Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the	2023 calend	dar year, or tax year beginning ${ m Jul} \ 1$, 2023, and endin	g Ju	n 30	, 20 24				
В	Check if	applicable:	C Name of organization Lotus School for Excellence Found	dation	D Emplo	oyer identification number				
	Address	change	Doing business as		20-33	336437				
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Teleph	none number				
	Initial ret	urn	11001 E Alameda Ave		(303)	360-0052				
$\overline{\Box}$	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
$\overline{\Box}$	Amended	d return	Aurora, CO 80012		G Gross	receipts \$ 670,832.				
$\overline{\Box}$	Applicati	on pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? Yes X No				
			Angelina Velez-Reyes, 11001 E Alameda Ave, Aurora, CO 800	1						
ī	Tax-exer	npt status:	▼ 501(c)(3)			st. See instructions.				
J	Website	www.l	otusschool.org	H(c) Group ex	p exemption number					
K	Form of c		Corporation Trust Association Other L Year of forma	ation: 2003	M State	of legal domicile: CO				
Р	art I	Summa	ry	'						
	1	Briefly des	cribe the organization's mission or most significant activities: Provide f	acilities to Lotus	School fo	or Excellence and service the				
e			sociated with facilities acquisition.							
Governance										
ern	2	Check this	box if the organization discontinued its operations or disposed o	f more than 25	% of it	s net assets.				
Š			voting members of the governing body (Part VI, line 1a)		3	3				
ø	1		independent voting members of the governing body (Part VI, line 1b)		4	2				
ies	1		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	0				
Activities &	1		per of volunteers (estimate if necessary)		6	0				
Aci	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.				
	1		ted business taxable income from Form 990-T, Part I, line 11		7b	0.				
			Prior Year	. '	Current Year					
Revenue	8	Contributio	ons and grants (Part VIII, line 1h)	2,032,	612.	52,907.				
	9	Program s	ervice revenue (Part VIII, line 2g)		851.	615,853.				
eve	1	_	t income (Part VIII, column (A), lines 3, 4, and 7d)		481.	2,072.				
ď	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·						
	1		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	944.	. 670,832.					
			d similar amounts paid (Part IX, column (A), lines 1-3)							
	14		aid to or for members (Part IX, column (A), line 4)							
S	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	1		al fundraising fees (Part IX, column (A), line 11e)							
bei	1		raising expenses (Part IX, column (D), line 25) 0.							
ũ	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	916,	795.	904,733.				
	1	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		795.	904,733.				
		-	ess expenses. Subtract line 18 from line 12	1,733,		-233,901.				
or			·	Beginning of Curre		End of Year				
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	16,104,	573.	15,586,686.				
Ass	21	Total liabili	ties (Part X, line 26)	8,193,		7,908,870.				
ē E	22	Net assets	or fund balances. Subtract line 21 from line 20	7,911,		7,677,816.				
Pa	art II	Signatu	re Block							
			, I declare that I have examined this return, including accompanying schedules and stat			my knowledge and belief, it is				
tru	e, correct	, and complet	e. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	ge.					
				01	/24/2	025				
Si	gn	Signature of	officer	Date						
He	ere	Ange	elina Velez-Reyes, Director							
		Type or print	name and title							
Pa	id.	Print/Type	preparer's name Preparer's signature D	ate	Check [if PTIN				
		Bart A	Skidmore, CPA Inc. Bart A Skidmore, CPA Inc. C	2/01/2025	self-emp	P00260935				
	epare se Onl	L Lives's see	ne Bart Skidmore CPA	Firm's	EIN 9	90-0337336				
US	e Uni	Firm's add		Phone		03)365-1696				
Ma	v the IR	RS discuss t	this return with the preparer shown above? See instructions			X Yes No				

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Provide facilities to Lotus School for Excellence and service the
	debt associated with facilities acquisition.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 904,733. including grants of \$ 0.) (Revenue \$ 670,832.)
	Expenses necessary to provide facilities to Lotus School for
	Excellence and service the debt associated with facilities
	acquisition.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
710	
4-	(Code \ \(\subset \subset \sub
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 904,733.

	00 (2023)		F	Page :
Part	IV Checklist of Required Schedules		V	Ma
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	4.41		
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b 15		×
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		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	00		
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	23	×	
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	10		×

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		×			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	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		×			
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		×			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		×			
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50					
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).	6b					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a		×			
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?	7с		×			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	8					
a	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		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.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	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		×			
	If "Yes," see the 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		×			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.						

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	ion A. Governing Body and Management			
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-	Yes	No
b 2	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		× × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	×	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ×
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?	11a	×	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe on Schedule O how this was done.	12b	×	
13	Did the organization have a written whistleblower policy?	13		×
14 15	Did the organization have a written document retention and destruction policy?	14		×
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		×
b 16a	Other officers or key employees of the organization	15b		×
b	with a taxable entity during the year?	16a		×
	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Angela Johnson, 11001 E Alameda Ave, Aurora, CO 80012 (303)360-0052	cords	•	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if fielther the organization not	arry relate	u org	ailiz	alic	1110	ompe	IIISa	ited arry current	officer, director,	oi iiusiee.
				((C)					
(A)	(B)		ition			(D)	(E)	(F)		
Name and title	Average hours per week	box,	unles	s pe	rson	e than o is both or/trus	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	rustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		from the organization and related organizations
(1) Dr. Bobby Allen	1.00									
Director	40.00	×					×	0.	167,898.	35,637.
(2) Angelina Velez-Reyes Director	1.00							0.	0.	0.
(3) Zikri Arslan	1.00									
Director	1.00	×						0.	0.	0.
(4)										
(5)		-								
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or direct	ot ch	Pos neck ss pe	ition more	e than of the both or/trus Highest compensated	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensa from relat organizations 1099-MIS 1099-NE	ole tion ed (W-2/	Estimate of comp	(F) ed amount other ensation m the ation and rganizations
(15)							<u>e</u>						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal					 			0.	167,8	398.		35,637.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•							0.	167,8	000		35,637.
2	Total number of individuals (including but	not limited											33,037.
	reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									×			
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	rices	((C) Compensa	tion
	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov	e) who			

Part VIII Statement of Revenue Check if Schedule O contain

T all	VIII	Check if Schedule O contains a res	spons	e or note to an	y line in this Pa	art VIII		🗆
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
G, G	С	Fundraising events	1c					
ifts, ar A	d	Related organizations	1d					
s, G mik	e	Government grants (contributions)	1e					
ons Sil	f	All other contributions, gifts, grants, and similar amounts not included above	4.					
outi the	_	Noncash contributions included in	1f	52,907.				
itik O	g	lines 1a–1f	10	E2 007				
Son anc	h	Total. Add lines 1a–1f	1g \$	52,907.	52,907.			
<u> </u>	-"	Total. Add lines 1a-11	· · ·	Business Code	32,907.			
e	2a	Lease Revenue	9	531120	615,853.	615,853.	0.	0.
e Zi	b				01370331	0137033.	<u> </u>	· ·
gram Ser Revenue	С							
am eve	d							
Program Service Revenue	е							
	f	All other program service revenue .	L					
	g	Total. Add lines 2a-2f			615,853.			
	3	Investment income (including divid						
		•			2,072.	2,072.	0.	0.
	4	Income from investment of tax-exem	ipt bon	d proceeds				
	5	Royalties		(ii) Personal				
	6a	Gross rents 6a		(II) Fersonal				
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c						
	d	Not rental income or (less)						
	7a	Gross amount from (i) Securiti		(ii) Other				
		sales of assets						
		other than inventory 7a						
<u>e</u>	b	Less: cost or other basis						
evenue		and sales expenses . 7b						
		Gain or (loss) 7c						
er R		Net gain or (loss)						
Other	8a	Gross income from fundraising						
0		events (not including \$ of contributions reported on line						
		1c). See Part IV, line 18	8a					
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising		ts				
		Gross income from gaming						
		activities. See Part IV, line 19 .	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming ac	ctivities					
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
		9	10b					
	С	Net income or (loss) from sales of in	ventor					
Sno			-	Business Code				
ned	11a		-					
Miscellaneous Revenue	b		-					
Sce	C d	All other revenue	-					
Ξ		Total. Add lines 11a–11d						
	12	Total revenue. See instructions			670,832.	617,925.	0.	0.

	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colur	nn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		31,531,000	general enperior	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits				
b c d	Legal				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion				
14 15 16	Information technology				
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest	331,948.	331,948.	0.	0.
21 22 23	Payments to affiliates	572,785.	572,785.	0.	0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a b c					
d e	All other expenses	0.	0.	0.	0.
<u>25</u> <u>26</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	904,733.	904,733.	0.	0.

Part X Balance Sheet
Check if Schedule O contain

•		Check if Schedule O contains a response or	note	to any line in this Par	tX		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			78,192.	2	80,183.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	•			5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons described	in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		[7	
Assets	8	Inventories for sale or use		[8	
Ä	9	Prepaid expenses and deferred charges		[9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,875,048.			
	b	Less: accumulated depreciation	10b	4,368,545.	16,026,381.	10c	15,506,503.
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 1	[12		
	13	Investments-program-related. See Part IV, line	[13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	33)	16,104,573.	16	15,586,686.
	17	Accounts payable and accrued expenses			22,668.	17	21,878.
	18	Grants payable		[18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D .		21	
S	22	Loans and other payables to any current or					
Ħ		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e pers	sons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted th	ird parties	8,170,635.	23	7,886,992.
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26				8,193,303.	26	7,908,870.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck he	re 🔀			
<u>la</u>	27	Net assets without donor restrictions		[7,911,270.	27	7,677,816.
ñ	28					28	
u		Organizations that do not follow FASB ASC 9	58, ch	eck here 🖂			
Ţ.		and complete lines 29 through 33.		_			
ō	29	Capital stock or trust principal, or current funds		[29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
\ss	31	Retained earnings, endowment, accumulated inc				31	
et /	32	Total net assets or fund balances			7,911,270.	32	7,677,816.
ž	33	Total liabilities and net assets/fund balances .	<u></u>	<u> </u>	16,104,573.	33	15,586,686.
							- OOO (2222)

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets			-					
	Check if Schedule O contains a response or note to any line in this Part XI				. X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		670,8	332.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		904,5	733.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	7,911,270					
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		4	147.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	7,	677,8	316.				
Part	XII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other	ما ما ما							
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piairi	On						
•									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were cor			×					
	reviewed on a separate basis, consolidated basis, or both.	iplied	ı oı						
	Separate basis Consolidated basis Both consolidated and separate basis								
h	Were the organization's financial statements audited by an independent accountant?		. 2b	×					
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi	 tad o		+^					
	separate basis, consolidated basis, or both.	ica o	'' ^a						
	Separate basis Consolidated basis Separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of						
	the audit, review, or compilation of its financial statements and selection of an independent accounts			×					
	If the organization changed either its oversight process or selection process during the tax year, ex-	kplain							
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3b						
3a	the audit, review, or compilation of its financial statements and selection of an independent accounts of the organization changed either its oversight process or selection process during the tax year, exchedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	nt? kplain rth in lergo	the . 3a						

REV 09/17/24 PRO Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	number
	us School for Excellenc					20-3336437	
	Reason for Public Cha						ons.
ine d	organization is not a private foundate \Box A church, convention of churc		,		-	•	
2	A school described in section	•				υ(b)(1)(A)(l).	
3	☐ A hospital or a cooperative ho		· ·	-)(A)(iii)	
4	A medical research organization						(iii). Enter the
	hospital's name, city, and stat		,				. ,
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	☑ An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi) . (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	int college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	t income and un	related business taxal	ole incom	ie (less se	ection 511 tax) from	fees, and gross 33 ¹ / ₃ % of its businesses
11	☐ An organization organized and	d operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12	☐ An organization organized and						
	one or more publicly supported the box on lines 12a through 12	•				` '` '	` '` '
а	☐ Type I. A supporting organ the supported organization						
	supporting organization. Y					no directore or tract	
b	_ ;						
	control or management of				persons	that control or mana	age the supported
	organization(s). You must	-	=				
С	Type III functionally integ its supported organization						ally integrated with,
d			· ·		-		orted organization(s)
u	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
е		,	•		-		e II. Type III
	functionally integrated, or						, . ,
f	Enter the number of supported	•					
g			orted organization(s).	1			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	` '	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 715,421. 1,445,743. 1,394,391. 2,032,612. 52,907. 5,641,074. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 651,399. 626,504. 615,850. 615,851. 615,853. 3,125,457. The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 1,366,820. 2,072,247. 2,010,241. 2,648,463. 668,760.8,766,531. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 8,766,531. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1,366,820. 2,072,247. 2,010,241. 2,648,463. 7 668,760.8,766,531. Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 13,683. 353. 2,072. 875. 1,481 18,464. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 8,784,995. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 99.79% 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this X 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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

Secti	on A. Public Support			•	·	,	_
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sooti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) Total
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				COL		
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	re			•	ear as a sectio	. , . ,
	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8						%
16 Saati	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment Inc			ny line 40!		47	0/
17	Investment income percentage for 2023 (•			<u>%</u>
18	Investment income percentage from 2022 331/3% support tests—2023. If the organi						% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
h	33 ¹ /3% support tests—2022. If the organiz	_	_	-		-	_
b	line 18 is not more than 33½%, check this b						
20	Private foundation. If the organization di	_	=		-		_

Part IV **Supporting Organizations**

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

Se

secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity 	(see ir	nstruci	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . 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? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Allert to Form 200 200 F7 at 200 PF

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

20-3336437

Department of the Treasury Internal Revenue Service

Name of the organization

Lotus School for Excellence Foundation

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

Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Schedule B (Form 990) (2023)

Page 2 Name of organization Employer identification number 20-3336437 Lotus School for Excellence Foundation

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lotus School for Excellence		Person Payroll
	11001 E Alameda Ave.	\$ 52,907.	Noncash 🗵
	Aurora CO 80012		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990) (2023)

Name of organization

Lotus School for Excellence Foundation

Employer identification number
20-3336437

art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Storage containers and chip readers.		
		\$ 52,907.	08/01/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023)

Employer identification number

20-3336437 Lotus School for Excellence Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number					
Lot	us School for Excellence Foundation		20-3336437					
Par		sed Funds or Other Similar Fun	ds or Accounts					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year) .							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor a							
_	funds are the organization's property, subject to the	-	_ :•• _ ::•					
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit							
	conferring impermissible private benefit?							
Dow			· · · · · · · L Yes L No					
Par		/oo" on Form 000 Dort IV line 7						
	Complete if the organization answered "							
1	Purpose(s) of conservation easements held by the o	- · · · · · · · · · · · · · · · · · · ·	of a biotonically increase to a love a					
	Preservation of land for public use (for example, recrea	•	of a distorically important land area of a certified historic structure					
	Preservation of open space	☐ Freservation	or a certified historic structure					
2	Complete lines 2a through 2d if the organization hele	d a qualified conservation contribution	on in the form of a conservation					
	easement on the last day of the tax year.	•	Held at the End of the Tax Year					
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified hi							
d	Number of conservation easements included on line		d not					
	on a historic structure listed in the National Register		· · 2d					
3	Number of conservation easements modified, trans	ferred, released, extinguished, or ter	minated by the organization during the					
	tax year							
4	Number of states where property subject to conserv							
5	Does the organization have a written policy regardiations, and enforcement of the conservation eas							
•								
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	ng conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations, and enforcing	conservation assements during the year					
•	Amount of expenses incurred in monitoring, inspecting	g, rianding of violations, and emorcing	conservation easements during the year					
8	Does each conservation easement reported on line	2d above satisfy the requirements of	section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports co							
	sheet, and include, if applicable, the text of the footi		atements that describes the					
	organization's accounting for conservation easemer	nts.						
Part								
	Complete if the organization answered "							
1a	If the organization elected, as permitted under FASI							
	of art, historical treasures, or other similar assets	•	•					
	service, provide in Part XIII the text of the footnote to							
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held							
	provide the following amounts relating to these item		esearch in furtherance of public service,					
			¢					
	(ii) Assets included in Form 000 Part Y		Ψ					
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	historical treasures or other similar	r assets for financial gain provide the					
_	following amounts required to be reported under FA	SB ASC 958 relating to these items.	according to manda gam, provide the					
а		_						
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$					

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? line 19. Yes	Part	III Organizations Maintaining Co	llections of Art, His	torical Treasures	, or Other Similar As	sets (continued)
b Scholarly research c Other	3		ession, and other reco	rds, check any of th	e following that make s	significant use of its
Preservation for future generations	а	☐ Public exhibition	d	☐ Loan or exchang	e program	
Preservation for future generations	b	☐ Scholarly research	е	Other		
XIII.	С	☐ Preservation for future generations				
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		's collections and expl	ain how they further	the organization's exer	npt purpose in Part
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Part	V Escrow and Custodial Arrang	ements	-		
included on Form 990, Part X?		Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 9, or reported an an	nount on Form
c Beginning balance	1a			=		
c Beginning balance d Additions during the year 1e Distributions during the year 1e Inding balance 1e India balan	b	If "Yes," explain the arrangement in Part >	KIII and complete the fo	ollowing table.	A	mount
d Additions during the year e Distributions during the year f Ending balance 1	С	Beginning balance			_	
e Distributions during the year f Ending balance	d				1d	
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f					
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds	2a					/? ☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, lin	b					
1a Beginning of year balance				1	•	
Beginning of year balance		Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.	
b Contributions c Net investment earnings, gains, and losses		(4	a) Current year (b) Pr	ior year (c) Two year	rs back (d) Three years back	k (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance				
d Grants or scholarships e Other expenditures for facilities and programs	b	Contributions				
e Other expenditures for facilities and programs	С					
e Other expenditures for facilities and programs	d	Grants or scholarships				
g End of year balance	е	Other expenditures for facilities and				
g End of year balance	f	Administrative expenses				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	g	-				
b Permanent endowment		Provide the estimated percentage of the o	current year end baland	ce (line 1g, column (a	i)) held as:	'
b Permanent endowment	а	Board designated or quasi-endowment	%	, , ,	,	
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 590,820. 590,82 b Buildings 13,033,400. 2,445,092. 10,588,30	b	Permanent endowment %				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations?	С					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations?		The percentages on lines 2a, 2b, and 2c s	should equal 100%.			
(i) Unrelated organizations?	3a			ization that are held	and administered for th	ne
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land		organization by:				Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations?				3a(i)
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 590,820 590,82 b Buildings		(ii) Related organizations?				3a(ii)
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 2,445,092. 10,588,30	b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	ired on Schedule R?		3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4	Describe in Part XIII the intended uses of	the organization's end	owment funds.		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Part	VI Land, Buildings, and Equipme	ent			
fall Land (investment) (other) depreciation b Buildings 590,820 590,82 2,445,092 10,588,30		Complete if the organization an	swered "Yes" on Fo	m 990, Part IV, line	e 11a. See Form 990,	Part X, line 10.
b Buildings		Description of property	1	1 ' '		(d) Book value
b Buildings	1a	Land	590,820.			590,820.
	b				2,445,092.	10,588,308.
c Leasenblu improvements 4,400,301. 1,000,093. 3,472,20	C	Leasehold improvements	4,480,361.		1,008,095.	3,472,266.
	_					855,109.
e Other						·
				X, line 10c, column (l	B))	15,506,503.

Part VII	Investments – Other Securities			· -
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	, ,	nod of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	man (h) manat annal Farma 000. Bart V lina 10. ani (D)			
Part VIII	mn (b) must equal Form 990, Part X, line 12, col. (B)) Investments—Program Related			
Part VIII	Complete if the organization answered "Yes" on For	m 000 Part IV lin	o 11c. Soo Form	000 Part V line 13
	(a) Description of investment	(b) Book value	, ,	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	1		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities	<u> </u>		
rartx	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 25, col. (B))			
	runcertain tax positions. In Part XIII, provide the text of the footne			nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part		-	Return	1
	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	670,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	670,832.
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.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	670,832.
Part			er Retu	ırn
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	904,733.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	904,733.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	004 500
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	e 18.)	5	904,733.
Part	XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 1: Dort IV lines 1b and 2	o: Dort \	/ line 1: Dort V line
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
د, ۱ a۱۰	All, illies zu and 45, and 1 art All, illies zu and 45. Also complete this part	to provide any additional in	noman	OH.

rm 990) 2023	Page \$
Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Lotus School for Excellence Foundation 20-3336437

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	46		
	CAPIGIT.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
_	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		×
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ŭ	compensation contingent on the revenues of:			
а	The organization?	5a		×
b	Any related organization?	5b		×
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		×
b	Any related organization?	6b		×
	If "Yes" on line 6a or 6b, describe in Part III.			
_	For governor listed on Form COO Boot VIII Continu A. P 4. Ph. II.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		×
		0		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53 4958-6(c)?	,		

Schedule J (Form 990) 2023

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.

Note: The sum of columns (b)(i)–(i			nd/or 1099-MISC and/or					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Dr. Bobby Allen	(i)	0.	0.	0.	0.	0.	0.	0.
1 Director	(ii)	166,680.	1,218.	0.	26,483.	9,155.	203,536.	0.
	(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)		+	+		†	†	<u> </u>
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
-	1	l .	I.	I .	l .	I .	I .	1

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Types of Property

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

Lotus School for Excellence Foundation

Employer identification number
20-3336437

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o		•	_
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							
4.4								
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 (Containers/Tecnology)		2	52,907.				
26	Other ()							
27	Other ()							
28 29	Other () Number of Forms 8283 received	by the or	ranization during the tax v	year for contributions for				
23	which the organization completed				29			
	e and organization dempresse	0200	,, , , , , , , , , , , , , , , , , , , ,	.90	29	,	Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lines	: 1 through		100	110
ooa	28, that it must hold for at least 3							
	used for exempt purposes for the	•				30a		×
b	If "Yes," describe the arrangemen		5 1			Jour		
31	Does the organization have a		stance policy that require	es the review of any no	onstandard			
	contributions?					31	×	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ell noncash			
	contributions?			· ·		32a		×
b	If "Yes," describe in Part II.							•
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	s checked.			
	describe in Part II.		, , , , , , , , , , , , , , , , , , ,		,			

Schedule M (Form 990) 2023 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Lotus School for Excellence Foundation	20-3336437
Pt VI, Line 11b: Copies of Form 990 were distributed to Board	Members for review
and approval via email prior to filing.	
Pt VI, Line 12c: Prospective Board Members are screened for po	tential conflicts
of interest prior to appointment. Board Members are required	to disclose conflicts
of interest during Board meetings. Annual Conflict of Interes	t Statements are
completed and reviewed by the Board and any discrepancies are	reported to the
Board President for resolution.	
Pt VI, Line 19: 19 The organization makes its governing docu	ments, conflict
of interest policy, and financial statements available to the	public upon request.
Pt XI: 9 A reconciliation difference due to depreciation of \$4	47.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

Attach to Form 990.

(b)

Primary activity

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

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

(c)

Legal domicile (state

(d)

Total income

Open to Public Inspection

(f)

Direct controlling

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Lotus School for Excellence Foundation

(a)

Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 20-3336437

(e)

End-of-year assets

			or foreign country)			entit	ty
zations C	omplete if t	he organization a	unswered "Ves" o	n Form 990 Part	IV line 34 hec	ausa it h	ad.
during the t	ax year.	ne organization a	unswered res o			2U3C II II	
Prima	(b) ry activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	(g) 512(b)(13) trolled ntity?
						Yes	No
		CO	501(c)(3)	2	N/A		×
1		1	1	1	1	1	1
	luring the t	zations. Complete if the luring the tax year. Primary activity Primary activity	during the tax year. (b) (c) Primary activity Legal domicile (state or foreign country)	during the tax year. (b) Primary activity (c) Legal domicile (state or foreign country) Exempt Code section	zations. Complete if the organization answered "Yes" on Form 990, Part during the tax year. (b) (c) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, becausing the tax year. (b) C) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity	zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had because it had been been been been been been been bee

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	alloca	ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	i) 512(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b	Gift, grant, or capital contribution to related organization(s)				1b	×
С	Gift, grant, or capital contribution from related organization(s)				1c ×	
d	Loans or loan guarantees to or for related organization(s)				1d	×
е	Loans or loan guarantees by related organization(s)				1e	×
f	Dividends from related organization(s)				1f	×
g	Sale of assets to related organization(s)				1g	×
h	Purchase of assets from related organization(s)				1h	×
i	Exchange of assets with related organization(s)				1i	×
j	Lease of facilities, equipment, or other assets to related organization(s)				1j ×	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	×
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11	×
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m	×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×
0	Sharing of paid employees with related organization(s)				10	×
р	Reimbursement paid to related organization(s) for expenses				1p	×
q	Reimbursement paid by related organization(s) for expenses				1q	×
r	Other transfer of cash or property to related organization(s)				1r	×
s	Other transfer of cash or property from related organization(s)				1s	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inclu	ding covered relatior	ships and transaction	n threshol	lds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining a	amount invo	lved
		type (a-s)				
_ (1) L	otus School for Excellence	С	52,907.	Financial Stmt	cs.	
(2) L	otus School for Excellence	j	615,853.	Financial Stmt	cs.	
(3)						
(4)						
(5)						
(6)						
BAA	REV 09/17/24 PRO			Schedule R	(Form 990) 2023

Schedule R (Form 990) 2023

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

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

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

Schedule R (F	Form 990) 2023	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	,
	·	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

Evomnt Entity

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2023, or fiscal year beginning Jul 1 , 2023, and ending Jun 30, 2024

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer Lotus School for Excellence Foundation 20-3336437 Name and title of officer or person subject to tax Angelina Velez-Reyes, Director Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 670,832. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) 3b Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) **Form 8868** check here 5b 6a Form 990-T check here . . . **b Total tax** (Form 990-T, Part III, line 4) Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) 7a 7b Form 5227 check here . . . **b FMV** of assets at end of tax year (Form 5227, Item D) **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) 9h 9a 10a Form 8038-CP check here . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO** firm name Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🖾 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 01/24/2025 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 7 6 0 0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 02/01/2025 ERO's signature

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