |
| õ                       | 4                              |  | of independent voting members of the  |   |                   |  | 4                       | 2                        |
| ities                   | 5                              |  | mber of individuals employed in calend  |   |                   |  | 5                       | 0                        |
| tivi                    | 6                              |  | mber of volunteers (estimate if necess  |   |                   |  | 6                       | 0                        |
| A                       | 7a                             |  | related business revenue from Part VI   |   |                   |  | 7a                      | 0                        |
|                         | b                              | Net unre   | elated business taxable income from F   | orm 990-T, line 39  |                   |  | 7b                      | 0                        |
|                         |                                | Cartailar  |   |   |                   | Prior Year                                     | 070                     | Current Year             |
| ant                     | 8                              |  | itions and grants (Part VIII, line 1h).                                       |   |                   | 2,270  | ,457                    | 715,421                  |
| Revenue                 | 10                             | 5  |   |   |                   |  |                         | <u>651,399</u><br>13,683 |
| Re                      | 11                             |  | evenue (Part VIII, column (A), lines 5, 6                                     |   |                   | 10   | ,519<br>0               | 13,003                   |
|                         | 12                             |  | enue—add lines 8 through 11 (must equa  |   |                   | 2,785  |                         | 1,380,503                |
|                         | 13                             |  | and similar amounts paid (Part IX, colu                                       |   |                   |  | 0                       | 0                        |
|                         | 14                             |  | paid to or for members (Part IX, colur  | · · · ·   |                   |  | 0                       | 0                        |
| Se                      | 15                             | Salaries,  | other compensation, employee benefits   | (Part IX, column (A), lines                               | s 5—10)           |  | 0                       | 0                        |
| Expenses                | 16a                            | Professi   | onal fundraising fees (Part IX, column  | (A), line 11e)  |                   |  | 0                       | 0                        |
| dx                      | b                              |  | ndraising expenses (Part IX, column (I  |   | 0                 |  |                         |                          |
| ш                       | 11                             |  | kpenses (Part IX, column (A), lines 11a                                       | del antesido de sus de concesso de se                     | 1. A. 1           |  | ,413                    | 758,931                  |
|                         | 18                             |  | penses. Add lines 13–17 (must equal   |   | e 25)             |  | ,413                    | 758,931                  |
| 5                       | 19                             | Revenu   | e less expenses. Subtract line 18 from  |   |                   | 2,383<br>Beginning of Current                  |                         | 621,572<br>End of Year   |
| ets                     | 20                             | Total as   | sets (Part X, line 16).......   |   |                   | 12,796   |                         | 12,961,405               |
| Ass                     | 21                             |  | bilities (Part X, line 26)  |   |                   | 9,438  |                         | 8,982,651                |
| Net Assets or           | 22                             |  | ets or fund balances. Subtract line 21 f                                      |   |                   | 3,357  |                         | 3,978,754                |
| Ρ                       | art II                         |  | nature Block  |   |                   |  |                         |                          |
|                         |                                |  | y, I declare that I have examined this return, inclu                          |   |                   |  |                         |                          |
|                         |                                | is true, corre   | ect, and complete. Declaration of preparer (other the                         | han officer) is based on all info                         | ormation of which | preparer has any knowle                        | eage.                   |                          |
|                         | gn                             |  | Signature of officer  |   |                   | Date   |                         |                          |
| He                      | ere                            |  | Lon   | _   |                   | Dute   | 11/23/2                 | 2020                     |
|                         |                                |  | Type or print name and title Brett I. Will                                    | iams - Executive Directo                                  | or                |  |                         |                          |
|                         |                                | Prin   | t/Type preparer's name  | Preparer's signature                                      |                   | Date   |                         | PTIN                     |
| Pa                      |                                |  |   | REVEN   |                   |  | neck if<br>elf-employed |                          |
|                         | eparei                         |  | 's name   |   |                   |  | on ployed               |                          |
| Us                      | se Only                        |  | 's address  Bart A. Skidmore PTIN:PC  | 0260935   |                   | Firm's EIN                                     |                         |                          |
| N/-                     | w the Ir                       |  |   |   |                   | Phone no.                                      |                         |                          |
| -                       | No. of Concession, name        | Statement of the local division of the local | 1970 S. Lafavette St. Denv  | er CO 80210 303-365-                                      | 1696              |  |                         | X Yes No                 |
| Fo<br>HTA               |                                | work Red   | uction Act Nonce, see the separate ms   | เนินแบกร.   |                   |  |                         | Form <b>990</b> (2019)   |

| Form 9 | 90 (2019) | Lotus School for Excellence Foundation  | 20-3336437                           | Page <b>2</b> |
|--------|-----------|---|--------------------------------------|---------------|
| Pa     | rt III    | Statement of Program Service Accomplishments  |                                      |               |
|        |           | Check if Schedule O contains a response or note to any line in this Par               | t III                                |               |
| 1      |           | describe the organization's mission:  |                                      |               |
|        | Provide   | facilities for Lotus School for Excellence, a 501(c)(3) school.                       |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
| 2      |           | organization undertake any significant program services during the year which were    |                                      |               |
|        |           | r Form 990 or 990-EZ?   | · · · · · · · · · · · Yes            | X No          |
| •      |           | ' describe these new services on Schedule O.  |                                      |               |
| 3      |           | organization cease conducting, or make significant changes in how it conducts, any s? |                                      | X No          |
|        |           | ' describe these changes on Schedule O.   |                                      |               |
| 4      |           | e the organization's program service accomplishments for each of its three largest p  | rogram services, as measured by      |               |
|        |           | es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount   | of grants and allocations to others, |               |
|        | the total | l expenses, and revenue, if any, for each program service reported.                   |                                      |               |
|        | (0.1      |   |                                      | 500 \         |
| 4a     |           | ) (Expenses \$ 758,931 including grants of \$ 715                                     |                                      |               |
|        |           | es required to provide facilities for Lotus School for Excellence.                    |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
| 4b     |           | ) (Expenses \$ including grants of \$   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
| 4c     | (Code:    | ) (Expenses \$ including grants of \$   | ) (Revenue \$                        | )             |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
|        |           |   |                                      |               |
| 4d     | -         | rogram services (Describe on Schedule O.)   | <b>^</b>                             |               |
| 40     | (Expens   |   | \$ 0)                                |               |
| 4e     | rotal pro | ogram service expenses       758,931  |                                      |               |

Lotus School for Excellence Foundation 19)

| Part     | Checklist of Required Schedules  |     |        | <u> </u> |  |
|----------|--|-----|--------|----------|--|
|          |  |     | Yes    | No       |  |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |     | v      |          |  |
| ~        |  | 1   | X<br>X | <u> </u> |  |
| 2        | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?   | 2   | X      | <u> </u> |  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |     |        | v        |  |
|          | candidates for public office? If "Yes," complete Schedule C, Part I.   | 3   |        | X        |  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |     |        | v        |  |
| _        | election in effect during the tax year? If "Yes," complete Schedule C, Part II.  | 4   |        | Х        |  |
| 5        | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,                                     | _   |        | v        |  |
| 6        | assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                                    | 5   |        | X        |  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |     |        |          |  |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  | 6   |        | v        |  |
| 7        | "Yes," complete Schedule D, Part I   | 6   |        | X        |  |
| '        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  | 7   |        | v        |  |
| 8        |  |     |        | Х        |  |
| o        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8   |        | v        |  |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  | 0   |        | Х        |  |
| 9        |  |     |        |          |  |
|          | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt  |     |        |          |  |
| 40       | negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .  | 9   |        | X        |  |
| 10       | or in quasi endowments? If "Yes," complete Schedule D, Part V.   | 40  |        | v        |  |
| 44       |  | 10  |        | Х        |  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.          |     |        |          |  |
| •        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  |     |        |          |  |
| d        | Schedule D, Part VI.   | 11a | х      |          |  |
| h        | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more  | 11a | ^      | <u> </u> |  |
| D        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b |        | х        |  |
| <u>د</u> | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more   | 110 |        | ~        |  |
| U        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   | 11c |        | х        |  |
| Ь        | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets  | 110 |        | ~        |  |
| u        | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   | 11d |        | х        |  |
| ۵        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                   | 11e |        | X        |  |
|          | 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)? <i>If "Yes," complete Schedule D, Part X.</i>                           | 11f |        | х        |  |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                      |     |        |          |  |
| 120      | Schedule D, Parts XI and XII.  | 12a | х      |          |  |
| h        | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"                                      | 124 | ~      |          |  |
| ~        | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | х      |          |  |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   | 13  |        | Х        |  |
|          | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |        | X        |  |
|          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |     |        |          |  |
|          | fundraising, business, investment, and program service activities outside the United States, or aggregate  |     |        |          |  |
|          | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  | 14b |        | х        |  |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |     |        |          |  |
|          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  | 15  |        | х        |  |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |     |        |          |  |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16  |        | х        |  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services  | _   |        |          |  |
|          | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).   | 17  |        | х        |  |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |     |        |          |  |
| -        | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  | 18  |        | х        |  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |     |        |          |  |
|          | If "Yes," complete Schedule G, Part III.   | 19  |        | х        |  |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.   | 20a |        | Х        |  |
|          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |        |          |  |

| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or |
|----|---|
|    | domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>    |

Form **990** (2019)

х

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| Form | 990  | (20 |
|------|------|-----|
| Der  | 4 11 | 7   |

Form 990 (2019)
Part IV

|        |   |            | 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         |     | Х      |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated             |            |     |        |
|        | employees? If "Yes," complete Schedule J.   | 23         | х   |        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |            |     |        |
|        | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines   |            |     |        |
|        | 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a        |     | Х      |
|        | 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   |            |     |        |
| Ь      | to defease any tax-exempt bonds?  | 24c<br>24d |     |        |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 27U        |     |        |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  | 25a        |     | х      |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a  |            |     |        |
|        | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or  |            |     |        |
| ~~     | 990-EZ? If "Yes," complete Schedule L, Part I.  | 25b        |     | Х      |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% |            |     |        |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.   | 26         |     | х      |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   |            |     |        |
|        | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee  |            |     |        |
|        | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  |            |     |        |
|        | persons? If "Yes," complete Schedule L, Part III.   | 27         |     | Х      |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                          |            |     |        |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |            |     |        |
| h      | If"Yes," complete Schedule L, Part IV.  | 28a<br>28b |     | X<br>X |
| b<br>c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If   | 200        |     | ^      |
| •      | If"Yes," complete Schedule L, Part IV.  | 28c        |     | х      |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         | Х   |        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .                                       | 30         |     | х      |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | X      |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?   |            |     |        |
|        | If "Yes," complete Schedule N, Part II  | 32         |     | Х      |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 22         |     | v      |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | Х      |
| 04     |   | 34         | х   |        |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     | Х      |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 35b        |     |        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 36         |     | х      |
| 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         |     | Х      |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  |            |     |        |
|        | 19? Note: All Form 990 filers are required to complete Schedule O   | 38         | Х   |        |
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V   |            | I   |        |
|        |   |            |     |        |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |            | Yes | No     |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |            |     |        |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable   |            |     |        |
|        | gaming (gambling) winnings to prize winners?....................................  | 1c         | Х   |        |
|        |   | Form       | 990 | (2019) |

|        | 90 (2019) Lotus School for Excellence Foundation 20-333  | 6437     | P   | age <b>5</b> |
|--------|--|----------|-----|--------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          | -   | <b>-</b>     |
|        |  |          | Yes | No           |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |          |     |              |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0                                   |          |     |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                       | 2b       | Х   |              |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                           |          |     |              |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | Х            |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                          | 3b       |     |              |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,              |          |     |              |
|        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                   | 4a       |     | Х            |
| 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).                  |          |     |              |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                | 5a       |     | Х            |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                     | 5b       |     | Х            |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     |              |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                               | _        |     |              |
|        | organization solicit any contributions that were not tax deductible as charitable contributions?                                     | 6a       |     | Х            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or                       |          |     |              |
| _      | gifts were not tax deductible?   | 6b       |     |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |          |     |              |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                          |          |     | V            |
| L      | and services provided to the payor?  | 7a<br>7b |     | Х            |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                      | 7b       |     |              |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c       |     | v            |
| А      | · · · · · · · · · · · · · · · · · · ·  | 70       |     | Х            |
| d<br>e | If "Yes," indicate the number of Forms 8282 filed during the year  | 7e       |     | х            |
| f      | Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?                      | 7e<br>7f |     | X            |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     | 7g       |     |              |
| 9<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 79<br>7h |     |              |
| 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?   | 8        |     |              |
| 9      | Sponsoring organizations maintaining donor advised funds.  |          |     |              |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |     |              |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                    | 9b       |     |              |
| 10     | Section 501(c)(7) organizations. Enter:  |          |     |              |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |          |     |              |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                      |          |     |              |
| 11     | Section 501(c)(12) organizations. Enter:   |          |     |              |
| а      | Gross income from members or shareholders  |          |     |              |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |          |     |              |
|        | against amounts due or received from them.)  |          |     |              |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                           | 12a      |     |              |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |     |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |     |              |
|        | Note: See the instructions for additional information the organization must report on Schedule O.                                    |          |     |              |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which   |          |     |              |
| _      | the organization is licensed to issue qualified health plans   |          |     |              |
| C      | Enter the amount of reserves on hand   | 4.4-     |     |              |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | Х            |
| b      | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                     | 14b      |     | ──           |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                        |          |     |              |
|        | excess parachute payment(s) during the year  | 15       |     | Х            |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |          |     |              |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                      | 16       |     | Х            |
|        | If "Yes," complete Form 4720, Schedule O.  |          |     |              |
|        |  |          |     |              |

| Form | 990 | (2019) |
|------|-----|--------|
|------|-----|--------|

| Part VI       Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 3b, or 10b below, becarible 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       Image: Check If Schedule O contains a response or note to any line in this Part VI.         Section A. Governing Body and Management       Image: Check If Schedule O contains a response or note to any line in this Part VI.         If the are material differences in voting rights among members of the governing body, or if the governing body and the response on schedule O.       Image: Check If Schedule O.         Is Enter the number of voting members included on line 1a, above, who are independent.       Image: Check If Schedule O.         Is Det the organization delogate control over management duales customarily performed by or under the direct supervision of offorer, director, trustee, or key employees to an amagement duales customarily performed by or under the direct supervision of forer, director, trustee, or key employees to an amagement duales customarily performed by or under the direct supervision of the organization neares any significant duarges to is sporening documents since the point form angement duales and significant duarges to is sporening documents is not backlides.         4 Did the organization neares more back or other persons who had the power to elect or appoint on or more members of the governing body?       To a 'mo' 'mo' 'mo' 'mo' 'mo' 'mo' 'mo' '  | Form 9 |  | -3336437      |     | age <b>6</b> |
|---|--------|--|---------------|-----|--------------|
| Check if Schedule Q contains a response or note to any line in this Part VI.       ▼         Section A. Governing Body and Management       ▼         1       Enter the number of voling members of the governing body, at the and of the tax year.       1         1       There are material differences in voling rights among members of the governing body.       1         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to an management duties customatily performed by or under the direct as supervision of officer, director, trustee, or key employees to an management ompany or other person?.       3       ×         2       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       ×         3       Did the organization have members is stockholders?       6       ×         4       Did the organization have members or stockholders?       6       ×         7       Did the organization contemporand other persons who had the power to elect or appoint on an enhanses of the person system and addresses on Schedule O.       7       ×         8       Did the organization nearmeters of stockholders?       6       ×       ×         9       Did the organization nearmeters of stockholders?       6       ×       ×         9       Did the organization nearmeters of stockhol  | Par    |  |               |     |              |
| Section A. Governing Body and Management       Yes       No         1a Enter the number of voling members of the governing body, or<br>if the governing body delegated broad sutherity to an executive committee or similar<br>committee, optian on Schedule 0.       1a       3         2       Did any officer, director, trustee, or key employees have a family relationship or a business relationship with<br>any other officer, director, trustee, or key employees have a family relationship or a business relationship with<br>any other officer, director, trustee, or key employees have a family relationship or a business relationship with<br>any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct<br>supervision of directs, director, trustee, or key employees to a management duties customarily performed by or under the direct<br>supervision officers, director, trustee, or key employees to a management duties customarily performed by or under the direct<br>supervision officers, director, trustee, or key employees to a governing body?       2       X.         4       Did the organization have members, stockholders, or other persons who had the power to elect or appoint<br>one or more members, stockholders, or other persons who had the power to elect or appoint<br>one or more members, stockholders, or other persons who had the power to elect or appoint<br>one or more members, stockholders, or other persons who had the power to elect or appoint<br>one or more members, stockholders, or persons other than the governing body?       7b       X         5       Did the organization have members, stockholders, or other persons on Schedule 0.       7b       X         6       Did the organization have members, stockholders,  |        |  |               |     |              |
| 1a       Enter the number of voting members of the governing body, at the and of the tax year.       1a       3         If there are material differences in voting rights among members of the governing body. or if the governing body at generate the voting and the tax year.       1a       3         If the governing body delegated board authority to an executive committee or similar committee. explain on Schedule O.       2       1b       2         2 Did any officer. director, trustee, or key employee have a family relationship or a business relationship with any other officer. director, trustee, or key employees to a management on pany or other person?.       3       3       4       X.         3 Did the organization nee any significant charges to its governing body?.       6       X.       3       4       X.         4 Did the organization nee any significant charges to its governing body?.       6       X.       3       5       6       X.         5 Did the organization nee any entheres or stockholders?.       6       6       X.       5       5       X.         6 Did the organization nee any entheres or tockholders?.       7       7       X.       7       X.         7 Did the organization nee any address of the governing body?.       7       8       8       X.         8 Did the organization near enthere or stockholders?.       7       8       X.       8       X.     <  |        | Check if Schedule O contains a response or note to any line in this Part VI                                    |               |     | Х            |
| 1a       Enter the number of voting members of the governing body, or if the governing body, or if the governing body delegated broad subtrity to an executive committee or similar committee, explain on Schedule 0.       1a       3         2       Did any officer, director, trustee, or key employee at any relationship or a business relationship with any other officer, director, trustee, or key employees 0.       2       X         3       Did the organization delegate contol over management dulles customarily performed by or under the direct.       3       X         4       Did the organization delegate contol over management dulles customarily performed by or under the direct.       3       X         4       Did the organization become aware during the year of a significant diversion of the organization setses?       5       X         6       Did the organization become aware during the year of a significant diversion of the organization setses?       5       X         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint on one or more members, stockholders, or persons who had the power to elect or appoint on or more members, stockholders, or other persons who had the power to elect or appoint on a stockholders, or persons who had the governing body?       7       X         8       Did the organization negatization reserved to (or subject to approval by) members, stockholders, or persons who had the power stockholders?       7       X         9       Did the organization contemporaneously document  | Sect   | ion A. Governing Body and Management   |               |     |              |
| If the governing body delegate broad subtory to an executive committee or similar committee, explain on Schedule O.       Ib       Enter the number of voling members included on line 1a, above, who are independent.       Ib       Z       Z       X         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dulae customarily performed by or under the direct supervision of officer, directors, trustee, or key employees to a management durants on the parts of TV was file?       3       X         3       Did the organization bacemer asympticant changes to is governing documents since the prior Form 390 was file?       4       X         4       Did the organization have members so tockolders?       5       X         6       Did the organization have members so tockolders?       5       X         7       Did the organization have members so tockolders?       5       X         8       Did the organization have members so tockolders?       7       X         9       the symptican have members or so tockolders?       7       X         9       the organization have members or sockolders?       7       X         9       the organization have members or sockolders?       7       X         9       to the organization have members or sockolders?       7       X   |        |  |               | Yes | No           |
| if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.       1b       2         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other the direct supervision of fibers, directors, trustees, or key employees to a management company or other the direct supervision of fibers, directors, trustees, or key employees to a management company or other person?       2       X         4       Did the organization bave members so to the year of a significant diversion of the organization have members or stockholders?       5       X         4       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       A         8       Did the organization have members or stockholders?       7       X         9       Did the organization have members so tockholders?       7       X         9       Did the organization have members so tockholders?       7       X         9       Did the organization have members.       X   | 1a     |  | 3             |     |              |
| committee. explain on Schedule O.       1b       2         b       Enter the number of voling members included on line 1a, above, who are independent.       1b       2         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with<br>any other officer, director, trustee, or key employees to a management company or other person?       3       X         3       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         4       Did the organization have members, stockholders?       6       X         7       Did the organization have members, stockholders?       6       X         8       Did the organization have members, stockholders?       6       X         9       Did the organization have members, stockholders?       7       X         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have written policies and procedures governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have written policies and procedures governing body?       8b       X <td></td> <td></td> <td></td> <td></td> <td></td>  |        |  |               |     |              |
| b       Enter the number of voting members included on line 1a, above, who are independent.       1b       2         2       Did any officer, director, ruistee, or key employee Nave a family relationship or a business relationship with end or supervision of officers, directors, itrustees, or key employees to a management company or other person?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, itrustees, or key employees to a management company or other person?       3       X         4       Did the organization have members so tockholders?       5       X         5       Did the organization have members or stockholders?       6       X         7       Did the organization have members so tockholders?       6       X         7       Did the organization have members so tockholders?       7       X         8       Did the organization have members so tockholders?       7       X         9       Is there any officer, director, trustee, or key employee listed in Pat VII. Section A, who cannot be reached at the erganization reserved to (or subject to approval by) members.       5       X         9       Is there any officer, director, trustee, or key employee listed in Pat VII. Section A, who cannot be reached at the erganization reserved to (or subject to approval by) members.       5       X         9       Is there any officer,   |        |  |               |     |              |
| 2       Did any officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management dules customarily performed by or under the direct.       3       X         4       Did the organization make any significant changes to its giverning documents since the prior Form 930 was filed?       4       X         5       Did the organization make any significant changes to its giverning documents since the prior Form 930 was filed?       4       X         6       Did the organization make any significant changes to its giverning documents since the prior Form 930 was filed?       5       X         7a       Did the organization make members or stockholders?       6       X         7a       Did the organization ontemporane decisions of the organization reserved to (ar subject to approval by) members, stockholders, or persons other than the governing body?       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         8       Did the organization nakes?       // Yes, "provide the names and addresses or Schedule O       y       X         9       Is there any officer, director, trustee, or key employees itsel in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing body?       10a       X         9       Is director,   |        |  |               |     |              |
| any other officer, director, trustee, or key employee?       2       X         3       Did the organization degate control over management dutes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization become aware during the year of a significant diversion's assets?       5       X         5       Did the organization become aware during the year of a significant diversion's assets?       5       X         6       Did the organization twe members or stockholders?       6       X         7       Did the organization twe members or stockholders?       6       X         7       Did the organization twe members or stockholders?       7       X         8       Did the organization twe members of the governing body?       7       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization maining address?       7       X         9       Did the organization the ware written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their organization the annual in the sets that could give rise to conflict?       10       10         9       Did the organization the ware written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their organizatio  |        |  | 2             |     |              |
| <ul> <li>3 Did the organization delegate control over management dutes customarily performed by or under the direct supervision of officers directors, trustees, or key employees to a management company or othere person?</li> <li>4 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 A</li> <li>7 Did the organization have members or stockholders?</li> <li>7 Did the organization have members, stockholders?</li> <li>8 A</li> <li>9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>8 The governing body?</li> <li>9 A</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 as there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? If "Yes," provide the names and addresses on Schedule O</li> <li>9 Section B. Policies (This Section B requests information about policies on the real real Revenue Code)</li> <li>10 Did the organization have local chapters, branches, or affiliates?</li> <li>11 H as the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to a surfer divergenitos are consistent with the policy? If "Yes," do bite organization's wave surfer, onficies (This Section B requestion) monitor and enforce complication the secting the process, 1 any, used by the organization to review this Form 990.</li> <li>12 A to the organization have a written onficie of interest policy? If "No." go to line 13.</li> <li>12 Bit the organization have a written onticked interest policy? If "No." go to line 13.</li> <li></li></ul> | 2      |  |               |     | V            |
| supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         A       Did the organization make employees to a significant diversion of the organization's assets?       4       X         5       Did the organization have members is tockholders?       6       X         7       Did the organization have members or stockholders?       7       X         7       Did the organization have members or stockholders?       7       X         7       Did the organization network members as tockholders?       7       X         8       Did the organization chare members as tockholders?       7       X         9       Is there any officen thereparate on the powering body?       8       X         8       Did the organization on the powering body?       8a       X         9       Is there any officen, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or additions?       8b       X         9       Is there any officen, they event operation are out addition of second by the future of the powers?       10b       10a         10a       Did the organization have written policies and procedures governing the activities of such chapters.       10b       10a         10a       Did the organization have written policies and procedu  | •      |  | . 2           |     | X            |
| 4       Did the organization make any significant changes to its governing documents since the prior FOm '90 was lead?       4       X         5       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders?       6       X         7a       Did the organization have members, stockholders?       6       X         7a       Did the organization have members, stockholders?       7a       X         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       X         b       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         b       Each committee with authority to at on behalf of the governing body?       8b       X         cettors       B. Didlees (This Section B reguests information about policies not required by the Internal Revenue Code.)       9       X         cettors       Did the organization have written policies and procedures governing the activities of such chapters, affiliates?       10a  | 3      |  |               |     | v            |
| 5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       6       X         7       Did the organization have members, stockholders?       7       X         8       Did the organization have members, stockholders?       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses on Schedule O.       9       X         9       Did the organization have local chapters, branches, or affiliates?       10       10       10       10       10       11       X         12a       Did the organization is any autor or instant with the organization is exempt purpose?       100       11       12       12         14a       the organization have local chapters, branches, or affiliates?       10       10       11       12       12       11       12       12       1  |        |  |               |     |              |
| 6       Did the organization have members or slockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         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       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X       8b       X         b       Each committee with authority to act on behalf of the governing body?       8a       X       8b       X         ctotices (This Section B requests information about policies not required by the Internal Revenue Code.       9       X         ctotices (This Section B requests information about policies on trequired by the following.       10a       10a       10a       X         10a       Did the organization have written policies and procedures governing body for form 990.       10a       11a       X         11a       Has the organization area written contico or file form 990 to line f13.       12a       X       10b       12a       X         12b       Did the organization area written document reterition  | _      |  |               |     |              |
| 7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         B Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         B Each committee with authority to act on behalf of the governing body?       8a       X       8b       X         9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's maling address?       10a       10a       X         10a       Did the organization's maling address?       10a       X       10a       X         10a       Did the organization's maining address?       10a       X       10a       X         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are orosistent with the organization's exempt purposes?       10b       10a       X         11a       X = borganization in ave a written written conflict of interest policy?       11a       X       12a       X         12a       Did the organization neave a written written borganization in over written 's   |        |  |               |     |              |
| one or more members of the governing body?       7a       X         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       X         c       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         c       Bis there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.       9       X         Section B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> )       10a       X         fill a the organization have intern policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         12a       Did the organization nave a written whistleblower policy?       12a       X       12a       X         12b       Wee officers, director, or trustes, and key employees required to discostan.       12a       X       12a       X         12a       D   |        |  | . 0           |     | ~            |
| 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       X         b       Dict the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         g       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       9a       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.       10a       X         b       If "Yes," did the organization have written policies and procedures governing they before fling the form?       10a       X         b       Dict the organization nave awritten written conflict of interest policy? If "No." go to line 13.       10a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict?       11a       X         c       Did the organization have a written written consistent with the organization's event poleroffing the form?       12a       X         b       Were officers, directors, or trustees, and  | 74     | -  | 7a            |     | x            |
| stockholders, or persons otheir than the governing body?.       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       8a       X         9       The governing body?.       8a       X       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       10a       10a       10a       X         10a       Did the organization have local chapters, branches, or affiliates?       10a       10a       X         11a       X       No       11a       X         10a       Did the organization have local chapters, branches, or affiliates?       10b       11a       X         11a       X       No       11a       X       11a       X         12a       Did the organization have local chapters, branches, or affiliates?       10b       11a       X         12a       Did the organization have local chapters, branches, or affiliates?       11a       X   | h      |  | . 14          |     |              |
| 8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Image of the service o  | ~      |  | 7b            |     | х            |
| the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Comparization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? c Did the organization nave a written optic optic of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 212a Did the organization regularity and consistent with the organization schedule of how this was done. c Did the organization regularity and consistent with respect to a line process? c Did the organization regularity and consistent with respect to a line process if any used by the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? c Did the organization in set increases to, or participate in a joint venture or similar arrangement with a taxable entity during the year? c Did the organization invest in, written policy or procedure requiring the organization is exempt substantiation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? c The organization's Cop. Executive Director, or top management official. c Did the organization follow a written policy or procedure requiring the organization to evalu           | 8      |  | 1.0           |     |              |
| a       The governing body?       Ba       x         b       Each committee with authority to act on behalf of the governing body?       Ba       x         b       Each committee with authority to act on behalf of the governing body?       Ba       x         b       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O       9       x         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       Yes         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       H"Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       X         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a       X         b       Were officers, directors, or trustes, and key employees required to disclose annually interest that could give rise to conflicts?       12a       X         12       Did the organization have a written wolistently monitor and enforce compliance with the policy? If "Yes."       12e       X  | Ū      |  |               |     |              |
| b       Each committee with authority to act on behalf of the governing body?       8       8       x         g       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?       g       x         Section B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code</i> .)       ves       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       H"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         b       Describe in Schedule O the process, if any, used by the organization review this Form 990.       12a   | а      |  | 8a            | Х   |              |
| at the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       10a         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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         11a       Has the organization have a written conflict of interest policy? If "No," got to line 13.       12a       X         22       Did the organization have a written conflict of interest policy? If "No," got to line 13.       12a       X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c Did the organization have a written whistleblower policy?       13       X       14       X         12       Did the organization have a written document retention and destruction policy?       13a       X       14       X         13       Did the organization have a written document retention and destructions.       15b       X       12c       X         14       Did the organization invest in , contribute assets to,   | b      |  | . 8b          |     |              |
| Section B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code</i> .)         10a       Did the organization have local chapters, branches, or affiliates?       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       11a       X         12b       Did the organization required to disclose annually interests that could give rise to conflict?       11a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict?       12b       X         13       Did the organization have a written whistleblower policy?       11a       X       12c       X         14       the stoedule O how this was done.       12c       X       12c       X         13       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization force the process in Schedule O (see instructions).       15a       X         14       Did the organization force the process in Schedule O (  | 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  |               |     |              |
| 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b       11a       X         12b       Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a       X       12a       X         12b       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."       12c       X         13       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."       12c       X         14       Did the organization have a written whistleblower policy?       13       X       12c       X         15       Did the organization have a written document retention and destruction policy?       13       X       14       X         15       Did the organization's CEO, Executive Director, or top management official.       15b       X       15b       X         16       Did the organization inyset in, contribute assets to, or participate in a joint venture or similar arrangement with a   |        | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O                 | 9             |     | Х            |
| 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       1   | Sect   | ion B. Policies (This Section B requests information about policies not required by the Internal Reven         | le Code.      | )   |              |
| b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b         12a       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c       Did the organization have a written whistleblower policy?       13a         13       Did the organization have a written document retention and destruction policy?       13a         14       Did the organization have a written document retention and destruction policy?       13a         14       Did the organization is comparability data, and contemporaneous substantiation of the deliberation and decision?       14         a       The organization in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b       X         16       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a </th <td></td> <td></td> <td></td> <td>Yes</td> <td></td>   |        |  |               | Yes |              |
| affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .       12a       X         12b       Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .       12b       X       12c       X         13       Did the organization have a written whistleblower policy?       13       X       14       X         14       Did the organization have a written document retention and destruction policy?       13       X       14       X         15       Did the organization's CEO, Executive Director, or top management official.       14       X         16       Other officers or key employees of the organization.       15a       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         15       Did the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's ceopy of this Form 990 is required to be fild       16a       X  | 10a    | -  | <u>10a</u>    |     | Х            |
| 11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.       11a       X         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       X       12b       X       12a       X       12b       X       12a       X       12b       X       12a       X       12b       X       12b <td< th=""><td>b</td><td></td><td></td><td></td><td></td></td<>  | b      |  |               |     |              |
| b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13.         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"         describe in Schedule O how this was done       12c         13       National and 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 invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         b       If "Yes," did the organization to make its Form 990 is required to be filed  |        |  |               |     |              |
| 12a       Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         12c       X       12b       X         13       Did the organization have a written whistleblower policy?       13a       X       13a         14       Did the organization have a written document retention and destruction policy?       14a       X         15       Did the organization sequences written document retention and destruction policy?       14a       X         15       Did the organization sequences written document retention and destruction policy?       14a       X         15       Did the organization is cEO, Executive Director, or top management official.       15a       X         16       Other officers or key employees of the organization       15b       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         16       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16b       16a       X         17       List the states with which a copy of this Form 990 is required to b  | -      |  | 11a           | X   |              |
| b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"       12c       X         13       Did the organization have a written whistleblower policy?       12c       X         14       Did the organization have a written whistleblower policy?       14d       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?       15a       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b       X         16a       Did the organization flow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16a         17       List the states with which a copy of this Form 990 is required to be filed   |        |  | 10            | X   |              |
| c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"       12c       x         13       Did the organization have a written whistleblower policy?       13       X       13       X       14       13       X       13       X       14       X       13       X       14       X       15       Did the organization have a written document retention and destruction policy?       14       X       15       X       16       X       16       X       16       X       16       X   |        |  |               |     |              |
| describe in Schedule O how this was done.       12c       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       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?       14       X         16       Dother officers or key employees of the organization       15       Is       X       15         17       Nother officers or 15b, describe the process in Schedule O (see instructions).       16a       X       16a       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed   | a<br>a |  | 5? <u>120</u> | ×   |              |
| 13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a       The organization's CEO, Executive Director, or top management official.       15       X       15a       X         b       Other officers or key employees of the organization       15b       X       15b       X         16 <sup>m</sup> Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         112         17       List the states with which a copy of this Form 990 is required to be filed       16c         17       List the states with which a copy of this Form   | L      |  | 120           | v   |              |
| 14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15       X         a       The organization's CEO, Executive Director, or top management official.       15       X         b       Other officers or key employees of the organization       15       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16       16         7       List the states with which a copy of this Form 990 is required to be filed  | 13     |  |               |     |              |
| <ul> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers or key employees of the organization.</li> <li>if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a X</li> <li>15a X</li> <li>15b X</li> <li>16a X</li> <li>16a X</li> <li>16a X</li> <li>16a X</li> <li>16a X</li> <li>16b </li> <li>16a X</li> <li>16b </li> <li>16b </li> <li>16b </li> <li>16b </li> <li>16c </li> <li>16c </li> <li>17 List the states with which a copy of this Form 990 is required to be filed</li> <li>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.</li> <li>Own website Anther's website X Upon request Other (explain on Schedule O)</li> <li>19 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov (303) 360 0052</li> </ul>  |        | -  |               | ~   | X            |
| <ul> <li>independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers or key employees of the organization .</li> <li>b Other officers or key employees of the organization .</li> <li>if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>16b</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed</li> <li>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.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov (303) 360 0052</li> </ul>   |        |  |               |     |              |
| a The organization's CEO, Executive Director, or top management official.       15a       X         b Other officers or key employees of the organization .       15b       X         1f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16b       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed ▶  |        |  |               |     |              |
| b       Other officers or key employees of the organization   | а      |  | . 15a         |     | х            |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶       16c       16c         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       0 Ohre (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       1000000000000000000000000000000000000   | b      |  |               |     |              |
| 16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         5       Section C. Disclosure       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed  ▶       16a       X         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       0 Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       1030 360 0052         20       State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Usternirov       (303) 360 0052   |        |  |               |     |              |
| <ul> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li></ul>   | 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement |               |     |              |
| participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard<br>the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)<br>(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □         □       Own website       □         □       Own website       If so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov       Nurzhan Ustemirov  |        | with a taxable entity during the year?   | 16a           |     | Х            |
| the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed       ►         17       List the states with which a copy of this Form 990 is required to be filed       ►         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)         (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Own website         19       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.         20       State the name, address, and telephone number of the person who possesses the organization's books and records       ►         Nurzhan Ustemirov       (303) 360 0052  | b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its |               |     |              |
| Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed ▶         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)         (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         □       Own website         □       Another's website         X       Upon request         □       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov         (303) 360 0052   |        |  |               |     |              |
| <ul> <li>17 List the states with which a copy of this Form 990 is required to be filed ►</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)</li> <li>19 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov (303) 360 0052</li> </ul>  |        | the organization's exempt status with respect to such arrangements?  | . 16b         |     |              |
| <ul> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov (303) 360 0052</li> </ul>  | Sect   |  |               |     |              |
| <ul> <li>(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)</li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov (303) 360 0052</li> </ul>   |        |  |               |     |              |
| <ul> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records Nurzhan Ustemirov (303) 360 0052</li> </ul>  | 18     |  | ion 501(c     | )   |              |
| <ul> <li>19 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records<br/>Nurzhan Ustemirov         (303) 360 0052</li></ul>                 |        |  | 0             |     |              |
| <ul> <li>and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records         <ul> <li>Nurzhan Ustemirov</li> <li>(303) 360 0052</li> </ul> </li> </ul>  | 40     |  | ,             |     |              |
| 20       State the name, address, and telephone number of the person who possesses the organization's books and records         Nurzhan Ustemirov       (303) 360 0052  | 19     | , ,  | t policy,     |     |              |
| Nurzhan Ustemirov (303) 360 0052  | 20     |  |               |     |              |
|   | 20     |  |               |     |              |
|   |        |  |               |     |              |

| Form 990 (2019)   | Lotus School for Excellence Foundation   | 20-3336437 | Page <b>7</b> |  |  |  |
|---|--|------------|---------------|--|--|--|
| Part VII  | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp   | ensated    | <u> </u>      |  |  |  |
|   | Employees, and Independent Contractors<br>Check if Schedule O contains a response or note to any line in this Part VII |            |               |  |  |  |
| Section A.  | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  | oyees      |               |  |  |  |
| <b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. |  |            |               |  |  |  |

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title    | <b>(B)</b><br>Average<br>hours<br>per week<br>(list any        | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee)<br>or director/trustee<br>or director/trustee |                       |    | an           | (D)<br>Reportable<br>compensation<br>from the<br>organization | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F)<br>Estimated amount<br>of other<br>compensation<br>from the |                 |   |
|--------------------------|--|--|-----------------------|----|--------------|---|--|---|-----------------|---|
|                          | hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director  | Institutional trustee | Уr | Key employee | Highest compensated employee                                  | er   | (W-2/1099-MISC)   | (W-2/1099-MISC) | organization and<br>related organizations |
| (1) Michael Hecker       | 1.00   |  |                       |    |              |   |  |   |                 |   |
| Executive Director       | 40.00  |  |                       | Х  |              | Х   | Х  |   | 104,418         | 32,484                                    |
| (2) Brett Williams       | 1.00   |  |                       |    |              |   |  |   |                 |   |
| Executive Director       | 40.00  |  |                       | Х  |              | Х   |  |   | 40,627          | 12,639                                    |
| (3) Angelina Velez-Reyes | 1.00   |  |                       |    |              |   |  |   |                 |   |
| President                | 1.00   | Х  |                       |    |              |   |  |   |                 |   |
| (4) Nuran Yilmaz         |  |  |                       |    |              |   |  |   |                 |   |
| Director                 | 1.00   | Х  |                       |    |              |   |  |   |                 |   |
| (5)                      |  |  |                       |    |              |   |  |   |                 |   |
| (6)                      |  |  |                       |    |              |   |  |   |                 |   |
|                          |  |  |                       |    |              |   |  |   |                 |   |
| (8)                      |  |  |                       |    |              |   |  |   |                 |   |
| (9)                      |  |  |                       |    |              |   |  |   |                 |   |
| (10)                     |  |  |                       |    |              |   |  |   |                 |   |
| (11)                     |  |  |                       |    |              |   |  |   |                 |   |
| (12)                     |  |  |                       |    |              |   |  |   |                 |   |
| (13)                     |  |  |                       |    |              |   |  |   |                 |   |
| (14)                     |  |  |                       |    |              |   |  |   |                 |   |
|                          | 1  |  |                       |    |              |   |  |   | 1               |   |

|         | 90 (2019)    | Lotus School fo   |                    |                       |                                   |                       |           |                    |                              |        |                          | 20-333                        |         | Page <b>8</b>          |
|---------|--------------|---|--------------------|-----------------------|-----------------------------------|-----------------------|-----------|--------------------|------------------------------|--------|--------------------------|-------------------------------|---------|------------------------|
| Ра      | rt VII       | Section A. Officers,  | , Directors, Tru   | istees, Key Em        | oloye                             | es,                   |           |                    | ghest                        | Co     | ompensated Em            | ployees (contin               | nued)   |                        |
|         |              |   |                    |                       |                                   |                       | (C<br>Pos | <b>C)</b><br>ition |                              |        |                          |                               |         |                        |
|         |              | (A)<br>Name and title   |                    | <b>(B)</b><br>Average |                                   |                       |           |                    | than or<br>is both a         |        | <b>(D)</b><br>Reportable | <b>(E)</b><br>Reportable      | Ectim   | (F)<br>nated amount    |
|         |              |   |                    | hours                 |                                   |                       |           | irecto             | or/truste                    |        | compensation             | compensation                  |         | of other               |
|         |              |   |                    | per week<br>(list any | Indi<br>or c                      | Inst                  | Officer   | Ke)                | High                         | Former | from the<br>organization | from related<br>organizations |         | npensation<br>from the |
|         |              |   |                    | hours for<br>related  | Individual t<br>or director       | itutic                | cer       | ' em               | nest<br>ploye                | mer    | (W-2/1099-MISC)          | (W-2/1099-MISC)               | orga    | nization and           |
|         |              |   |                    | organizations         | Individual trustee<br>or director | nal t                 |           | Key employee       | com                          |        |                          |                               | related | organizations          |
|         |              |   |                    | below<br>dotted line) | Istee                             | Institutional trustee |           | ě                  | pens                         |        |                          |                               |         |                        |
|         |              |   |                    | ,                     |                                   | ĕ                     |           |                    | Highest compensated employee |        |                          |                               |         |                        |
| (15)    |              |   |                    |                       |                                   |                       |           |                    |                              | _      |                          |                               |         |                        |
| 1.57    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (16)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
|         |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (17)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (18)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| <u></u> |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (19)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (22)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (20)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (21)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| <u></u> |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (22)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (00)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (23)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (24)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
|         |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| (25)    |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
| 46      | Oubtotal     |   |                    |                       |                                   |                       |           |                    |                              |        |                          | 145.045                       |         | 45 400                 |
|         |              | continuation sheets   |                    |                       |                                   |                       |           |                    |                              |        | 0                        | 145,045<br>0                  |         | 45,123<br>0            |
|         |              | lines 1b and 1c).   |                    |                       |                                   |                       |           |                    |                              |        | 0                        | 145,045                       | 1       | 45,123                 |
| 2       |              | er of individuals (incl   |                    |                       |                                   |                       |           |                    |                              | /ed    | more than \$100          | ,000 of                       |         | <u> </u>               |
|         | reportable c | compensation from th  | ne organization    | Þ                     |                                   |                       |           |                    |                              |        |                          |                               |         | 1                      |
| •       | Did the same | unimetien liet enve <b>f</b> ern                                |                    |                       |                                   |                       |           | <b> </b> -         | :                            |        |                          |                               |         | Yes No                 |
|         | •            | anization list any <b>forr</b><br>n line 1a? <i>If "Yes," c</i> |                    |                       |                                   |                       |           |                    | •                            |        |                          |                               | 3       | Х                      |
|         |              | ividual listed on line  | -                  |                       |                                   |                       |           |                    |                              |        |                          |                               |         |                        |
|         | •            | ation and related org   |                    | •                     | •                                 |                       |           |                    |                              |        | •                        | h                             |         |                        |
|         | individual . |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               | 4       | Х                      |
|         | • •          | son listed on line 1a   |                    | •                     |                                   |                       | •         |                    |                              | -      |                          |                               |         |                        |
|         |              | rendered to the orga  |                    | es," complete So      | hedu                              | ıle J                 | for       | suci               | h pers                       | son    | <u></u>                  |                               | 5       | Х                      |
| Sect    |              | bendent Contractors   |                    | neated independ       | lont                              | ont                   | ract      | ored               | that re                      | 000    | ived more than           | \$100.000 of                  |         |                        |
|         |              | on from the organiza  |                    |                       |                                   |                       |           |                    |                              |        |                          |                               | tax ve  | ar.                    |
|         | <b>I</b>     | 5   | (A)                | 1                     |                                   |                       |           | <i>,</i>           |                              |        | (B)                      |                               | )<br>(C |                        |
|         |              | Name  | e and business add | ress                  |                                   |                       |           |                    |                              |        | Description of ser       | vices                         | Comper  | isation                |
|         |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         | 0                      |
|         |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         | 0                      |
|         |              |   |                    |                       |                                   |                       |           |                    |                              |        |                          |                               |         | 0                      |
|         |              |   |                    |                       |                                   |                       |           | _                  |                              |        |                          |                               |         | 0                      |
| 2       |              | er of independent co  |                    | -                     |                                   | tho                   | se l      | istec              | d abov                       | /e)    | who received             |                               |         |                        |
|         | more than \$ | 100,000 of compens  | sation from the    | organization          | •                                 |                       |           |                    |                              | 0      |                          |                               |         |                        |

|   | 990 (20 <sup>-</sup> |  | ellence Founda | tion       |                     |                             |  | 20-33364                             | 437 Page <b>9</b>   |
|---|----------------------|--|----------------|------------|---------------------|-----------------------------|--|--------------------------------------|---|
| Par   | t VIII               | Statement of Revenu  | le             |            |                     |                             |  |                                      | _   |
|   |                      | Check if Schedule O con                                      | tains a respon | se or      | note to any line in | this Part VIII              |  |                                      |   |
|   |                      |  |                |            |                     | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
| ts<br>S   | 1a                   | Federated campaigns  |                | 1a         | 0                   |                             |  |                                      |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b                    | Membership dues  |                | 1b         | 0                   |                             |  |                                      |   |
| °, G  | С                    | Fundraising events   |                | 1c         | 0                   |                             |  |                                      |   |
| Sifts<br>ar A   | d                    | Related organizations  |                | 1d         | 715,421             |                             |  |                                      |   |
| is, C   | e                    | Government grants (contribu                                  |                | 1e         | 0                   |                             |  |                                      |   |
| tion<br>r Si  | T                    | All other contributions, gifts, similar amounts not included |                | 1f         | 0                   |                             |  |                                      |   |
| ibui  | g                    | Noncash contributions include                                |                |            | 0                   |                             |  |                                      |   |
| d O   | 9                    | lines 1a–1f  |                | 1g         | \$ 715,421          |                             |  |                                      |   |
| ရှိပ  | h                    | Total. Add lines 1a–1f                                       |                |            |                     | 715,421                     |  |                                      |   |
|   |                      |  |                |            | Business Code       | 110,121                     |  |                                      |   |
| ce  | 2a                   | Lease Revenue  |                |            | 531120              | 651,399                     | 651,399                                      |                                      |   |
| le Si   | b                    |  |                |            |                     | 0                           |  |                                      |   |
| Program Service<br>Revenue                                | С                    |  |                |            |                     | 0                           |  |                                      |   |
| am<br>Revi  | d                    |  |                |            |                     | 0                           |  |                                      |   |
| - Bo  | е                    |  |                |            |                     | 0                           |  |                                      |   |
| ሻ   | f                    | All other program service rev                                |                |            | L                   | 0                           |  |                                      |   |
|   | g                    | Total. Add lines 2a–2f                                       |                |            |                     | 651,399                     |  |                                      |   |
|   | 3                    | Investment income (includin<br>other similar amounts).       |                |            |                     | 10 600                      | 10 600                                       |                                      |   |
|   | 4                    | Income from investment of ta                                 |                |            |                     | 13,683<br>0                 | T  |                                      | 1   |
|   | 5                    | Royalties  | -              |            |                     | 0                           |  |                                      | 1   |
|   | ľ                    |  | (i) Rea        | <br>al     | (ii) Personal       | 0                           |  |                                      |   |
|   | 6a                   | Gross rents  | 6a             |            |                     |                             |  |                                      |   |
|   | b                    | Less: rental expenses .                                      | 6b             |            |                     |                             |  |                                      |   |
|   | с                    | Rental income or (loss)                                      | 6c             | 0          | 0                   |                             |  |                                      |   |
|   | d                    | Net rental income or (loss).                                 |                |            | 🕨                   | 0                           |  |                                      |   |
|   | 7a                   | Gross amount from  | (i) Securi     | ties       | (ii) Other          |                             |  |                                      |   |
|   |                      | sales of assets  |                |            |                     |                             |  |                                      |   |
|   |                      | other than inventory .                                       | 7a             | 0          | 0                   |                             |  |                                      |   |
| enue  | b                    | Less: cost or other basis                                    |                |            |                     |                             |  |                                      |   |
| ive   |                      | and sales expenses   | 7b             | 0          | •                   |                             |  |                                      |   |
| Å   | c<br>d               | Gain or (loss)   |                | 0          |                     | 0                           |  |                                      |   |
| Other Reve  | 8a                   | Gross income from fundraisi                                  |                |            |                     | 0                           |  |                                      |   |
| ð   | - Ou                 |  | 0              |            |                     |                             |  |                                      |   |
|   |                      | of contributions reported on                                 | line 1c).      |            |                     |                             |  |                                      |   |
|   |                      | See Part IV, line 18   |                | 8a         | 0                   |                             |  |                                      |   |
|   | b                    | Less: direct expenses  |                | 8b         | 0                   |                             |  |                                      |   |
|   | С                    | Net income or (loss) from fu                                 | -              | ts .       | 🕨                   | 0                           |  |                                      |   |
|   | 9a                   | Gross income from gaming a                                   |                |            |                     |                             |  |                                      |   |
|   |                      | See Part IV, line 19   |                | 9a         | 0                   |                             |  |                                      |   |
|   | b                    | Less: direct expenses  |                | 9b         |                     |                             |  |                                      |   |
|   | C                    | Net income or (loss) from ga                                 | -              |            |                     | 0                           |  |                                      |   |
|   | 10a                  | Gross sales of inventory, les returns and allowances         |                | 100        | 0                   |                             |  |                                      |   |
|   | h                    | Less: cost of goods sold                                     |                | 10a<br>10b | 1                   |                             |  |                                      |   |
|   | b<br>c               | Net income or (loss) from sa                                 |                |            |                     | 0                           |  |                                      |   |
| S   |                      |  |                | y          | Business Code       | 0                           |  |                                      |   |
| Miscellaneous<br>Revenue                                  | 11a                  |  |                |            | 531120              | 0                           |  |                                      |   |
| ane   | b                    |  |                |            |                     | 0                           |  |                                      |   |
| cellaneo<br>Revenue                                       | с                    |  |                |            |                     | 0                           |  |                                      |   |
| Sc<br>Sc  | d                    | All other revenue  |                |            |                     | 0                           |  |                                      |   |
| Σ   | е                    | Total. Add lines 11a–11d .                                   |                |            |                     | 0                           |  |                                      |   |
|   | 12                   | Total revenue. See instructi                                 | ons            |            |                     | 1,380,503                   | 665,082                                      | 0                                    | 0   |

|            | 501(c)(3) and 501(c)(4) organizations must complete all c<br>Check if Schedule O contains a response or note to |                       |                                    |   | Г   |
|------------|---|-----------------------|------------------------------------|---|---|
|            | t include amounts reported on lines 6b, 7b,<br>and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | · · · · <b>(D)</b><br>Fundraising<br>expenses |
| <b>1</b> G | Grants and other assistance to domestic organizations   |                       | expenses                           | general expenses                          | expenses                                      |
|            | omestic governments. See Part IV, line 21   | 0                     |                                    |   |   |
|            | Grants and other assistance to domestic   |                       |                                    |   |   |
| ir         | ndividuals. See Part IV, line 22...........   | 0                     |                                    |   |   |
|            | Grants and other assistance to foreign  |                       |                                    |   |   |
|            | rganizations, foreign governments, and foreign  |                       |                                    |   |   |
|            | ndividuals. See Part IV, lines 15 and 16  | 0                     |                                    |   |   |
|            | enefits paid to or for members  | 0                     |                                    |   |   |
|            | compensation of current officers, directors,  |                       |                                    |   |   |
|            | ustees, and key employees   | 0                     |                                    | 0   |   |
|            | Compensation not included above to disqualified   | -                     |                                    |   |   |
|            | ersons (as defined under section 4958(f)(1)) and  |                       |                                    |   |   |
| -          | ersons described in section 4958(c)(3)(B).  | 0                     |                                    |   |   |
|            | Other salaries and wages  | 0                     |                                    |   |   |
|            | ension plan accruals and contributions (include   |                       |                                    |   |   |
|            | ection 401(k) and 403(b) employer contributions).   | 0                     |                                    |   |   |
|            | Other employee benefits   | 0                     |                                    |   |   |
|            | Payroll taxes   | 0                     |                                    |   |   |
|            | ees for services (nonemployees):  | 0                     |                                    |   |   |
|            | lanagement  | 0                     |                                    |   |   |
|            |   | 0                     |                                    |   |   |
|            |   | 0                     |                                    |   |   |
|            | obbying   | 0                     |                                    |   |   |
|            | rofessional fundraising services. See Part IV, line 17.   | 0                     |                                    |   |   |
|            | ivestment management fees   | 0                     |                                    |   |   |
|            | ther. (If line 11g amount exceeds 10% of line 25, column  | 0                     |                                    |   |   |
|            |   | 1,879                 | 1,879                              | 0   |   |
|            | A) amount, list line 11g expenses on Schedule O.)   |                       | 1,079                              | 0   |   |
|            | dvertising and promotion  | 0                     |                                    |   |   |
|            |   | -                     |                                    |   |   |
|            | nformation technology   | 0                     |                                    |   |   |
|            |   | 0                     |                                    |   |   |
|            | Decupancy   | 0                     |                                    |   |   |
|            | ravel   | 0                     |                                    |   |   |
|            | ayments of travel or entertainment expenses   |                       |                                    |   |   |
|            | or any federal, state, or local public officials  | 0                     |                                    |   |   |
|            | conferences, conventions, and meetings  | 0                     |                                    |   |   |
|            | nterest   | 375,178               | 375,178                            |   |   |
|            | ayments to affiliates   | 0                     |                                    |   |   |
|            | epreciation, depletion, and amortization  | 378,587               | 378,587                            | 0   |   |
|            |   | 0                     |                                    |   |   |
|            | other expenses. Itemize expenses not covered  |                       |                                    |   |   |
|            | bove (List miscellaneous expenses on line 24e. If   |                       |                                    |   |   |
|            | ne 24e amount exceeds 10% of line 25, column  |                       |                                    |   |   |
|            | A) amount, list line 24e expenses on Schedule O.)   |                       |                                    |   |   |
|            | ransfer to Lotus School for Excelence   | 3,186                 | 3,186                              |   |   |
| b <u>C</u> | )ther   | 101                   | 101                                |   |   |
| с          |   | 0                     |                                    |   |   |
| d          |   | 0                     |                                    |   |   |
|            | Il other expenses   | 0                     |                                    |   |   |
|            | otal functional expenses. Add lines 1 through 24e   | 758,931               | 758,931                            | 0   |   |
|            | oint costs. Complete this line only if the  |                       |                                    |   |   |
|            | rganization reported in column (B) joint costs  |                       |                                    |   |   |
|            | om a combined educational campaign and  |                       |                                    |   |   |
| fu         | undraising solicitation. Check here 🕨 🗌 if  |                       |                                    |   |   |
| fc         | bllowing SOP 98-2 (ASC 958-720)   |                       |                                    |   |   |

|                             | n 990 (2 | ,   | tion   |                         |            |          | 20-3336437 Page <b>11</b> |
|-----------------------------|----------|---|--|-------------------------|------------|----------|---------------------------|
| Pa                          | art X    |   | noto to ou   | av line in this Dort V  |            |          |                           |
|                             |          | Check if Schedule O contains a response of      | note to ar   | iy line in this Part X. |            | • •      |                           |
|                             |          |   |  |                         |            |          | . ,                       |
|                             | 4        | Cash non interact bearing                       |  |                         |            | 4        | End of year               |
|                             | 1        |   |  |                         | •          |          | 638,686                   |
|                             | 2<br>3   |   |  |                         | -          |          |                           |
|                             | 4        |   |  |                         | -          | -        | 0                         |
|                             | 5        |   |  |                         | 0          | 4        | 0                         |
|                             | 5        |   |  |                         |            |          |                           |
|                             |          |   |  |                         | 0          | 5        |                           |
|                             | 6        |   | -  |                         | 0          | <u> </u> |                           |
|                             | Ŭ        |   |  |                         | 0          | 6        |                           |
| ts                          | 7        |   |  |                         | -          | -        | 0                         |
| Assets                      | 8        |   |  |                         | -          |          | 0                         |
| Ř                           | 9        |   |  |                         | -          | -        |                           |
|                             | 10a      | Land, buildings, and equipment: cost or         |  |                         |            | •        |                           |
|                             |          | other basis. Complete Part VI of Schedule D     | 10a  | 14,457,451              |            |          |                           |
|                             | b        | Less: accumulated depreciation                  |  |                         | 11.462.512 | 10c      | 12,322,719                |
|                             | 11       | •   |  |                         | 0          | 11       | 0                         |
|                             | 12       | Investments-other securities. See Part IV, line |  |                         | 0          | 12       | 0                         |
|                             | 13       | Investments-program-related. See Part IV, lin   |  |                         | 0          | 13       | 0                         |
|                             | 14       | Intangible assets                               |  |                         | 0          | 14       | 0                         |
|                             | 15       | Other assets. See Part IV, line 11              |  |                         | 1,330,377  | 15       | 0                         |
|                             | 16       | Total assets. Add lines 1 through 15 (must equ  | al line 33)  |                         | 12,796,176 | 16       | 12,961,405                |
|                             | 17       | Accounts payable and accrued expenses           |  |                         | 247,644    | 17       | 30,883                    |
|                             | 18       | Grants payable                                  |  | [                       | 0          | 18       |                           |
|                             | 19       | Deferred revenue                                |  |                         | 0          | 19       |                           |
|                             | 20       | Tax-exempt bond liabilities                     |  |                         | 0          | 20       |                           |
|                             | 21       | Escrow or custodial account liability. Complete | Part IV of   | Schedule D              | 0          | 21       |                           |
| ies                         | 22       | Loans and other payables to any current or forr |  |                         |            |          |                           |
| Liabilities                 |          | trustee, key employee, creator or founder, subs |  |                         |            |          |                           |
| iab                         |          |   | -  |                         | 0          |          |                           |
|                             | 23       |   |  |                         |            |          | 8,951,768                 |
|                             | 24       |   | -  |                         | 0          | 24       | 0                         |
|                             | 25       |   | Image: sequence or note to any line in this Part X.       (A)       (B)         Beginning of year       End of year         3.287       1         .net.       0       2       62         .net.       0       3       0       3         .net.       0       4       00       3       0         .net.       0       4       00       4       00       4       00         .net.       0       4       00       4       00       4       00       10 |                         |            |          |                           |
|                             |          | •   |  |                         |            |          |                           |
|                             |          |   |  |                         | -          |          | 0                         |
|                             | 26       |   |  |                         | 9,438,994  | 20       | 8,982,651                 |
| ces                         |          | Organizations that follow FASB ASC 958, ch      | eck here l   |                         |            |          |                           |
| an                          | ~-       | and complete lines 27, 28, 32, and 33.          |  |                         | 0.057.400  | ~-       | 0.070.754                 |
| Bal                         | 27       |   |  |                         |            |          | 3,978,754                 |
| þ                           | 28       |   |  |                         | 0          | 28       |                           |
| Ē                           |          | and complete lines 29 through 33.               | 956, chec  |                         |            |          |                           |
| ٩                           | 29       |   |  |                         | 0          | 20       |                           |
| ŝts                         | 29<br>30 |   |  |                         | -          |          |                           |
| sse                         | 30       | · · · ·   |  |                         | -          |          |                           |
| Net Assets or Fund Balances | 32       |   |  |                         | -          |          | 3,978,754                 |
| Ne                          | 33       |   |  |                         |            |          | 12,961,405                |
|                             |          |   |  |                         | ,,         |          | Form <b>990</b> (2019)    |

| Form 9 | 990 (2019) Lotus School for Excellence Foundation  | 20  | -3336437 | Pag   | e <b>12</b> |
|--------|--|-----|----------|-------|-------------|
| Part   | XI Reconciliation of Net Assets  |     |          |       |             |
|        | Check if Schedule O contains a response or note to any line in this Part XI                                    |     |          | . [   |             |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1   |          | 1,380 | ,503        |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2   |          | 758   | ,931        |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3   |          | 621   | ,572        |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4   |          | 3,357 | ,182        |
| 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  |          | 3,978 | ,754        |
| Part   |  |     |          | г     |             |
|        | 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 in          |     |          |       |             |
| _      | Schedule O.  |     |          |       |             |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?                |     | 2a       | Х     |             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or         |     |          |       |             |
|        | reviewed on a separate basis, consolidated basis, or both:   |     |          |       |             |
|        | Separate basis Consolidated basis X Both consolidated and separate basis                                       |     |          |       |             |
| b      | Were the organization's financial statements audited by an independent accountant?                             |     | . 2b     | Х     |             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a        |     |          |       |             |
|        | separate basis, consolidated basis, or both:   |     |          |       |             |
|        | Separate basis Consolidated basis X 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       | Х     |             |
|        | 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 Single Audit Act and OMB Circular A-133?   |     | . 3a     |       | Х           |
| 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     |       |             |

Form 990 (2019)

| SCHE  | DU  | LE | Α       |
|-------|-----|----|---------|
| (Form | 990 | or | 990-EZ) |

. ... -

# **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.

20**19** Open to Public Inspection

OMB No. 1545-0047

|      |     | venue Service                   | ► Go t  | to www.irs.gov/Forn   | n990 for instructions ar  | nd the late            | st informa                            | tion.   | Inspection  |  |  |
|------|-----|---------------------------------|---|---|---|------------------------|---------------------------------------|---|---|--|--|
|      |     | ne organization                 |   |   |   |                        |                                       | Employer identification                                 |   |  |  |
|      |     |                                 | nce Foundation  | the Otestice (All en  |   |                        | -:+ )                                 |   | 36437   |  |  |
| Par  |     |                                 |   |   | ganizations must co<br>for lines 1 through 12, o  |                        |                                       |   |   |  |  |
| 1    | луа |                                 | •   | · ·   | of churches described in  | -                      |                                       | ,   |   |  |  |
| 2    |     |                                 |   |   | ach Schedule E (Form  |                        |                                       | · ·/(-/-  |   |  |  |
| 3    |     |                                 |   |   | zation described in <b>sec</b>  |                        |                                       | i).   |   |  |  |
| 4    |     | •                               | •   |   | nction with a hospital c  | •                      |                                       | •   | iter the  |  |  |
| -    |     |                                 | e, city, and state  |   |   |                        |                                       |   |   |  |  |
| 5    |     |                                 | n operated for th<br>(1)(A)(iv). (Com   |   | ge or university owned  | or operate             | ed by a go                            | vernmental unit desc                                    | cribed in   |  |  |
| 6    |     | A federal, state                | e, or local govern  | ment or governmer   | ntal unit described in <b>se</b>  | ection 170             | )(b)(1)(A)(                           | v).   |   |  |  |
| 7    | Х   |                                 | on that normally receives a substantial part of its support from a governmental unit or from the general public<br>section 170(b)(1)(A)(vi). (Complete Part II.)  |   |   |                        |                                       |   |   |  |  |
| 8    |     | A community to                  | ust described in  | section 170(b)(1)(/   | A)(vi). (Complete Part  | II.)                   |                                       |   |   |  |  |
| 9    |     | or university or<br>university: | a non-land-grar   | nt college of agricult  | section <b>170(b)(1)(A)(ix</b><br>ure (see instructions).   | Enter the              | name, city                            | v, and state of the co                                  | llege or  |  |  |
| 10   |     | receipts from a support from g  | n that normally re<br>ctivities related t<br>ross investment  | eceives: (1) more th<br>to its exempt functic<br>income and unrelat | nan 33 1/3% of its supp<br>ons—subject to certain<br>red business taxable in<br>See <b>section 509(a)(2).</b> | exception<br>come (les | is, and (2)<br>s section {            | no more than 33 1/3<br>511 tax) from busine             | 3% of its   |  |  |
| 11   |     | An organization                 | n organized and   | operated exclusive  | ly to test for public safe  | ety. See <b>s</b> e    | ection 509                            | 9(a)(4).  |   |  |  |
| 12   |     | of one or more                  | 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. |   |   |                        |                                       |   |   |  |  |
| а    |     | the supporte                    | ed organization(  |   | pervised, or controlled b<br>larly appoint or elect a<br><b>tions A and B.</b>                                |                        |                                       |   |   |  |  |
| b    | ļ   | control or m                    | anagement of th   |   | r controlled in connecti<br>ization vested in the sa<br>ections A and C.                                      |                        |                                       |   |   |  |  |
| С    |     | Type III fun                    | ctionally integra   | ated. A supporting of   | organization operated i   |                        |                                       |   | rated with,   |  |  |
|      | I   |                                 | 0   | , ( ,   | You must complete F   | •                      |                                       | •   |   |  |  |
| d    |     |                                 |   |   | ting organization operation generally must sati   |                        |                                       |   |   |  |  |
|      |     | requirement                     | (see instruction  | s). You must comp   | olete Part IV, Sections   | A and D                | , and Part                            | ν.  |   |  |  |
| е    |     | Check this b                    | oox if the organiz  | ation received a wr   | itten determination fror<br>ally integrated supportir   | n the IRS              | that it is a                          | Туре I, Туре II, Тур                                    | e III   |  |  |
| f    |     | -                               |   | organizations   |   | ng organiz             | auon.                                 |   | 0   |  |  |
| g    |     |                                 |   | n about the support   |   |                        |                                       |   | · · · ·   |  |  |
|      | (i) | Name of supported of            | organization  | (ii) EIN  | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions))                           | listed in you          | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |  |
|      |     |                                 |   |   |   | Yes                    | No                                    |   |   |  |  |
| (A)  |     |                                 |   |   |   |                        |                                       |   |   |  |  |
| • •  |     |                                 |   |   |   |                        |                                       |   |   |  |  |
| (B)  |     |                                 |   |   |   |                        |                                       |   |   |  |  |
| (C)  |     |                                 |   |   |   |                        |                                       |   |   |  |  |
| (D)  |     |                                 |   |   |   |                        |                                       |   |   |  |  |
| (E)  |     |                                 |   |   |   |                        |                                       |   |   |  |  |
| Tota |     |                                 |   |   |   |                        |                                       | 0   | 0   |  |  |

| Sche     |   | ool for Excellence            |                     |                      |                     | 20-333643         | 37 Page <b>2</b> |
|----------|---|-------------------------------|---------------------|----------------------|---------------------|-------------------|------------------|
| Pa       | t II Support Schedule for Orga  | anizations Des                | cribed in Sect      | ions 170(b)(1)       | (A)(iv) and 170     | D(b)(1)(A)(vi)    |                  |
|          | (Complete only if you checke  | ed the box on lir             | ne 5, 7, or 8 of    | Part I or if the o   | organization fai    | led to qualify ur | nder             |
|          | Part III. If the organization fa  | ils to qualify un             | der the tests lis   | ted below, plea      | ase complete F      | art III.)         |                  |
| Sec      | tion A. Public Support  |                               |                     |                      |                     |                   |                  |
| Cale     | ndar year (or fiscal year beginning in)   | <b>(a)</b> 2015               | <b>(b)</b> 2016     | (c) 2017             | <b>(d)</b> 2018     | (e) 2019          | <b>(f)</b> Total |
| 1        | Gifts, grants, contributions, and   |                               |                     |                      |                     |                   |                  |
|          | membership fees received. (Do not   |                               |                     |                      |                     |                   |                  |
|          | include any "unusual grants.")  |                               |                     |                      | 388,660             | 715,421           | 1,104,081        |
| 2        | Tax revenues levied for the   |                               |                     |                      |                     |                   |                  |
|          | organization's benefit and either paid  |                               |                     |                      |                     |                   |                  |
|          | to or expended on its behalf  | 399,138                       | 382,498             | 336,897              | 444,457             | 651,399           | 2,214,389        |
| 3        | The value of services or facilities   |                               |                     |                      |                     |                   | · · ·            |
|          | furnished by a governmental unit to the   |                               |                     |                      |                     |                   |                  |
|          | organization without charge   |                               |                     |                      |                     |                   | 0                |
| 4        | Total. Add lines 1 through 3  | 399,138                       | 382,498             | 336,897              | 833,117             | 1,366,820         | 3,318,470        |
| 5        | The portion of total contributions by   | ,                             | ,                   | · · ·                | ,                   | , ,               | · · ·            |
|          | each person (other than a   |                               |                     |                      |                     |                   |                  |
|          | governmental unit or publicly   |                               |                     |                      |                     |                   |                  |
|          | supported organization) included on   |                               |                     |                      |                     |                   |                  |
|          | line 1 that exceeds 2% of the amount  |                               |                     |                      |                     |                   |                  |
|          | shown on line 11, column (f)  |                               |                     |                      |                     |                   |                  |
| 6        | Public support. Subtract line 5 from line 4   |                               |                     |                      |                     |                   | 3,318,470        |
| Sec      | tion B. Total Support   |                               |                     |                      |                     |                   |                  |
| Cale     | ndar year (or fiscal year beginning in)   | <b>(a)</b> 2015               | <b>(b)</b> 2016     | (c) 2017             | <b>(d)</b> 2018     | (e) 2019          | <b>(f)</b> Total |
| 7        | Amounts from line 4   | 399,138                       | 382,498             | 336,897              | 833,117             | 1,366,820         | 3,318,470        |
| 8        | Gross income from interest, dividends,  |                               |                     |                      |                     |                   |                  |
|          | payments received on securities loans,  |                               |                     |                      |                     |                   |                  |
|          | rents, royalties, and income from   |                               |                     |                      |                     |                   |                  |
|          | similar sources   | 1,606                         | 2,739               | 7,778                | 70,519              | 13,683            | 96,325           |
| 9        | Net income from unrelated business  |                               |                     |                      |                     |                   |                  |
|          | activities, whether or not the business is  |                               |                     |                      |                     |                   |                  |
|          | regularly carried on  |                               |                     |                      |                     |                   | 0                |
| 10       | Other income. Do not include gain or  |                               |                     |                      |                     |                   |                  |
|          | loss from the sale of capital assets  |                               |                     |                      |                     |                   |                  |
|          | (Explain in Part VI.)   |                               |                     |                      |                     |                   | 0                |
|          | Total support. Add lines 7 through 10   |                               |                     |                      |                     |                   | 3,414,795        |
|          | Gross receipts from related activities, etc. (se  |                               |                     |                      |                     | 12                | <u> </u>         |
| 13       | First five years. If the Form 990 is for the of   | •                             |                     | •                    |                     | ,                 |                  |
|          | organization, check this box and <b>stop here</b> .   |                               |                     |                      |                     |                   |                  |
|          | tion C. Computation of Public Su  |                               | •                   |                      |                     |                   | 07.400/          |
|          | Public support percentage for 2019 (line 6, c   |                               |                     |                      |                     | 14                | 97.18%           |
|          | Public support percentage from 2018 Sched   |                               |                     |                      |                     | 15                | 96.61%           |
| 16a      | <b>33 1/3% support test—2019.</b> If the organiz<br>and <b>stop here.</b> The organization qualifies as |                               |                     |                      |                     |                   | <b>.</b> 🕨 🗙     |
| <b>b</b> |   |                               |                     |                      |                     |                   |                  |
| D        | <b>33 1/3% support test—2018.</b> If the organize box and <b>stop here.</b> The organization qualifier  |                               |                     |                      |                     |                   |                  |
| 47-      |   |                               |                     |                      |                     |                   |                  |
| 17a      | <b>10%-facts-and-circumstances test—2019</b><br>10% or more, and if the organization meets t            | 0                             |                     | , ,                  | ,                   |                   |                  |
|          | Part VI how the organization meets the "facts   |                               |                     |                      |                     |                   |                  |
|          | organization.   |                               | 0                   | •                    | . ,                 |                   |                  |
| b        | 10%-facts-and-circumstances test—2018   | <b>3.</b> If the organizatior | n did not check a b | ox on line 13, 16a,  | 16b, or 17a, and li | ne                |                  |
|          | 15 is 10% or more, and if the organization m  | eets the "facts-and-          | -circumstances" te  | st, check this box a | and stop here.      |                   |                  |
|          | Explain in Part VI how the organization meet  |                               |                     | -                    |                     | •                 | . []             |
|          | supported organization  |                               |                     |                      |                     |                   |                  |
| 18       | Private foundation. If the organization did r   |                               |                     |                      |                     |                   | <b></b>          |
|          | instructions  |                               |                     |                      |                     |                   | 🕨 📘              |

Schedule A (Form 990 or 990-EZ) 2019

Part III

Page **3** 

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   |                       |                     |                     |                     |                 |                  |
|------|--|-----------------------|---------------------|---------------------|---------------------|-----------------|------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2015              | <b>(b)</b> 2016     | (c) 2017            | <b>(d)</b> 2018     | (e) 2019        | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and membership fees  |                       |                     |                     |                     |                 |                  |
| _    | received. (Do not include any "unusual grants.")   |                       |                     |                     |                     |                 | 0                |
| 2    | Gross receipts from admissions, merchandise<br>sold or services performed, or facilities |                       |                     |                     |                     |                 |                  |
|      | furnished in any activity that is related to the   |                       |                     |                     |                     |                 |                  |
|      | organization's tax-exempt purpose  |                       |                     |                     |                     |                 | 0                |
| 3    | Gross receipts from activities that are not an   |                       |                     |                     |                     |                 |                  |
|      | unrelated trade or business under section 513.   |                       |                     |                     |                     |                 | 0                |
| 4    | Tax revenues levied for the  |                       |                     |                     |                     |                 |                  |
|      | organization's benefit and either paid to  |                       |                     |                     |                     |                 |                  |
|      | or expended on its behalf  |                       |                     |                     |                     |                 | 0                |
| 5    | The value of services or facilities  |                       |                     |                     |                     |                 |                  |
|      | furnished by a governmental unit to the  |                       |                     |                     |                     |                 |                  |
|      | organization without charge  |                       |                     |                     |                     |                 | 0                |
| 6    | Total. Add lines 1 through 5   | 0                     | 0                   | 0                   | 0                   | 0               | 0                |
| 7a   | Amounts included on lines 1, 2, and 3  |                       |                     |                     |                     |                 |                  |
|      | received from disqualified persons .   |                       |                     |                     |                     |                 | 0                |
| 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 . $\ .$ .                                    |                       |                     |                     |                     |                 | 0                |
| С    | Add lines 7a and 7b  | 0                     | 0                   | 0                   | 0                   | 0               | 0                |
| 8    | Public support (Subtract line 7c from  |                       |                     |                     |                     |                 |                  |
|      | line 6.)   |                       |                     |                     |                     |                 | 0                |
| Sec  | tion B. Total Support  |                       |                     |                     |                     |                 |                  |
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2015       | <b>(b)</b> 2016     | (c) 2017            | <b>(d)</b> 2018     | <b>(e)</b> 2019 | <b>(f)</b> Total |
| 9    | Amounts from line 6  | 0                     | 0                   | 0                   | 0                   | 0               | 0                |
| 10a  | Gross income from interest, dividends,   |                       |                     |                     |                     |                 |                  |
|      | payments received on securities loans, rents,  |                       |                     |                     |                     |                 |                  |
|      | royalties, and income from similar sources   |                       |                     |                     |                     |                 | 0                |
| b    | Unrelated business taxable income (less  |                       |                     |                     |                     |                 |                  |
|      | section 511 taxes) from businesses   |                       |                     |                     |                     |                 |                  |
|      | acquired after June 30, 1975   |                       |                     |                     |                     |                 | 0                |
| С    | Add lines 10a and 10b  | 0                     | 0                   | 0                   | 0                   | 0               | 0                |
| 11   | Net income from unrelated business   |                       |                     |                     |                     |                 |                  |
|      | activities not included in line 10b, whether   |                       |                     |                     |                     |                 |                  |
|      | or not the business is regularly carried on .  |                       |                     |                     |                     |                 | 0                |
| 12   | Other income. Do not include gain or   |                       |                     |                     |                     |                 |                  |
|      | loss from the sale of capital assets   |                       |                     |                     |                     |                 |                  |
|      | (Explain in Part VI.)  |                       |                     |                     |                     |                 | 0                |
| 13   | Total support. (Add lines 9, 10c, 11,  |                       |                     |                     |                     |                 |                  |
|      | and 12.)   | 0                     | 0                   | 0                   | 0                   | 0               | 0                |
| 14   | First five years. If the Form 990 is for the or  | •                     |                     |                     | ( ),                | ,               |                  |
|      | organization, check this box and <b>stop here</b> .                                      |                       |                     |                     |                     |                 |                  |
| Sec  | tion C. Computation of Public Su   |                       |                     |                     |                     |                 |                  |
| 15   | Public support percentage for 2019 (line 8, c  |                       | -                   |                     |                     | 15              | 0.00%            |
| 16   | Public support percentage from 2018 Sched  |                       |                     |                     |                     | 16              | 0.00%            |
| Sec  | tion D. Computation of Investmer   |                       |                     |                     |                     |                 |                  |
| 17   | Investment income percentage for 2019 (line  | e 10c, column (f), di | vided by line 13, c | olumn (f))....      |                     | 17              | 0.00%            |
| 18   | Investment income percentage from 2018 Se  |                       |                     |                     |                     | 18              | 0.00%            |
| 19a  | 33 1/3% support tests—2019. If the organi  |                       |                     |                     |                     |                 | . —              |
|      | not more than 33 1/3%, check this box and s  |                       |                     |                     | -                   |                 | Þ 📘              |
| b    | <b>33 1/3% support tests—2018.</b> If the organi   |                       |                     |                     |                     |                 |                  |
| ••   | line 18 is not more than 33 1/3%, check this   | -                     | -                   |                     |                     |                 |                  |
| 20   | Private foundation. If the organization did r  | IOT CHECK a box on    | iine 14, 19a, or 19 | D, CHECK this box a | na see instructions | 3               | P 📘              |

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
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| 10a |     |    |
|     |     |    |
| 10b |     |    |

Schedule A (Form 990 or 990-EZ) 2019

| Sched | ule A (Form 990 or 990-EZ) 2019 Lotus School for Excellence Foundation  | 20-3336437        | Р   | age <b>5</b> |
|-------|---|-------------------|-----|--------------|
| Part  | V Supporting Organizations (continued)  |                   |     |              |
|       |   |                   | Yes | No           |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?                               |                   |     |              |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)          |                   |     |              |
|       | below, the governing body of a supported organization?  | 11a               |     |              |
| b     | A family member of a person described in (a) above?   | 11b               |     |              |
| с     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa       | <i>rt VI.</i> 11c |     |              |
| Sect  | ion B. Type I Supporting Organizations  |                   |     |              |
|       |   |                   | Yes | No           |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to                   |                   |     |              |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the    | e                 |     |              |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, of         |                   |     |              |
|       | controlled the organization's activities. If the organization had more than one supported organization.               |                   |     |              |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the support               | ted               |     |              |
|       | 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 <b>P</b> a | art               |     |              |
|       | 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   |                   |     |              |
|       |   |                   | Yes | No           |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directo        | rs                |     |              |
| •     | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control  |                   |     |              |
|       | or management of the supporting organization was vested in the same persons that controlled or manage                 |                   |     |              |
|       | the supported organization(s).  | 1                 |     |              |
|       |   | I                 | 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 |     |    |
| 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 in (2), 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). 1
- The organization satisfied the Activities Test. Complete **line 2** below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

Yes No

Schedule A (Form 990 or 990-EZ) 2019 Lotus School for Excellence Foundation

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C               | Organiz   | ations                   |                                |  |
|--|-----------|--------------------------|--------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyir | •         |                          |                                |  |
| instructions. All other Type III non-functionally integrated supporting orga     | nizations | s must complete Sections |                                |  |
| Section A - Adjusted Net Income  |           | (A) Prior Year           | (B) Current Year<br>(optional) |  |
| 1 Net short-term capital gain  | 1         |                          |                                |  |
| 2 Recoveries of prior-year distributions   | 2         |                          |                                |  |
| 3 Other gross income (see instructions)  | 3         |                          |                                |  |
| 4 Add lines 1 through 3.   | 4         | 0                        | 0                              |  |
| 5 Depreciation and depletion   | 5         |                          |                                |  |
| 6 Portion of operating expenses paid or incurred for production or               |           |                          |                                |  |
| collection of gross income or for management, conservation, or                   |           |                          |                                |  |
| maintenance of property held for production of income (see instructions)         | 6         |                          |                                |  |
| 7 Other expenses (see instructions)  | 7         |                          |                                |  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).                  | 8         | 0                        | 0                              |  |
| Section B - Minimum Asset Amount   |           | (A) Prior Year           | (B) Current Year<br>(optional) |  |
| 1 Aggregate fair market value of all non-exempt-use assets (see                  |           |                          |                                |  |
| instructions for short tax year or assets held for part of year):                |           |                          |                                |  |
| a Average monthly value of securities  | 1a        |                          |                                |  |
| <b>b</b> Average monthly cash balances   | 1b        |                          |                                |  |
| c Fair market value of other non-exempt-use assets                               | 1c        |                          |                                |  |
| d Total (add lines 1a, 1b, and 1c)   | 1d        | 0                        | 0                              |  |
| e Discount claimed for blockage or other   |           |                          |                                |  |
| factors (explain in detail in <b>Part VI</b> ):                                  |           |                          |                                |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                   | 2         |                          |                                |  |
| 3 Subtract line 2 from line 1d.  | 3         | 0                        | 0                              |  |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |           |                          |                                |  |
| see instructions).   | 4         | 0                        | 0                              |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5         | 0                        | 0                              |  |
| 6 Multiply line 5 by .035.   | 6         | 0                        | 0                              |  |
| 7 Recoveries of prior-year distributions   | 7         | 0                        | 0                              |  |
| 8 Minimum Asset Amount (add line 7 to line 6)                                    | 8         | 0                        | 0                              |  |
| Section C - Distributable Amount   |           |                          | Current Year                   |  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)          | 1         |                          | 0                              |  |
| 2 Enter 85% of line 1  | 2         |                          | 0                              |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3         |                          | 0                              |  |
| 4 Enter greater of line 2 or line 3.   | 4         |                          | 0                              |  |
| 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         |                          | 0                              |  |
|  |           |                          |                                |  |

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

Schedule A (Form 990 or 990-EZ) 2019

| Part     | Type III Non-Functionally Integrated 509(a)(3                    | ) Supporting Organi         | zations (continued)                    |   |
|----------|--|-----------------------------|--|---|
| Section  | on D - Distributions   |                             |  | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish exe        | empt purposes               |  |   |
| 2        | Amounts paid to perform activity that directly furthers exempt   | ot purposes of supported    |  |   |
|          | organizations, in excess of income from activity                 |                             |  |   |
| 3        | Administrative expenses paid to accomplish exempt purpos         | es of supported organiza    | ations                                 |   |
| 4        | Amounts paid to acquire exempt-use assets                        |                             |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)        |                             |  |   |
| 6        | Other distributions (describe in Part VI). See instructions.     |                             |  |   |
| 7        | Total annual distributions. Add lines 1 through 6.               |                             |  | 0   |
| 8        | Distributions to attentive supported organizations to which the  | ne organization is respor   | sive                                   |   |
|          | (provide details in <b>Part VI</b> ). See instructions.          |                             |  |   |
| 9        | Distributable amount for 2019 from Section C, line 6             |                             |  | 0   |
| 10       | Line 8 amount divided by line 9 amount                           |                             |  | 0.000                                     |
| 5        | Section E - Distribution Allocations (see instructions)          | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1        | Distributable amount for 2019 from Section C, line 6             |                             |  | 0   |
| 2        | Underdistributions, if any, for years prior to 2019              |                             |  |   |
|          | (reasonable cause required—explain in <b>Part VI</b> ). See      |                             |  |   |
|          | instructions.  |                             |  |   |
| 3        | Excess distributions carryover, if any, to 2019                  |                             |  |   |
| а        | From 2014 0  |                             |  |   |
| b        | From 2015 0  |                             |  |   |
| <b>C</b> | From 2016 0  |                             |  |   |
| d        | From 2017 0  |                             |  |   |
| е        | From 2018 0  |                             |  |   |
| f        | Total of lines 3a through e                                      | 0                           |  |   |
| g        | Applied to underdistributions of prior years                     |                             | 0                                      |   |
| h        | Applied to 2019 distributable amount                             |                             |  | 0   |
| i        | Carryover from 2014 not applied (see instructions)               |                             |  |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                | 0                           |  |   |
| 4        | Distributions for 2019 from                                      |                             |  |   |
|          | Section D, line 7: \$ 0  |                             |  |   |
|          | Applied to underdistributions of prior years                     |                             | 0                                      |   |
| b        | Applied to 2019 distributable amount                             |                             |  | 0   |
|          | Remainder. Subtract lines 4a and 4b from 4.                      | 0                           |  |   |
| 5        | Remaining underdistributions for years prior to 2019, if         |                             |  |   |
|          | any. Subtract lines 3g and 4a from line 2. For result            |                             |  |   |
|          | greater than zero, explain in <b>Part VI</b> . See instructions. |                             | 0                                      |   |
| 6        | Remaining underdistributions for 2019. Subtract lines 3h         |                             |  |   |
|          | and 4b from line 1. For result greater than zero, explain in     |                             |  |   |
|          | Part VI. See instructions.                                       | 0                           |  |   |
| 7        | Excess distributions carryover to 2020. Add lines 3j and 4c.     | 0                           |  |   |
| 8        | Breakdown of line 7:   |                             |  |   |
| а        | Excess from 2015 0   |                             |  |   |
| b        | Excess from 2016 0   |                             |  |   |
| c        | Excess from 2017 0   |                             |  |   |
| d        | Excess from 2018 0   |                             |  |   |
| е        | Excess from 2019 0   |                             |  |   |
|          | · · · · · · · · · · · · · · · · · · ·                            |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Fo | orm 990 or 990-EZ) 2019 Lotus School for Excellence Foundation   | 20-3336437 Page <b>8</b>            |
|----------------|--|-------------------------------------|
| Part VI        | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, | 17b; Part<br>Section<br>1c, 2a, 2b, |
|                | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)   |                                     |
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| Schedu     | le B    |
|------------|---------|
| (Form 990, | 990-EZ, |

or 990-PF)

Internal Revenue Service

# Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Employer identification number 20-3336437

| Name of the organization               |  |
|--|--|
| Lotus School for Excellence Foundation |  |

### Organization type (check one):

| Section:   |
|--|
| X 501(c)( 3 ) (enter number) organization  |
| 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
| 527 political organization   |
| 501(c)(3) exempt private foundation  |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
| 501(c)(3) taxable private foundation   |
|  |

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

Name of organization Lotus School for Excellence Foundation

20-3336437

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.   |                            |   |  |  |
|------------|---|----------------------------|---|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 1          | Lotus School for Excellence         11001 East Alameda Avenue         Aurora       CO       80012         Foreign State or Province:         Foreign Country: | \$ <u>715,421</u>          | Person X<br>Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            | Foreign State or Province:<br>Foreign Country:  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            | Foreign State or Province:<br>Foreign Country:  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            | Foreign State or Province:<br>Foreign Country:  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            | Foreign State or Province:<br>Foreign Country:  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |

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

Employer identification number

Name of organization Lotus School for Excellence Foundation

20-3336437

| Part II                   | Noncash Property (see instructions). Use duplicate c | opies of Part II if additional spac             | e is needed.         |
|---------------------------|--|---|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 1                         | Building Improvements                                | \$ <u>715,421</u>                               | 6/30/2020            |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |

| Name of org               | anization<br>ool for Excellence Foundation  |  | Emp  | loyer identification number<br>20-3336437  |  |
|---------------------------|---|--|--|--|--|
| Part III                  | <b>Exclusively</b> religious, charitable, etc., cc<br>(10) that total more than \$1,000 for the year<br>the following line entry. For organizations of<br>contributions of \$1,000 or less for the year<br>Use duplicate copies of Part III if additional | ear from any one contributor. Co<br>ompleting Part III, enter the total o<br>. (Enter this information once. See | omplete columns <b>(</b> a<br>f <i>exclusively</i> religio | a 501(c)(7), (8), or<br>a) through (e) and |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Desc   | cription of how gift is held               |  |
|                           |   |  |  |  |  |
|                           | Transferee's name, address, and <b>z</b>  | (e) Transfer of gift   | ionshin of transfe   | eror to transferee                         |  |
|                           |   | ·····  |  |  |  |
| (a) No.<br>from           | For. Prov. Country (b) Purpose of gift  | (c) Use of gift  | (d) Desc   | cription of how gift is held               |  |
| Part I                    |   |  | ·  |  |  |
|                           | (e) Transfer of gift  |  |  |  |  |
|                           | Transferee's name, address, and <b>Z</b>  | ZIP + 4 Relat  | ionship of transfe   | eror to transferee                         |  |
|                           | For. Prov. Country  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Desc   | cription of how gift is held               |  |
|                           |   |  | ·  |  |  |
|                           | (e) Transfer of gift  |  |  |  |  |
|                           | Transferee's name, address, and <b>2</b>  | ZIP + 4 Relat  | ionship of transfe   | eror to transferee                         |  |
|                           | For. Prov. Country  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Desc   | cription of how gift is held               |  |
|                           |   |  | ·  |  |  |
|                           |   | (e) Transfer of gift   | I  |  |  |
|                           | Transferee's name, address, and 2   | YIP + 4         Relat  | ionship of transfe   | eror to transferee                         |  |
|                           | For. Prov. Country  |  |  |  |  |

|  |  |  |  | OMB No. 1545-0047            |                                 |  |
|--|--|--|--|------------------------------|---------------------------------|--|
| <ul> <li>Complete if the organization answered "Yes" on Form 990,</li> </ul> |  | 2019   |  |                              |                                 |  |
| Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.     |  |  |  |                              |                                 |  |
| Deparament of and modelary   |  | ► Attach to Form 990.<br>//Form990 for instructions and the latest | information.   | Open to Public<br>Inspection |                                 |  |
| Name o   | of the organization  | ·  |  |                              | ntification number              |  |
| Lotus  |  | llence Foundation  |  |                              | 20-3336437                      |  |
| Part   |  |  | Advised Funds or Other Similar F   |                              | counts.                         |  |
|  | Complete   | if the organization answer   | ed "Yes" on Form 990, Part IV, line<br>(a) Donor advised funds                             |                              | Funds and other accounts        |  |
| 1  |  |  |  |                              |                                 |  |
|  |  | contributions to (during year)                                     |  |                              |                                 |  |
|  |  | grants from (during year)  |  |                              |                                 |  |
| 4  | Aggregate value  | at end of year   |  |                              |                                 |  |
| 5  | -  |  | or advisors in writing that the assets held  |                              |                                 |  |
|  |  |  | to the organization's exclusive legal cont   |                              |                                 |  |
|  |  |  | rs, and donor advisors in writing that gran<br>nefit of the donor or donor advisor, or for |                              |                                 |  |
|  |  |  |  |                              |                                 |  |
| Part   |  | ition Easements.   | · · · · · · · · · · · · · · · · · · ·  |                              |                                 |  |
| i ai c   |  |  | ed "Yes" on Form 990, Part IV, line  | 7.                           |                                 |  |
| 1  | Purpose(s) of co   | onservation easements held by                                      | / the organization (check a <u>ll th</u> at apply).  |                              |                                 |  |
|  | Preservation   | of land for public use (for exam                                   | ole, recreation or education)  | tion of a histori            | cally important land area       |  |
|  | Protection of  | of natural habitat   | Preserva   | tion of a certifie           | ed historic structure           |  |
|  |  | n of open space  |  |                              |                                 |  |
| 2  |  |  | on held a qualified conservation contribut   | ion in the form              |                                 |  |
|  |  | e last day of the tax year.  |  |                              | Held at the End of the Tax Year |  |
|  |  |  |  |                              |                                 |  |
|  | -  | -  | ments  |                              |                                 |  |
|  |  |  | fied historic structure included in (a)<br>n (c) acquired after 7/25/06, and not on a      |                              |                                 |  |
| u  |  |  |  |                              |                                 |  |
| 3  |  | -  | transferred, released, extinguished, or te   |                              | e organization during           |  |
|  | the tax year 🕨   |  |  |                              |                                 |  |
|  |  |  | nservation easement is located   | •                            |                                 |  |
|  | -  |  | garding the periodic monitoring, inspection  | -                            |                                 |  |
| 6  |  |  | n easements it holds?  |                              |                                 |  |
| U  |  | er nours devoted to monitoring, in                                 | specting, nanding of violations, and emotion   | g conservation e             | easements during the year       |  |
| 7  | Amount of expense  | ses incurred in monitoring, inspec                                 | ting, handling of violations, and enforcing co   | nservation ease              | ments during the year           |  |
|  | ► ¢  |  |  |                              |                                 |  |
| 8  |  |  | n line 2(d) above satisfy the requirement  |                              |                                 |  |
|  |  |  |  |                              |                                 |  |
| 9  |  | •  | orts conservation easements in its reven   | •                            |                                 |  |
|  |  | ccounting for conservation eas                                     | ext of the footnote to the organization's fi   | nanciai statem               | ents that describes the         |  |
|  |  |  | ions of Art, Historical Treasures,   | or Other Sin                 | nilar Assets.                   |  |
|  |  |  | ed "Yes" on Form 990, Part IV, line  |                              |                                 |  |
| 1a   | If the organization  | on elected, as permitted under                                     | FASB ASC 958, not to report in its reven   | nue statement                | and balance sheet               |  |
|  |  |  | ar assets held for public exhibition, educ   |                              |                                 |  |
|  | •  |  | ne footnote to its financial statements tha  |                              |                                 |  |
|  | <b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of |  |  |                              |                                 |  |
|  |  | rovide the following amounts i                                     | -  | auon, or resea               |                                 |  |
|  |  |  |  |                              | . ▶ \$                          |  |
|  |  |  |  |                              |                                 |  |
|  | • •  |  | t, historical treasures, or other similar as   |                              |                                 |  |
|  | following amoun  | nts required to be reported und                                    | er FASB ASC 958 relating to these items  | s:                           |                                 |  |
|  |  |  | 1  |                              |                                 |  |
|  |  |  | <u> </u>   | <u></u>                      |                                 |  |
| HTA  | perwork Reduct   | ion Act Notice, see the Instruc                                    | uons for Form 990.   |                              | Schedule D (Form 990) 2019      |  |

| Sched  | dule D (Form 990) 2019 Lotus School for Excelle | ence Foundation            |                                       | 20-333                   | 36437         |           | Page <b>2</b> |
|--------|---|----------------------------|---------------------------------------|--------------------------|---------------|-----------|---------------|
| Part   | t III Organizations Maintaining Colle           | ections of Art, Histor     | rical Treasures, or                   | Other Similar Asse       | ts (contir    | าued)     | l.            |
| 3      | Using the organization's acquisition, access    | sion, and other records, o | check any of the follow               | ing that make significar | nt use of its | s         |               |
|        | collection items (check all that apply):        |                            | _                                     |                          |               |           |               |
| а      | Public exhibition                               | d                          | Loan or exchange pr                   | ogram                    |               |           |               |
| b      | Scholarly research                              | e                          | Other                                 |                          |               |           |               |
| с      | Preservation for future generations             |                            | ·                                     |                          |               |           |               |
| 4      | Provide a description of the organization's of  | collections and explain h  | ow they further the org               | anization's exempt purp  | oose in Pa    | art       |               |
|        | XIII.   |                            | , ,                                   |                          |               |           |               |
| 5      | During the year, did the organization solicit   | or receive donations of a  | art, historical treasures             | , or other similar       |               |           |               |
|        | assets to be sold to raise funds rather than    |                            |                                       |                          | Ye            | s         | No            |
| Part   | t IV Escrow and Custodial Arranger              | nents.                     |                                       |                          |               |           | <u> </u>      |
|        | Complete if the organization answ               |                            | 990 Part IV line 9 (                  | or reported an amou      | nt on For     | m         |               |
|        | 990, Part X, line 21.                           |                            | , , , , , , , , , , , , , , , , , , , |                          |               |           |               |
| 1a     | Is the organization an agent, trustee, custo    | dian or other intermediar  | v for contributions or o              | ther assets not          |               |           |               |
| iu     | included on Form 990, Part X?                   |                            | -                                     |                          | Ye            | s         | No            |
| b      | If "Yes," explain the arrangement in Part XI    |                            |                                       |                          |               |           | ]             |
|        |   | ·····                      |                                       |                          | Amount        |           |               |
| С      | Beginning balance                               |                            |                                       | 1c                       |               |           | 0             |
| d      | Additions during the year                       |                            |                                       | 1d                       |               |           |               |
| е      | Distributions during the year                   |                            |                                       | 1e                       |               |           |               |
| f      | Ending balance                                  |                            |                                       | 1f                       |               |           | 0             |
| 2a     | Did the organization include an amount on       | Form 990 Part X line 2     | 1 for escrow or custod                | ial account liability?   | Vc            | es X      | No            |
|        | If "Yes," explain the arrangement in Part XI    |                            |                                       | -                        |               |           |               |
| b      |   | II. Check here if the expr | analion has been prov                 |                          | <u> </u>      |           | ]             |
| Part   |   |                            |                                       |                          |               |           |               |
|        | Complete if the organization answ               |                            |                                       |                          |               |           |               |
|        |   |                            | or year (c) Two years                 |                          |               | ur years  |               |
| 1a     | Beginning of year balance                       | 0                          | 0                                     | 0                        | 0             |           | 0             |
| b      | Contributions                                   |                            |                                       |                          |               |           |               |
| С      | Net investment earnings, gains,                 |                            |                                       |                          |               |           |               |
|        | and losses                                      |                            |                                       |                          |               |           |               |
| d      | Grants or scholarships                          |                            |                                       |                          |               |           |               |
| е      | Other expenditures for facilities               |                            |                                       |                          |               |           |               |
|        | and programs                                    |                            |                                       |                          |               |           |               |
| t      | Administrative expenses                         |                            |                                       |                          |               |           |               |
| g      | End of year balance                             | 0                          | 0                                     | 0                        | 0             |           | 0             |
| 2      | Provide the estimated percentage of the cu      | -                          | line 1g, column (a)) ne               | id as:                   |               |           |               |
| a<br>L | Board designated or quasi-endowment             |                            |                                       |                          |               |           |               |
| b      | Permanent endowment ►<br>Term endowment ► %     | %                          |                                       |                          |               |           |               |
| С      | The percentages on lines 2a, 2b, and 2c sh      | ould agual 100%            |                                       |                          |               |           |               |
| 3a     | Are there endowment funds not in the poss       |                            | on that are held and ad               | ministered for the       |               |           |               |
| Ja     | organization by:                                |                            | in that are new and au                |                          | Γ             | Yes       | No            |
|        | (i) Unrelated organizations                     |                            |                                       |                          | 3a(i)         | 103       |               |
|        | (ii) Related organizations                      |                            |                                       |                          | 3a(ii)        |           |               |
| b      | If "Yes" on line 3a(ii), are the related organi |                            |                                       |                          | 3b            |           |               |
| 4      | Describe in Part XIII the intended uses of the  |                            |                                       |                          | 00            |           |               |
| Part   |   |                            |                                       |                          |               |           |               |
| i ait  | Complete if the organization answ               |                            | 90 Part IV line 11                    | a See Form 990 Pa        | rt X line     | 10        |               |
|        | Description of property                         | (a) Cost or other basis    | (b) Cost or other basis               | (c) Accumulated          |               | ook value | ie i          |
|        | Becomption of property                          | (investment)               | (other)                               | depreciation             | (4) 50        |           | -             |
| 1a     | Land  | 0                          | 590,820                               |                          |               | 59        | 90,820        |
| b      | Buildings                                       |                            | 10,363,309                            | 1,471,559                |               |           | 91,750        |
| c      | Leasehold improvements                          | 0                          | 2,492,698                             |                          |               |           | 38,269        |
| d      | Equipment                                       | -                          | 1,010,624                             | 358,744                  |               |           | 51,880        |
| e      | Other   |                            | 0                                     | 0                        |               |           | 0             |
| Tota   | I. Add lines 1a through 1e. (Column (d) must    |                            | column (B), line 10c.)                |                          |               | 12,32     | 22,719        |

| Part VII                 | Investments—Other Securities.  |                       |  |                      |
|--------------------------|--|-----------------------|--|----------------------|
|                          | Complete if the organization answered '  | 'Yes" on Form 990,    | Part IV, line 11b. See Form 9                    | 90, Part X, line 12. |
|                          | <ul> <li>(a) Description of security or category<br/>(including name of security)</li> </ul> | <b>(b)</b> Book value | <b>(c)</b> Method of va<br>Cost or end-of-year n |                      |
|                          | al derivatives   | 0                     |  |                      |
|                          | held equity interests  | 0                     |  |                      |
|                          |  |                       |  |                      |
| (A)                      |  |                       |  |                      |
| (B)                      |  |                       |  |                      |
| (C)                      |  |                       |  |                      |
| (D)<br>(E)               |  |                       |  |                      |
| (E)<br>(F)               |  |                       |  |                      |
| (G)                      |  |                       |  |                      |
| (H)                      |  |                       |  |                      |
| Total. (Colum            | n (b) must equal Form 990, Part X, col. (B) line 12.) . ►                                    | 0                     |  |                      |
| Part VIII                | Investments—Program Related.<br>Complete if the organization answered '                      | 'Yes" on Form 990,    | Part IV, line 11c. See Form 9                    | 90, Part X, line 13. |
|                          | (a) Description of investment  | (b) Book value        | (c) Method of va                                 |                      |
|                          |  |                       | Cost or end-of-year n                            |                      |
| (1)                      |  |                       |  |                      |
| (2)                      |  |                       |  |                      |
| <u>(3)</u><br>(4)        |  |                       |  |                      |
| (5)                      |  |                       |  |                      |
| (6)                      |  |                       |  |                      |
| (7)                      |  |                       |  |                      |
| (8)                      |  |                       |  |                      |
| (9)                      |  |                       |  |                      |
| Total. (Colum<br>Part IX | nn (b) must equal Form 990, Part X, col. (B) line 13.) . ►<br>Other Assets.                  | 0                     |  |                      |
|                          | Complete if the organization answered '  | 'Yes" on Form 990,    | Part IV, line 11d. See Form 9                    | 90, Part X, line 15. |
|                          | (a) Descri   | ption                 |  | (b) Book value       |
| (1)                      |  |                       |  |                      |
| (2)                      |  |                       |  |                      |
| <u>(3)</u><br>(4)        |  |                       |  |                      |
| (5)                      |  |                       |  |                      |
| (6)                      |  |                       |  |                      |
| (7)                      |  |                       |  |                      |
| (8)                      |  |                       |  |                      |
| (9)                      |  |                       |  |                      |
|                          | ımn (b) must equal Form 990, Part X, col. (B) li   | ne 15.)               |  | 0                    |
| Part X                   | Other Liabilities.   |                       |  |                      |
|                          | Complete if the organization answered '<br>line 25.  | 'Yes" on Form 990,    | Part IV, line 11e or 11f. See                    | ⊦orm 990, Part X,    |
| 1.                       |  | ion of liability      |  | (b) Book value       |
|                          | l income taxes   |                       |  | 0                    |
|                          | nd Payable   |                       |  |                      |
| (3) (4)                  |  |                       |  |                      |
| (5)                      |  |                       |  |                      |
| (6)                      |  |                       |  |                      |
| (7)                      |  |                       |  |                      |
| (8)                      |  |                       |  |                      |
| (9)                      |  |                       |  |                      |
| Total. (Colu             | ımn (b) must equal Form 990, Part X, col. (B) li   | ne 25.)               |  | 0                    |

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

| Sched      | ule D (Form 990) 2019 Lotus School for Excellence Foundation   | 20-3336437        | Page <b>4</b>   |
|------------|--|-------------------|-----------------|
| Par        | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re  | eturn.            |                 |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                   |                 |
| 1          | Total revenue, gains, and other support per audited financial statements   | 1                 | 1,380,503       |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                   |                 |
| а          | Net unrealized gains (losses) on investments   |                   |                 |
| b          | Donated services and use of facilities   |                   |                 |
| С          | Recoveries of prior year grants  |                   |                 |
| d          | Other (Describe in Part XIII.)   |                   |                 |
| е          | Add lines <b>2a</b> through <b>2d</b>  | 2e                | 0               |
| 3          | Subtract line <b>2e</b> from line <b>1</b>   | 3                 | 1,380,503       |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                   |                 |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |                   |                 |
| b          | Other (Describe in Part XIII.)   |                   |                 |
| С          | Add lines <b>4a</b> and <b>4b</b>  | 4c                | 0               |
| 5          | Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )                     | 5                 | 1,380,503       |
| Par        | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per  | Return.           |                 |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                   |                 |
| 1          | Total expenses and losses per audited financial statements   | 1                 | 758,931         |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                   |                 |
| а          | Donated services and use of facilities   |                   |                 |
| b          | Prior year adjustments   |                   |                 |
| C          | Other losses   |                   |                 |
| d          | Other (Describe in Part XIII.)   |                   |                 |
| e          | Add lines <b>2a</b> through <b>2d</b>  | 2e                | 0               |
| 3          | Subtract line <b>2e</b> from line <b>1</b>   | 3                 | 758,931         |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |                   |                 |
| a<br>L     | Investment expenses not included on Form 990, Part VIII, line 7b.       4a         Other (Describe in Part XIII.)       4b | -                 |                 |
| b          |  | 10                | 0               |
| с<br>5     | Add lines <b>4a</b> and <b>4b</b>  | 4c<br>5           | 759.021         |
|            | Supplemental Information.  | 5                 | 758,931         |
|            | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa        | urt V line /· Par | t X line        |
|            | rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform            |                   | с <i>х</i> , шю |
| <u>_</u> , |  |                   |                 |
|            |  |                   |                 |
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| Part XIII | Supplemental Information (continued) |
|-----------|--------------------------------------|
|           |                                      |
|           |                                      |
|           |                                      |
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| SCHEDULE J<br>(Form 990)       Compensation Information         For certain Officers, Directors, Trustees, Key Employees, and Highest<br>Compensated Employees         Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Department of the Treasury |                     |  |  | OMB No           | o. 1545-0 | 0047    |  |
|--|---------------------|--|--|------------------|-----------|---------|--|
|  |                     | Compensated Employees  |  |                  |           |         |  |
|  |                     | Attach to Form 990.  | Open   |                  |           |         |  |
| Interna  | Revenue Service     | Go to www.irs.gov/Fo   | orm990 for instructions and the latest information.  |                  | pectio    | n       |  |
|  | of the organization |  | Employer identification  |                  |           |         |  |
|  | School for Excelle  |  | 20-33  | 336437           |           |         |  |
| Par  | Question            | s Regarding Compensation   |  |                  | Yes       | No      |  |
| 1a   |                     |  | rovided any of the following to or for a person listed on Form<br>o provide any relevant information regarding these items.                                    |                  |           |         |  |
|  | First-class or      | charter travel   | Housing allowance or residence for personal use  |                  |           |         |  |
|  | Travel for con      | npanions   | Payments for business use of personal residence  |                  |           |         |  |
|  | Tax indemnifi       | cation and gross-up payments   | Health or social club dues or initiation fees  |                  |           |         |  |
|  | Discretionary       | spending account   | Personal services (such as maid, chauffeur, chef)  |                  |           |         |  |
|  |                     |  |  |                  |           |         |  |
| b  | or reimbursemen     | t or provision of all of the expenses                                  | organization follow a written policy regarding payment<br>s described above? If "No," complete Part III to   | 4                |           |         |  |
|  | explain             |  |  | 1b               |           |         |  |
| 2  | directors, trustee  | s, and officers, including the CEO/                                    | eimbursing or allowing expenses incurred by all<br>Executive Director, regarding the items checked on line   |                  |           |         |  |
|  | 1a?                 |  |  | 2                | Х         |         |  |
| 3  | organization's CE   | O/Executive Director. Check all th                                     | ion used to establish the compensation of the<br>at apply. Do not check any boxes for methods used by a<br>ne CEO/Executive Director, but explain in Part III. |                  |           |         |  |
|  | Compensation        |  | Written employment contract  |                  |           |         |  |
|  |                     | compensation consultant  | Compensation survey or study   |                  |           |         |  |
|  |                     | other organizations  | Approval by the board or compensation committee  |                  |           |         |  |
|  |                     |  |  |                  |           |         |  |
| 4  | organization or a   | related organization:  | , Part VII, Section A, line 1a, with respect to the filing   |                  |           |         |  |
| a  |                     |  | payment?   | 4a               |           | X       |  |
| b<br>C   |                     |  | ental nonqualified retirement plan?  | 4b<br>4c         |           | X<br>X  |  |
| U  |                     |  | ovide the applicable amounts for each item in Part III.  |                  |           |         |  |
|  | ,                   |  |  |                  |           |         |  |
| _  |                     |  | organizations must complete lines 5–9.   |                  |           |         |  |
| 5  |                     | d on Form 990, Part VII, Section A<br>ntingent on the revenues of:     | , line 1a, did the organization pay or accrue any  |                  |           |         |  |
| а  |                     |  |  | 5a               |           | x       |  |
| b  |                     |  |  | 5b               |           | X       |  |
|  | If "Yes" on line 5a | a or 5b, describe in Part III.   |  |                  |           |         |  |
| 6  |                     | d on Form 990, Part VII, Section A<br>ntingent on the net earnings of: | , line 1a, did the organization pay or accrue any  |                  |           |         |  |
| а  |                     |  |  | 6a               |           | X       |  |
| b  |                     |  |  | 6b               |           | X       |  |
|  |                     | a or 6b, describe in Part III.   |  |                  |           |         |  |
| -  |                     | d on Form 000 Dout V/II Continue A                                     | line to did the experimetion provide any particular  |                  |           |         |  |
| 7  |                     |  | , line 1a, did the organization provide any nonfixed describe in Part III  | 7                |           | x       |  |
| 8  |                     |  | paid or accrued pursuant to a contract that was subject  |                  |           |         |  |
|  |                     |  | tions section 53.4958-4(a)(3)? If "Yes," describe  |                  |           |         |  |
|  | in Part III...      |  |  | 8                |           | Х       |  |
| -  | 16 m / " -          |  |  |                  |           |         |  |
| 9  |                     | -  | e rebuttable presumption procedure described in  | _                |           |         |  |
| For P  |                     | on 53.4958-6(C)?   | for Form 990 s   | 9<br>chedule J ( | Eorm 99   | 0) 2010 |  |

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

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

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |   |  |   |                                    |  |
|----------------------|------|--|-------------------------------------|---|--|---|------------------------------------|--|
|                      |      | (i) Base<br>compensation                           | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | (C) Retirement and<br>other deferred<br>compensation | (D) Nontaxable<br>benefits              | (E) Total of columns<br>(B)(i)–(D) | (F) Compensation<br>in column (B) reported<br>as deferred on prior<br>Form 990 |
| Michael Hecker       | (i)  |  |                                     |   |  |   | 0                                  |  |
| 1 Executive Director | (ii) | 104,418  |                                     | 9,669                                     | 21,301   | 1,514                                   | 136,902                            |  |
|                      | (i)  |  |                                     |   | ,  | , |                                    |  |
| 2                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 3                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 4                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 5                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 6                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 7                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 8                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 9                    | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 10                   | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 11                   | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 12                   | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 13                   | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 14                   | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 15                   | (ii) |  |                                     |   |  |   |                                    |  |
|                      | (i)  |  |                                     |   |  |   |                                    |  |
| 16                   | (ii) |  |                                     |   |  |   |                                    |  |

Schedule J (Form 990) 2019

20-3336437 Page **2** 

| Schedule J (Form 990) 2019 | Lotus School for | Excellence | Foundatior |
|----------------------------|------------------|------------|------------|
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#### Part III Supplemental Information

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

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Page **3** 

20-3336437

Schedule J (Form 990) 2019

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2

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Open to Public

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| Department of the Treasury |   |
|----------------------------|---|
| Internal Revenue Service   |   |
| N 60 1 0                   | _ |

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

Attach to Form 990.

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

Name of the organization

|                       | Inspection |
|-----------------------|------------|
| Employer identificati | on number  |

Lotus School for Excellence Foundation -4

| ററ | 000 | っつに | 437 |  |
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|    |     |     |     |  |

| Par     | Types of Property                      |                                      |   |   | -                    |       |     |                |
|---------|--|--------------------------------------|---|---|----------------------|-------|-----|----------------|
|         |  | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | Method<br>noncash co |       |     |                |
| 1       | Art—Works of art                       |                                      |   |   |                      |       |     |                |
| 2       | Art—Historical treasures               |                                      |   |   |                      |       |     |                |
| 3       | Art—Fractional interests               |                                      |   |   |                      |       |     |                |
| 4       | Books and publications                 |                                      |   |   |                      |       |     |                |
| 5       | Clothing and household                 |                                      |   |   |                      |       |     |                |
|         | goods                                  |                                      |   |   |                      |       |     |                |
| 6       | Cars and other vehicles                |                                      |   |   |                      |       |     |                |
| 7       | Boats and planes                       |                                      |   |   |                      |       |     |                |
| 8       | Intellectual property                  |                                      |   |   |                      |       |     |                |
| 9       | Securities—Publicly traded             |                                      |   |   |                      |       |     |                |
| 10      | Securities—Closely held stock          |                                      |   |   |                      |       |     |                |
| 11      | Securities—Partnership, LLC,           |                                      |   |   |                      |       |     |                |
|         | or trust interests                     |                                      |   |   |                      |       |     |                |
| 12      | Securities—Miscellaneous               |                                      |   |   |                      |       |     |                |
| 13      | Qualified conservation                 |                                      |   |   |                      |       |     |                |
|         | contribution—Historic                  |                                      |   |   |                      |       |     |                |
|         | structures                             |                                      |   |   |                      |       |     |                |
| 14      | Qualified conservation                 |                                      |   |   |                      |       |     |                |
|         | contribution—Other                     |                                      |   |   |                      |       |     |                |
| 15      | Real estate—Residential                |                                      |   |   |                      |       |     |                |
| 16      | Real estate—Commercial                 |                                      |   |   |                      |       |     |                |
| 17      | Real estate—Other                      |                                      |   |   |                      |       |     |                |
| 18      | Collectibles                           |                                      |   |   |                      |       |     |                |
| 19      | Food inventory                         |                                      |   |   |                      |       |     |                |
| 20      | Drugs and medical supplies             |                                      |   |   |                      |       |     |                |
| 21      | Taxidermy                              |                                      |   |   |                      |       |     |                |
| 22      | Historical artifacts                   |                                      |   |   |                      |       |     |                |
| 23      | Scientific specimens                   |                                      |   |   |                      |       |     |                |
| 24      | Archeological artifacts                |                                      |   |   |                      |       |     |                |
| 25      | Other ► ( Building Improvem)           | Х                                    | 6   | 715,421   | Financial St         | ateme | nts |                |
| 26      | Other ► ()                             |                                      |   |   |                      |       |     |                |
| 27      | Other ► ()                             |                                      |   |   |                      |       |     |                |
| 28      | Other ► ( )                            |                                      |   |   |                      |       |     |                |
| 29      | Number of Forms 8283 received b        |                                      | <b>u</b>  |   | 20                   |       |     | 0              |
|         | which the organization completed       | F0111 0203,                          | Part IV, Donee Acknowledg                                     | jement  | 29                   |       | Yes | 0<br><b>No</b> |
| 30a     | During the year, did the organization  | on roccivo k                         | a contribution on proporty                                    | reported in Dart L lines 1 thr  | ouch                 |       | res | NO             |
| 30a     | 28, that it must hold for at least thr |                                      |   |   |                      |       |     |                |
|         | to be used for exempt purposes for     | •                                    |   | •   |                      | 200   |     | Х              |
| h       | If "Yes," describe the arrangement     |                                      |   |   |                      | 30a   |     |                |
| b<br>31 | Does the organization have a gift a    |                                      | policy that requires the revis                                | w of any ponctordard  |                      |       |     |                |
| 31      | contributions?                         |                                      |   |   |                      | 24    |     | Х              |
| 32a     | Does the organization hire or use      |                                      |   |   |                      | 31    |     | ~              |
| JZa     | noncash contributions?                 |                                      | 0   |   |                      | 32a   |     | х              |
| b       | If "Yes," describe in Part II.         |                                      |   |   |                      | JZa   |     | ~              |
| 33      | If the organization didn't report an   | amount in c                          | column (c) for a type of prop                                 | erty for which column (a) is  |                      |       |     |                |
|         | checked, describe in Part II.          |                                      |   |   |                      |       |     |                |

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

| Schedule M (Form 990) 2019 | Lotus School for Excellence Foundation |
|----------------------------|--|
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| Schedule M (F | Form 990) 2019 Lotus School for Excellence Foundation   | 20-3336437 Page <b>2</b> |
|---------------|---|--------------------------|
| Part II       | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, a the organization is reporting in Part I, column (b), the number of contributions, the numb or a combination of both. Also complete this part for any additional information. | and 33, and whether      |
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| SCHEDULE O<br>(Form 990 or 990-EZ)                     | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questio<br>Form 990 or 990-EZ or to provide any additional information.<br>► Attach to Form 990 or 990-EZ. | ns on 2019                     | )   |
|--|---|--------------------------------|-----|
| Department of the Treasury<br>Internal Revenue Service | Go to www.irs.gov/Form990 for the latest information.   | Open to Pub<br>Inspection      | IIC |
| Name of the organization                               |   | Employer identification number |     |
| Lotus School for Exce                                  | Ilence Foundation   | 20-3336437                     |     |
| Form 990, Part VI, Se                                  | ction B, Line 11b: Copies of Form 990 were distributed to Board Members   |                                |     |
| for review via email pr                                | ior to filing.  |                                |     |
| Form 990, Part VI, Se                                  | ction B, Line 12c: Prospective Board Members are screened for potential   |                                |     |
| conflicts of interest pri                              | or to appointment. Board Members are required to disclose conflicts   |                                |     |
| of interest during Boa                                 | rd meetings.  |                                |     |
| Form 990, Part VI, Se                                  | ction C, Line 19: The organization makes its governing documents,   |                                |     |
| conflict of interest poli                              | cy, and financial statements available to the public upon request.  |                                |     |
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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2                         |
|--|--------------------------------|
| Name of the organization               | Employer identification number |
| Lotus School for Excellence Foundation | 20-3336437                     |
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### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

|  | Go to www.irs.g | gov/Form990 for | instructions | and the | latest | informati | on |
|--|-----------------|-----------------|--------------|---------|--------|-----------|----|
|--|-----------------|-----------------|--------------|---------|--------|-----------|----|

Department of the Treasury Internal Revenue Service Name of the organization

Lotus School for Excellence Foundation

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

|   | -                              |  |                            |                                  |  |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
| (1)   |                                |  |                            |                                  |  |
| (2)   |                                |  |                            |                                  |  |
| (3)   |                                |  |                            |                                  |  |
| (4)   |                                |  |                            |                                  |  |
| (5)   |                                |  |                            |                                  |  |
| (6)   |                                |  |                            |                                  |  |

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

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | <b>(e)</b><br>Public charity status<br>(if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | <b>(g)</b><br>Section 512(b)(1<br>controlled<br>entity? |    |
|---|--------------------------------|---|----------------------------|---|--|---|----|
|   |                                |   |                            |   |  | Yes   | No |
| (1) Lotus School for Excellence 20-0419295            | Lease Facilities               |   |                            |   |  |   |    |
| 11001 East Alameda Avenue Aurora, CO 80012            |                                | СО  | 501 (c)(3)                 | 2   | N/A  |   | Х  |
| (2)   |                                |   |                            |   |  |   |    |
| (3)   |                                |   |                            |   |  |   |    |
| (4)   |                                |   |                            |   |  |   |    |
| (5)   |                                |   |                            |   |  |   |    |
| (6)   |                                |   |                            |   |  |   |    |
| (7)   |                                |   |                            |   |  |   |    |

OMB No. 1545-0047

**Open to Public** 

Inspection

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20-3336437

Employer identification number

### Schedule R (Form 990) 2019

Lotus School for Excellence Foundation

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) (c) (d) (f) (i) (k) (a) (e) (g) (h) (j) Primary activity Direct controlling Share of total Percentage Name, address, and EIN of Legal Predominant Share of end-of-Disproportionate Code V—UBI General or allocations? domicile related organization entity income (related. income year assets amount in box 20 managing ownership (state or unrelated. of Schedule K-1 partner? foreign excluded from (Form 1065) country) tax under sections 512-514) Yes No Yes No (1) (2) (3) (4) (5) (6) (7) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part Part IV

### IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year assets | <b>(h)</b><br>Percentage<br>ownership | (i<br>Section 5<br>contr<br>enti | <b>i)</b><br>i12(b)(13)<br>rolled<br>ity? |
|---|--------------------------------|--|-------------------------------------|--|---------------------------------|--|---------------------------------------|----------------------------------|---|
|   |                                |  |                                     |  |                                 |  |                                       | Yes                              | No  |
| (1)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |
| (2)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |
| (3)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |
| (4)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |
| (5)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |
| (6)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |
| (7)   |                                |  |                                     |  |                                 |  |                                       |                                  |   |

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| Part         | Transactions With Related Organizations. Complete if the organization are                        | nswered "Yes" on Fo       | orm 990, Part IV, line   | e 34, 35b, or 36.    |         |           |    |  |  |
|--------------|--|---------------------------|--------------------------|----------------------|---------|-----------|----|--|--|
| Note         | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.              |                           |                          |                      |         | Yes       | No |  |  |
| 1            | During the tax year, did the organization engage in any of the following transactions with one   | e or more related organ   | izations listed in Parts | II–IV?               |         |           |    |  |  |
| а            | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. |                           |                          |                      | 1a      |           | Х  |  |  |
| b            | Gift, grant, or capital contribution to related organization(s).                                 |                           |                          |                      | 1b      |           | Х  |  |  |
| с            |  |                           |                          |                      |         |           |    |  |  |
| d            |  |                           |                          |                      |         |           |    |  |  |
| е            | Loans or loan guarantees by related organization(s).   |                           |                          |                      | 1e      |           | Х  |  |  |
|              | с , с, с,  |                           |                          |                      |         |           |    |  |  |
| f            | Dividends from related organization(s)   |                           |                          |                      | 1f      |           | Х  |  |  |
| g            | Sale of assets to related organization(s).   |                           |                          |                      | 1g      |           | Х  |  |  |
| h            | Purchase of assets from related organization(s).   |                           |                          |                      | 1h      |           | Х  |  |  |
| i            | Exchange of assets with related organization(s).   |                           |                          |                      | 1i      |           | Х  |  |  |
| j            | Lease of facilities, equipment, or other assets to related organization(s).                      |                           |                          |                      | 1j      | Х         |    |  |  |
| •            |  |                           |                          |                      | -       |           |    |  |  |
| k            | Lease of facilities, equipment, or other assets from related organization(s).                    |                           |                          |                      | 1k      |           | Х  |  |  |
| I            | Performance of services or membership or fundraising solicitations for related organization(s    |                           |                          |                      | 11      |           | Х  |  |  |
| m            | Performance of services or membership or fundraising solicitations by related organization(s     | -                         |                          |                      | 1m      |           | Х  |  |  |
| n            | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).   | -                         |                          |                      | 1n      |           | Х  |  |  |
| ο            | Sharing of paid employees with related organization(s).  |                           |                          |                      | 10      |           | Х  |  |  |
|              |  |                           |                          |                      |         |           |    |  |  |
| р            | Reimbursement paid to related organization(s) for expenses                                       |                           |                          |                      | 1p      |           | Х  |  |  |
| q            | Reimbursement paid by related organization(s) for expenses                                       |                           |                          |                      | 1q      |           | Х  |  |  |
| -            |  |                           |                          |                      |         |           |    |  |  |
| r            | Other transfer of cash or property to related organization(s).                                   |                           |                          |                      | 1r      | Х         |    |  |  |
| S            | Other transfer of cash or property from related organization(s)                                  |                           |                          | [                    | 1s      |           | Х  |  |  |
| 2            | If the answer to any of the above is "Yes," see the instructions for information on who must of  |                           |                          |                      | thresh  | olds.     |    |  |  |
|              | (a)  | (b)                       | (c)                      | (d)                  |         |           |    |  |  |
|              | Name of related organization   | Transaction<br>type (a—s) | Amount involved          | Method of determinin | ng amou | nt involv | ed |  |  |
|              |  | 590 (a - 5)               |                          |                      |         |           |    |  |  |
|              |  |                           |                          | Financial Statement  | ts      |           |    |  |  |
| (1) Lo       | tus School for Excellence  | с                         | 715,421                  |                      |         |           |    |  |  |
|              |  |                           |                          | Financial Statement  | ts      |           |    |  |  |
| (2) Lo       | tus School for Excellence  | j                         | 651,399                  | F:                   |         |           |    |  |  |
| ( <b>a</b> ) |  |                           | 0.400                    | Financial Statement  | ts      |           |    |  |  |
| (3) Lo       | tus School for Excellence  | r                         | 3,186                    |                      |         |           |    |  |  |
|              |  |                           |                          |                      |         |           |    |  |  |
| (4)          |  |                           |                          |                      |         |           |    |  |  |
| (5)          |  |                           |                          |                      |         |           |    |  |  |
| (5)          |  |                           |                          |                      |         |           |    |  |  |
| (6)          |  |                           |                          |                      |         |           |    |  |  |
| (6)          |  | 1                         | 1                        |                      |         |           |    |  |  |

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

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

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | Are all p<br>sec<br>501( | e)<br>partners<br>ction<br>(c)(3)<br>zations? | <b>(f)</b><br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | Disprop | h)<br>ortionate<br>itions? | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Gene<br>mana | <b>i)</b><br>eral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|---|--------------------------------|---|--|--------------------------|---|--|--|---------|----------------------------|---|--------------|---------------------------------------|--------------------------------|
|   |                                |   |  | Yes                      | No  |  |  | Yes     | No                         |   | Yes          | No                                    |                                |
| <u>(1)</u>                              |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| (2)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| (3)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| (4)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| (5)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| (6)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       | <u> </u>                       |
| [7]                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       | <u> </u>                       |
| (8)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       | <u> </u>                       |
| (9)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| 10)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       | <u> </u>                       |
| 11)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| 12)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| 13)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |
| 14)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       | <u> </u>                       |
| 15)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       | <u> </u>                       |
| 16)                                     |                                |   |  |                          |   |  |  |         |                            |   |              |                                       |                                |

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| Part VII | Supplemental Information<br>Provide additional information for responses to questions on Schedule R. See instructions. |
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